

# The Hitchhiker's Guide to Health Policy

A Compendium of Health Policy and Legislative Information Specifically  
Designed for the Legislative Representative Network Nationwide (LeaRNN)  
Brought to you by the American Medical Student Association  
Second Edition  
2000-2001

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## Don't Panic

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# An Introduction by the LAD

Far out in the uncharted backwaters of the unfashionable end of Reston Virginia, lies an unregarded corporate complex on Association Drive. The first building in this complex is an utterly insignificant red brick building whose ape-descended employees are so amazingly primitive that they still think that digital watches are a pretty neat idea. The employees in this building also known as the National Association of Secondary School Principals, finally thought up a brilliant plan to help educate students. This is not their story, but it is the story of that wonderful building located next door in the even less fashionable 1902 Association Drive, the home of the American Medical Student Association or AMSA.

The American Medical Student Association is a wholly remarkable Association, not to be confused with the moderately remarkable, yet unusually fascinating Austin Municipal Soccer Association (which includes such great teams as the David Hansen led Aardvarks). You might be thinking, what is the difference (but probably not). Lets take a quick look at our mission statements:

AMSA's Purpose:

PURPOSE: The purpose of the Association shall be to foster and advance the cause of soccer and to promote fair play, regardless of race, religion color or creed.

AMSA's Purpose:

To be committed to the improvement of health care and health care delivery to all people; to promote the active improvement of medical education; to involve its members in the social, moral and ethical obligations of the profession of medicine; to assist in the improvement and understanding of world health problems; to contribute to the welfare of medical students, interns, residents and post-M.D./D.O. trainees; to advance the profession of medicine; to work to ensure that medicine reflects the diversity of society, with diversity including but not limited to differences in age, culture, race/ethnicity, sexual orientation, gender, and disability.

So as you can see, the American Medical Student Association is a wholly remarkable Association even in comparison to great Associations such as the Austin Municipal Soccer Association. Therefore, when we refer to AMSA in this document, we are talking about the American Medical Student Association.

If you are reading this packet, you probably have a sincere desire to help enact real health care reform to build a more fair and humane system for the sake of our peers, and for the sake of our future patients. You understand that all is not well with our healthcare system, and that by working together, we will be able to make necessary changes.

We are about to embark on a journey to improve the quality of medical education, and health care. On this journey through the legislative and health policy world we will encounter obstacles to our efforts to initiate reform. In our journey we will not travel alone. We will be accompanied by other groups and individuals who also believe in creating a more compassionate health care system. We will also be traveling armed with the most useful medical student compendium of health policy and legislative information, The Hitchhikers Guide to Health Policy.

Adapted from Douglas Adam's, The Hitchhiker's Guide to the Galaxy.

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# Meet Your LAD And Fellow Legislative Representatives

Greetings, my name is Josh Rising, and I am the 2000-2001 Legislative Affairs Director (LAD) for the American Medical Student Association. This Guide is the work of Simon Ahtaridis, the 1999-2000 LAD. I have updated some information, but left his original work untouched and untranslated. I present to you, the Guide.

What I would like each of you to do is submit to me a brief statement about what got you interested in health policy. What made you want to make a change? This isn't a college essay. Be sincere. Tell us a little bit about you. I will compile all the information, and send you all a copy of who is in the network. Why?

One of my goals is for the legislative representatives to get to know each other. All of you have the potential to become leaders in health care reform. If you chose to take that path, then it is important to be in touch with other people who share your interests. One of my best sources of information is people such as yourself who call in and let me know about something that is going on. Hopefully as the network develops we will be able to keep everyone informed. You can give whatever information you like, and use whatever format you like. For example, you could try something like this.

Contact Info:

Random factoids section:

Hi, I am Simon Ahtaridis, I am between my second and third year at Temple University School of Medicine. I am originally from the suburbs of Philadelphia and have lived in that general area for most of my life. I did my undergrad at Penn majored in biology (yeah I know, how original), and minored in ancient history. I took a year off before medical school to work in an immunogenetics lab. It was more fun than an unleashed barrel of human eating rabid monkeys... but not by much. I am a movie fanatic. The only shows that I watch regularly are ... is the Simpsons (please god don't let them cancel it). I read quite a bit on whatever topic seems interesting. I like spontaneity, and I procrastinate more than large rocks. If any of you have worked with me you will know that I am a very hands off type of person and a real believer in the idea if people are given the freedom to do a task and utilize their own creativity, they will not only do a better job, but the experience will be more rewarding.

Areas of interest:

I am interested in just about any health policy / public health issue. I have also become increasingly interested in campaign finance reform. Public health / health policy reforms that would help the general population are often impossible - or at least extremely difficult - to pass without campaign finance reform.

# What is AMSA?

*AMSA stands for:*

American Medallic Sculpture Association  
Australian Maritime Safety Authority  
American Music Scholarship Association  
Army Medical Surveillance Activity  
Austin Municipal Soccer Association  
American Moving & Storage Association  
American Men's Studies Association  
AMSA, Inc. Biocides and Biofilm Removal  
Products, Services and Diagnostic Kit

<http://www.amsamedals.org/>  
<http://www.amsa.gov.au/>  
<http://www.amsa-wpc.org/>  
<http://amsa.army.mil/>  
<http://www.soccerenterprise.com/>  
<http://www.aaamove.com/>  
[http://www.vix.com/pub/men/  
orgs/writeups/amsa.html](http://www.vix.com/pub/men/orgs/writeups/amsa.html)  
<http://www.amsainc.com/>

## **A word on the American Medical Student Association.**

Remember when you represent the American Medical Student Association to the press, your community, and the rest of the general public, no one will know what AMSA is. If you write an article, a letter, a fact sheet, or any other document always spells out AMSA at least once in the beginning.

## **So what is the American Medical Student Association?**

The American Medical Student Association (AMSA) is the largest independent medical student organization with over 30,000 physicians-in-training from 143 allopathic and 17 osteopathic medical schools across the country. AMSA is committed to improving health care and health-care delivery to all people, promoting active improvement in medical education, involving its members in the social, moral, and ethical obligations of the profession of medicine, assisting in the improvements and understanding of world health problems, contributing to the welfare of medical students, interns residents, and post-MD/DO trainees, and advancing the profession of medicine.

YIKES!!! Too much to remember? Try something like this:

The American Medical Student Association, or AMSA, is the largest independent medical student organization and is committed to improving the quality of health care and medical education.

What does AMSA do?

AMSA is involved in multiple areas of health including, medical education, community and public health, health policy, global health action, and advocacy.

[How do you remember all of this? Just list off the standing committees.]

2000 marked AMSA's 50<sup>th</sup> anniversary, and we commemorated it by recommitting the organization to the principle that health care is a fundamental human right, an idea that medical students have been advocating for since the 1930s. The 2000 convention theme was, "Speak Up, America! Health Care Is Our Right."

# AMSA Sounds Bites

The following is a list of AMSA's top ten sound bites:

Remember, these sound bites are guides, and should not be memorized and regurgitated. Simply remember a few of the more important parts of each sound bite and fill in the gaps. Go over these sounds bites so that you are familiar with them.

**1. What organization do you belong to?**

The American Medical Student Association.

**2. What is the mission of the American Medical Student Association?**

**LONG VERSION**-The American Medical Student Association (AMSA) is an independent, student-run organization of nearly 30,000 physicians-in-training members from 143 allopathic and 17 osteopathic medical schools across the country. Founded in 1950, the American Medical Student Association is headquartered in Reston, Virginia, a suburb of Washington, D.C. AMSA is committed to improving health care and healthcare delivery to all people, promoting active improvement in medical education, involving its members in the social, moral and ethical obligations of the profession of medicine, assisting in the improvements and understanding of world health problems, contributing to the welfare of medical students, interns, residents and post MD/DO trainees, and advancing the profession of medicine.

**SHORT VERSION**-Founded in 1950, the American Medical Student Association (AMSA) is an independent, student-run organization of nearly 30,000 physicians-in-training members from 143 allopathic and 17 osteopathic medical schools across the country.

**3. What is the National Initiative?**

The National Initiative unifies our local chapters and task forces through community service and activism, and raise awareness of an issues on a national level.

**4. What is the National Golden Apple for Teaching Excellence Award?**

The National Golden Apple Award for Teaching Excellence recognizes a medical professor on a national level whose exemplary teaching achievements contribute to advancing the profession of medicine and contributing to the educational welfare of medical students.

**5. What is the Paul R. Wright Excellence in Medical Education Award?**

The Paul R. Wright Excellence in Medical Education Award recognizes a medical school whose exemplary achievements in medical education best foster the development of socially responsive physicians. Each year, the area of concentration changes to reflect a different dimension of medical education.

**6. Describe the annual convention.**

Each spring, the American Medical Student Association's annual convention brings together nearly 2,000 physicians-in-training and leaders in medical education and health policy to share ideas and plan solutions for the future.

**7. What are the Standing Committees, interest groups and task forces?**

The American Medical Student Association's four standing committees--advocacy, community and public health, health policy, and medical education--promote active change at the grassroots level. An interest group's purpose is information dissemination and discussion about a specific topics. Task Forces are formed at the American Medical Student Association's national convention to address timely issues.

**8. What is the Generalist Physicians-In-Training initiative?**

The Generalist Physicians-In-Training is a national student initiative to promote interest in primary care careers.

**9. What are the American Medical Student Association's principles regarding medical education?**

The American Medical Student Association supports a medical school curriculum that develops an interdisciplinary approach through courses and experiences, allows individuals to pursue areas of special interest including nontraditional educational experiences, and incorporates interpersonal skills training into the curriculum.

**10. What are the American Medical Student Association's principles regarding financing medical education?**

The American Medical Student Association supports an educational opportunity bank for medical students where educational loans, interest and administrative costs can be repaid, once in practice, on an income contingent basis.



# Problem- or Case-Based Learning

Across the nation, medical schools are participating in the latest educational fad, case-based learning. The dull dreary lectures that haunted medical school students' dreams as they slept in lecture halls has now been replaced with interactive, case-based, small group sessions.

AMSA's legislative wing has created a patient presentation. Our patient is the U.S. health care system, a severely ill, bed-ridden patient. You can use this case to lead a small group discussion on a few of the more serious problems with our current health-care system.

To plan the event, reserve a presentation room. Try and find a room in which your audience can sit around you, rather than a large lecture room. Set up signs advertising a workshop on important health-care issues. You might want to list a few of the workshop topics. For example:

- Are you concerned about your loans?
- Does the thought of working 100 hours a week during residency frighten you?
- Do you feel that you are not learning all clinically necessary skills to be a complete physician?
- Are you concerned that the patients that you serve won't have adequate coverage?
- Do you worry about managed care dictating what you can and can not do for your patients?

If so, come to AMSA's workshop on health care advocacy. Learn how you can play a part in reforming our healthcare system.

Make announcements in your classes and stress how important it is to become involved. If you can get free food for the event, do so.

Make copies of the "Case Presentation" on the next page, and hand it out to your attendees. Keep a copy of the cheat sheet (page 13) with you during your presentation, and impress everyone with your knowledge of the facts.

**IMPORTANT:** If you only throw out facts and talk about broad health-policy issues, you will put everyone to sleep. Though this may be useful in other settings, it is not during your presentation. Always tie broad health-policy issues to your local community. Discuss how the participants will be affected by these issues.

Use this presentation to help identify people who might provide further health policy programming. Let everyone know that you are going to give an overview of a few important issues in health and medical education issues, and that this will not be a comprehensive presentation on all of these issues. If anyone is interested in helping to present or finding a speaker on any topics, ask them to get in contact with you right after the presentation.

# Case Presentation

To protect the confidentiality of the nation used in this case we will refer to it by its initials, U.S.



## Case Presentation:

The bed-ridden U.S. health-care system presents with uncontrollable hyper-spending, complicated by primary care deficiency and severe distribution anomalies. Upon visual inspection, you characterize the following defects: life expectancy lags behind while infant mortality exceeds the rest of the developed world; substance abuse and violence destabilize the already overburdened system. Upon auscultation, you detect pronounced health insurance insufficiency for 16 percent of the population, compounded with a managed-care-induced stenosis to physician services. While the system struggles to pump resources into health care for the underserved, you note profound edema localized to the periphery of pockets of insurance company CEOs and investors.

## Lab values follow:

<b>Student Loans</b>	<b><u>HIGH</u></b>	<b>Physician Involvement</b>	<b><u>LOW</u></b>
<b>Resident Work Hours</b>	<b><u>HIGH</u></b>	<b>Physician Frustration</b>	<b><u>HIGH</u></b>
<b>Medicare stability</b>	<b><u>LOW</u></b>	<b>Patient Dissatisfaction</b>	<b><u>HIGH</u></b>
<b>GME funding (funding for residency programs)</b>	<b><u>UNSTABLE</u></b>	<b>Administrative Spending</b>	<b><u>HIGH</u></b>

A biopsy reveals an autoimmune response as health-care workers fight amongst themselves rather than work together for a common solution.

To complicate matters further, your attending is hung over, singing about the "good-ole- days" when fee-for-service reigned supreme and your resident is snoring away leaning against the wall. What do you do? What can you do?

# Presentation Cheat Sheet

## Case Presentation

To protect the confidentiality of the nation used in this case we will refer to it by its initials, U.S.



You can read the case, stopping at each sentence to ask your audience questions.

### **Case Presentation:**

"The bed-ridden, U.S. health-care system presents with uncontrollable hyper-spending...."

### **How much does the U.S. Spend on health care?**

The U.S spends a total of \$1 trillion on health care, or \$4,000 per capita. This is nearly double what the next biggest spender pays for on health care. Later we will see what we get for our money.

"complicated by primary care deficiency"

### **What is the ideal ratio of primary care to specialist physicians?**

The Council on Graduate Medical Education, or COGME, under the U.S. Department of Health and Human Services reported that we should have a 50/50 work force. That is, 50 percent of physicians should be

primary care physicians. Currently only 40 percent of physicians are primary care doctors. This has created a specialist oversupply, and a generalist shortage. COGME also reported that we have a physician oversupply, and that we should take steps to reduce the number of residency slots from their current level of 129 percent of the total U.S. graduates, to 110 percent of the total U.S. graduates.

"....and severe distribution anomalies"

### **Does every area have enough physicians?**

Despite a physician oversupply in general, there are still underserved areas that do not have enough

physicians. Programs such as the National Health Service Corp (NHSC) supply these areas with more physicians. Ask if there are any Corps members in your audience. Ask them or talk about the NHSC tax issue. Currently, NHSC scholars are taxed on their entire scholarship. NHSC scholars often lose their living stipend to pay these taxes. A few even have to take out additional loans.

“Upon visual inspection, you characterize the following defects: life expectancy lags behind while infant mortality exceeds the rest of the developed world...”

Life expectancy for both men and women is lower in the U.S. than it is in Germany, U.K., Italy, Canada, Sweden, France as well as in other countries.

In 1995, the U.S. ranked 23<sup>rd</sup> among 29 industrialized countries in infant mortality. (OECD 1997). Keep in mind that we are spending more per capita than any other nation on health care.

“...substance abuse and violence destabilize the already overburdened system.”

**This is a good time to talk about substance abuse issues that are relevant to your area or school.**

Topics may include syringe exchange programs, methadone clinics, the homeless, abuse among younger children, tobacco and alcohol issues, etc. Always try and refocus your discussion back to local issues.

**Remember to point out that AMSA’s National Initiative this year is substance abuse prevention.**

**Domestic violence issues overlap in almost all areas of health care and medical education reform.**

Domestic violence issues attract a great deal of interest. Domestic violence is one of the most under-diagnosed problems in health care. Many physicians still feel that it is not their responsibility to understand domestic violence issues. Most medical schools do not provide sufficient training on how to screen patients for domestic violence and what options a health-care provider has. This would make a terrific follow-up project. Currently there is quite a bit of legislation on this topic.

“Upon auscultation, you detect pronounced health insurance insufficiency for 16 percent of the population, compounded with a managed-care-induced stenosis to physician services.”

## **How many people are uninsured in the U.S.?**

There are 44.3 million uninsured people in the U.S. That is 1 in 6 people. The numbers get even higher when we consider the underinsured, or people who would be financially devastated by a major illness. The number of uninsured is may increase by another 3-million individuals next year unless we see major reforms. Keep in mind that all of this is happening amidst a background of unprecedented economic growth. If our economy stalls, or if we experience a recession, the number of uninsured will reach disastrous proportions.

“While the system struggles to pump resources into health care for the underserved, you note profound edema localized to the periphery of pockets of insurance company CEOs and investors.”

## **Talking Points**

While programs like Medicare spend only 2.5 percent of their premium dollars on overhead, health maintenance organizations use on average 12 percent to 15 percent of their premium dollars for profit and overhead. Although managed-care companies profits have fallen in recent years, the average CEO salary in 1997-1998 jumped 70 percent.

Lab values follow:

## **Student Loans**

**HIGH**

### **What is the average medical student debt upon graduation?**

On average students will graduate with a \$80,000 - \$100,000 debt. Most loan programs require that payments be made six months after graduation, while most students are in residency. Under some loan programs, students will have to pay back \$4 for every dollar they borrowed.

## **Resident Work Hours**

**HIGH**

### **There are 168 hours in a week. What is the maximum amount of time that a resident might work on a consistent schedule?**

We have heard people say that they have worked up to 120 hours in consecutive weeks. That leaves the resident 48 hours to sleep, read, stay in touch with family and friends, recreation, and see the new Star Wars movie only to claim that it was childish.

## **Medicare stability**

**LOW**

### **So how is Medicare doing?**

Medicare's stability is in question. Several proposals threaten to weaken the program and raise the eligibility age to 67.

## **GME funding**

**UNSTABLE**

### **What is GME?**

Graduate Medical Education  
(residency)

**Who pays for it?**

A large portion of its funding comes from Medicare. Several proposals would axe GME from Medicare and set GME to the appropriations process. That means that every year, funding for GME will have to be voted on. This will lead to an extremely unstable source of funding. Look at the all-payer fact sheet on page 27.

**Physician Involvement**      **LOW**

Will someone name the major physician organization that is advocating for tobacco regulation and handgun control? The American Medical Association (AMA)? No. A New England Journal of Medicine study showed that the AMA's Political Action Committee (AMAPAC) contributed more money to politicians that opposed reform in the above areas despite the fact that the AMA's own House of Delegates supported these reforms. AMSA broke off from the AMA in 1968 because we did not agree on issues such as a peaceful resolution to the Vietnam War, Medicare, and civil rights. We still have opposing views on universal access to health care. With a few exceptions, physicians and physician organizations are not very active in helping to bring about much needed reform.

**Physician Frustration**      **HIGH**

How many of your attendings are frequently heard saying, "I love HMOs! I was on the phone with a pleasant representative for four hours! You know, it's a good thing that I have to check with that high-school kid before I provide a medically necessary service. I have too much free time on my hands. I think that I'm going to learn to kick box and take pottery classes. Things just couldn't be better. I'm going to go compliment that medical student on a super history and physical."

**Patient Dissatisfaction**      **HIGH**

Do I need to say anything further here? How many headlines must we see of people suffering and dying because of poor policies? Incidentally, let's say you have appendicitis and your HMO denies you the operation. Your appendix bursts, and a few days later you die a horrible death from widespread infection from antibiotic resistant bacteria. Your relatives can fortunately sue the HMO... only for the cost of the procedure. Your family has lost you forever, but at least they will be able to live well... On five thousand dollars. Will that even cover the funeral costs?

**Administrative Spending**      **HIGH**

We spend \$995 per capita, or 24 percent of total health-care expenditures on administration. Canada spends less than \$248 per capita or 11%. We have witnessed a 2000% increase in the number of administrators since 1970. (Give a comparison using the audience. Have someone stand up to represent an administrator in the 1970s, and then have twenty other people stand up to represent the number administrators today. Also note that physicians and other clinical personnel only increased two and a half fold.

A biopsy reveals an autoimmune response as health-care workers fight amongst themselves rather than work together for a common solution.

With a few exceptions, most specialty societies spend their political might fighting for higher reimbursements from Medicare. This not only ties up valuable resources in a never-ending tug of war for a bigger slice of the pie, but also gives physicians a negative image when they lobby on the behalf of patients. As one staffer put it, "It is hard to

believe that physician lobbyists don't have ulterior motives when they claim to be advocating for their patients." This division among groups of physicians and other health-care workers is destructive to patient advocacy.

"To complicate matters further, your attending is hung over, singing about the "good-ole-days" when fee-for-service reigned supreme, and your resident is snoring away leaning against the wall. What do you do? What can you do?"

By now everyone should be waving angry fists, screaming for a just health-care system. Or they should at least be awake. Now, hold a follow-up activity, such as a letter-writing campaign on one of these topics. Get to know your classmates by getting feedback on your presentation and find out what they are interested in. Follow up interests with future events. "Oh, you're interested in the plight of the aardvark? Well, maybe we can try and organize a brief presentation and a petition drive." Keep an open mind.

# How You Can Improve Your Advocacy Skills



A tool kit for grassroots advocacy.

Public Speaking

Letter Writing Campaigns

Lobbying

Telephone Campaigns

Petitions



# Public Speaking

## The Basics

Attention  
Interest  
Decision  
Action

Four essential elements of a good speech.

**Attention:**

“A medical student, a resident, and an attending walk into a bar.”

Do you have your audience’s attention? The members of your audience are usually chatting with each other, walking around, or eating. No one comes in for a speech, sits down and silently waits for you to begin.

How do you get your audience’s attention? You might start out with a joke, a dramatic story, or a catchy phrase. Making a strong start is essential for a good speech. If you start a speech well, and end it well, most people will remember your argument as one that was convincing.

**Interest:**

“The funding for your residency programs is in jeopardy.” “Is our health-care system the kind of system that you want to be practicing in?” Great! You have the audience’s attention. Now, you have to transform their attention to your opening to interest in the topic that you are presenting. To do this, you have to present the facts, without putting your audience to sleep. Of course, this is easier said than done. This is where your creativity must come into play. Why did you become interested in this topic? If you

effectively communicate this, you may be able to convince your audience.

**Decision:**

“So now I ask you.. will you allow the insurance industry to dictate the way you practice medicine, will you work complacently in a system that denies coverage to 44.3-million people, will you ignore the needs of your patients.”

You have just given your audience the facts. Your speech has built up to this final point. Now, it is time for them to decide if they will agree or disagree with you. If you presented the supportive facts well, then you have probably made an impact on at least a few members of your audience.

**Action:**

“So when you all leave, call your representative and let him/her know how you feel. Sign our petition and take a page with you to collect signatures from your friends and family. Come to our rally and help raise awareness on this important issue. Take an educational packet with you and present this issue to your classmates.”

This crucial part or any speech is often left out by many speakers. Your audience has been fired up and is ready to move. They want direction, they want action, they want to help. You now have to channel that energy into a constructive activity. It is a good idea to have materials on hand for this.

# Public Speaking

## Customizing Your Speech

Speeches are not a one-size-fits-all type of entity. A speech that went well with one audience may not be appropriate for another audience. With experience, you will be able to adjust your speech to make it palatable for any audience.

The following items are things to consider when writing a speech.

### **Know Your Audience's Attitude**

Never assume that your audience loves you. Although it is easier to give a speech among allies, do not slack off and assume that your audience will be moved and inspired by anything that you say.

### **Know Your Audience's Familiarity With Your Topic**

"The Balanced Budget Act of 1997 will significantly affect revenues at all academic centers. To protect GME, we need an all-payer system that will create a trust fund to secure a stable source of GME funding by assessing all insurance entities a GME fee."

If you are talking to a group of medical students, you will hear a lot of shifting around, doors shutting, and other noises as people run for the door with a confused angry look on their faces. If you could read thoughts, they may be something like this: "What the @\$ is she/he talking about! What a waste of time."

If you are speaking before the AAMC board, you will notice a similar reaction, but their

thoughts would probably be a bit different. "Duh.... Everyone knows that. I just gave that same speech to a bunch of medical students. They all knew what I was talking about since they all left in the middle of my speech."

Always try and match the level of your speech with your audience's familiarity with your topic. However, keep in mind that it is always best to err on the side of being too basic.

### **Know the Numbers**

How much time will you be given to make your speech?

How many people will be attending your speech?

How many other people will be speaking at the same event.

### **Know the Arena**

Always find out in what type of room you will be speaking. Will you be sitting at a table in a small conference room, or in a large auditorium?

Always find out what kind of audio-visual materials you will have available. It is generally a bad idea to just show up with a presentation on disk made on the latest version of Power Point, without finding out if the facility has the appropriate equipment and software available.

# Public Speaking

## Techniques and Hints

Every good speaker has a large repertoire of techniques that they will use throughout their speech to create a more powerful and memorable presentation. The following is a brief listing of a few of these techniques:

### **Catch Phrase**

“Just do it,” “On time, every time,” “May the force be with you.” A popular catch phrase will allow you to ingrain a particular idea or concept into the audience’s mind. For example, if you were giving a speech on the patient bill of rights, you may borrow the phrase, “for patients, not profits.” Why does everyone get excited when Cuba Gooding Jr. says, “Show me the money!” Is he being profound? Do people really expect to see large sums of currency?

### **Dramatic Pause**

This child would still be alive today -- if this gun was locked.

The dramatic pause is used to emphasize what you have just said and what you are about to say. Pauses will keep the audience spellbound and hanging on to each word, waiting for the next sentence. However, you must not overuse this technique as it will soon become distracting and annoying to the listener. “And remember -- I am not only the hair club president -- I am a client too.”

### **Personalize**

“If an insurance company makes a medical decision that harms you, maims you or even kills you, shouldn’t you be able to hold them accountable for their mistakes?”

Always tie an issue back to the individual. Talk about how global policies will affect your audience or their communities in particular. Cite examples of what can happen if they do not take action. Ask your audience if they are satisfied with the status quo.

### **Tell 'Em,**

There is an age-old adage about what to tell 'em during a speech: “Tell 'em what you’re gonna tell 'em, tell it to 'em, and then tell 'em what you told them.” This ties into the catch phrase technique. Once you have picked your points, pound it into 'em.

### **Start with the Conclusion**

One way to stay focused and on topic is to begin with the conclusion. It helps you to answer the question, “What does this have to do with the speech?”

### **KISS**

Keep it simple, stupid, or keep it short and sweet.

### **Don’t Let Them Get Ahead**

Avoid giving out materials that contain your entire speech. Your audience will often read the handout and ignore your speech. You might as well give your audience the handout and forgo the speech! If you give your audience a guide, keep it short and basic.

### **Get In, Get Out**

How many times have you said to yourself, “Gee, I wish that speech was longer.” If you can convey all the important information in a short time, then do that. People tend to remember speeches that are short, whereas longer speeches tend to fade quickly. Try and time your speech so that you will be able to give it in an easy-to-hear and reasonable pace. Try and give yourself 10 to 15 minutes at the end for questions.

### **Tip of the Iceberg**

Your speech should only contain enough information to make your audience make a

decision. The details can be supplied later in handouts or when you answer questions.

### **Dress Appropriately**

Your audience and the circumstances of your speech will often dictate what will be the most appropriate thing to wear. Remember, when you make your speech you are trying to convince people that they should listen to what you have to say and take action. Dressing inappropriately may preclude any hope of ever doing this. If you talk to a group of conservative physicians in a T-shirt, with one hundred one

piercings, purple hair, and Birkenstocks you probably will not get the message across as well as if you dress in a boring, gray suit. You are not there to make a fashion statement (or if you are, then go all out and throw in fluorescent pink velcro sneakers, and an iguana-shaped hat).

**Acronyms, Abbreviations, Hodgepodge oh my!**  
Recently HHS commissioned COGME to look into GME and HCFA.

Confused? So am I. Always identify acronyms **at least once** in your presentation. Try to avoid using too many different acronyms unless your audience is familiar with them.

# Public Speaking

## Oops

Every speech has the potential to inspire your audience and change their perception of an issue. Every speech also has the potential to end in disaster. Occasionally, circumstances will doom the most prepared speaker, but these occasions are rare. The following are a few tips to reduce your oopses and help you maximize the effectiveness of your speech.

### **Don't Wing It**

It takes an enormous amount of talent and experience to give a good speech impromptu. You rarely will be in a situation where you will have to give such an impromptu speech. Do not put yourself in such a situation. Preparation is perhaps the most important factor for giving a good presentation.

### **Should I Memorize or Read?**

No.

Don't memorize your speech and then regurgitate it. You will be inflexible and unable to adjust to your audience's reaction and will miss out on opportunities to offer a bit of spontaneity to spice up your speech. Likewise, do not write out your entire speech and just read it. You would be better off photocopying your speech and handing it out. Don't read, speak.

### **Stop Waving**

"Oh, that was the speech where that guy kept swinging his hands."

Excessive body language may distract your audience from your speech. Most everyone gets nervous during a speech, and a natural reaction is to adopt a habit such as a repetitive hand gesture or posture.

### **Like, Um, Uh Er**

Like, um, you like never sound, uh, er, professional when you use these. If you, like, um, are one of those people that, like, tend to use um, these, um, sounds, try to substitute a brief pause the next time the urge comes on to say one of these words. Eliminate these.

### **Practice Makes Perfect**

The best way to become a good public speaker is to watch and learn from both experts and novices. Watch a speaker and note things that turn you off from what they are saying, as well as what captures your attention and convinces you. Watch professional speakers on television and pay attention to the techniques they use to convince you.

(Special thanks to Paul Jung M.D. Legislative Affairs Director 1996-'97)

# Letter-Writing Campaigns

## What Is a Letter-writing Campaign?

This is when you gather a group of people to write to your government representatives or another decision-making body, to express your concerns on an issue. Letter-writing campaigns are one of the easiest and effective ways to voice your opinion.

## Why Hold a Letter-writing Campaign?

Every year, thousands of bills are considered in Congress. These bills will most often affect you in some way. For example, you might think that a Medicare bill would be completely irrelevant to you. You may change your mind if it gets passed, and you find out that the residency program you always wanted to get into was shut down because of the bill, or that your medical school has just lost millions of dollars from that bill and will have to scale back on education.

## Coordinating Letter-writing Campaigns Nationally.

What is more effective than organizing your chapter to do a letter-writing campaign? Being part of a massive national letter-writing campaign, of course! This year the Health Policy Standing Committee is sponsoring a project to promote monthly national letter-writing campaigns. To find out more about the national letter-writing campaign, contact Alexa Edwards at [ame@mail.med.upenn.edu](mailto:ame@mail.med.upenn.edu). This campaign will help deliver hundreds of letters to Congress. Try and find a letter-writing campaign representative to help out with these mailings.

## Letter-writing Campaigns Are Great Ways to:

- Educate medical students about issues that will affect them.
- Get involved with political activism by voicing your opinions to your legislators. This is why democracy works, so do it and influence the outcome.
- Show why AMSA is an important organization to medical students. We not only promote changes on the local level, but

also pool resources for national legislative action.

## How Do I Organize My Own Letter-writing Campaign?

### Pick the Issue.

First find out what is hot. Read the newspaper, listen to the news to see if there is an issue that would attract medical student attention (and there always is).

Check out the Thomas Web Site (<http://thomas.loc.gov/> a searchable net database with all the latest information on bills in Congress) to see what bills are out there on your issue. You can also check on the status of the bill. This way you can time your campaign to coincide with the bill going to the committee or the floor for a vote.

You can also track your issue by visiting the House and Senate Homepages at [www.house.gov](http://www.house.gov) and [www.senate.gov](http://www.senate.gov). These sites also include committee schedules.

Interest groups and organizations often will follow a bill closely. You should check with these groups to prevent duplication of work.

You can also contact the local office of your senator or representative to find out how they feel about a bill that is important to you.

### Holding the Event.

Prepare a draft letter. Some organizations have form letters from which you can borrow language for your own letter. Try and gather all of the participants into a room and have them write their own version of your form letter. A few individually written letters are more effective than hundreds of signed form letters (though these are far more effective than nothing). It is always a good idea to have food at your event. Check with your chapter to see if

there is any money available. You will also need money for stamps and envelopes.

There are several other approaches to a letter-writing campaign. If you have a laptop, and a portable printer (or other printing access), you can make a Word template (save your document as a template) in which participants can enter their names, and addresses, and then print off a letter to sign and send off.

You can also have everyone log on to [www.amsa.org](http://www.amsa.org), click on the Legislative Affairs tab and e-mail a letter to your representatives.

**Important Reminders.**

Original letters are far more effective than form letters to the same representative.

Always identify a bill #.

(Special thanks to David Shih, National Treasurer 1998-'99)

# Letter-Writing Campaigns

## Sample Letter to your Congressional Representatives

Your name & Address

Date

The Honorable \_\_\_\_\_

OR

The Honorable \_\_\_\_\_

U.S. Senate

Washington, D.C. 20510

Dear Senator \_\_\_\_\_:

OR

Dear Representative \_\_\_\_\_:

- (1) State your purpose for writing this letter in your first paragraph.
- (2) If your letter pertains to a specific piece of legislation, identify it according to its House, and/or Senate bill number, i.e. H.R. 1200, S. 244.
- (3) Include how the proposed legislation or issue affects you personally. Anecdotal evidence is a very effective and persuasive lobbying tool.
- (4) Offer your expertise if it is relevant. As a medical student you may have experiential or trained expertise that may be useful to legislators.
- (5) Use simple language (within reason). Politicians and their aides are not experts on all issues. Be sure to define all terms and use language that is commonly known. E.g., the term "kidney doctor" may be more understandable than "nephrologist."
- (6) Always ask the senator or representatives for something specific, or thank them for their time, their effort or for their support of legislation.
- (7) Be courteous, to the point and try to **keep the letter to one page**.
- (8) Personal letters are much more effective lobbying efforts than postcards, petitions, or even phone calls because they show more effort.

(Special Thanks to Suzy El-Attar, M.D., Legislative Affairs Director, 1993-1994)



# Lobbying

## How to be an AMSA Lobbyist

### **Be Prepared.**

Know the issue. You can get information about legislation from AMSA's legislative affairs director at (703) 620-6600 ext. 211 or from various Web pages (you can find links to these pages on the AMSA Web page [www.amsa.org](http://www.amsa.org)).

### **Prepare Position Papers.**

Gather your facts and organize them into a one sided (two, only if absolutely necessary) page fact sheet. This will be the form that you will hand in to your representatives. Look at the example on the next page. Remember to be as concise as possible.

### **Make an Appointment.**

It is always a good idea to make an appointment to be sure that the appropriate people will be in the office. Remember, staffers and members have busy schedules. If you just show up, you will most likely only get to drop off your materials with a front-desk administrator who probably will not be able to discuss your issue. You can find your representatives by going through the AMSA Web page, through the Legislative Affairs section.

### **Before the Visit.**

Dress appropriately for your visit. Some lobbyists may try and create a grass-roots image for themselves by dressing down, but it is usually a safe idea to dress business casual. Bring extra copies of your fact sheets. Check the status of the bill that you are lobbying, and find out who has co-sponsored it. If possible, try and form a delegation by bringing friends who are also from your district. If they are not from your district, you have no obligation to divulge this fact if you are not asked, but also do NOT lie if asked.

### **Visit the Bill's Sponsor.**

If you are lobbying for a particular piece of legislation, it is a good idea to call or visit the bill's sponsor before lobbying. They usually will be very eager to assist you in reaching the right members and will offer input on ways to present the issue. Remember, this is their bill, and they want to see it pass as much as (if not more than) you.

### **The Opening of Your Visit.**

It is important to be as relaxed as possible during your visit. Expect to be a little nervous. If you have a delegation with you, choose a primary speaker based on familiarity with the issue and speaking skills. Introduce yourself to your representatives or their legislative aides (LAs), and let them know that you are representing the American Medical Student Association (enter soundbyte). Let them know what bill or issue you are interested in, how you feel about the bill, and how it will affect you. Try to make this part as clear and concise as possible.

### **Answer Only Questions That You Know:**

Answer questions and offer your side of a stance. If you do not know an answer, tell your representative that you will get back to them. NEVER make up an answer. If you give out incorrect information, you will eliminate the credibility of yourself and AMSA. Offering to get back to them also offers you a chance to re-familiarize them with your topic.

### **Don't Get Mean.**

After discussing the issue, if your representative or LA do not give you an answer that you want to hear politely thank them for their time, let them know that you still hold your position, urge them to reconsider, and politely leave. Do not get argumentative. Remember LAs and representatives are people, too, and may hold their stance more rigidly if you are unreasonable with them. No one likes working with someone who refuses to negotiate. Note:

On one occasion I saw a medical student throw a tantrum and begin yelling at a health LA. Needless to say, the congressman's position did not change, and the medical student precluded any hope of building a future relationship on other topics.

**Be Flexible.**

If your representative opposes the bill that you want, see if you can come up with some common ground. Always offer to follow up on any new developments, and ALWAYS make sure that your fact sheet has all of your contact information.

**Post Visit.**After your visit, follow up on any questions that you were unable to answer.

Always send a note thanking your representative or LA for their time. If necessary, set up another appointment if you need to follow up on a new slant or topic. If your representative does what you told them to do, then be sure to thank them and let them know that you appreciate their efforts.

**Benefits of the Visit:**

Your visit will not only help to persuade your representative, but it will also be an educational experience for you. During your visit, you will get an inside look at the political climate, and get insight on how to better promote your issue. Never be afraid to ask an LA a question about the actual mechanics behind government.

# Lobbying

## Writing a Fact Sheet

Fact sheets contain a summary of the information that you presented to your representative. Fact Sheets should include the following:

**A bolded easy-to-read title identifying your organization, the bill that you are lobbying by title and number.**

**Familiarize your representative on what you are lobbying. Remember, most congressmen will not know what GME is. Be BRIEF**

**Concisely explain the situation/problem that you are trying to call to your representative's attention. Use brief, concise bullet points.**

### **The American Medical Student Association (AMSA) supports H.R. 1224 The All-Payer Graduate Medical Education (GME) Act**

**GME is the mandatory advanced training of doctors following four years of medical school (also known as a residency).** During this training, physicians develop their life-saving clinical skills. Depending on the specialty, residencies can last between three and eight years.

- Once doctors are trained, they serve patients in public as well as private health insurance programs. Despite the fact that private companies profit from a well trained physician workforce they contribute little financially to its cost.
- While private insurance does not contribute to the cost of GME, Medicare contributes nearly 34% of its total cost.

#### **GME is already underfunded.**

- Residents are trained primarily in teaching hospitals. In addition to training tomorrow's doctors, teaching hospitals provide additional public goods:
  - Free care to uninsured patients;
  - Highly specialized, technologically sophisticated and effective lifesaving health-care services;
  - Advanced research;
  - The majority of AIDS and trauma patients in the United States
- Private insurance plans often shun teaching hospitals and send their patients to non-academic facilities to escape the higher costs that these hospitals incur.
- To make up lost revenues, teaching hospitals use residents to perform basic tasks that are normally done by ancillary staff. Residents often work as many as 120 hours a week to make up for losses. This practice undermines the quality of a resident's training, and the quality of our future doctors.
- The Association of American Medical Colleges has predicted further losses in revenue to teaching hospitals due to cuts imposed by The Balanced Budget Act of 1997 (BBA).

**Discuss the solution and the impact that it will have. Include a final statement tying your issue back to your representatives voters.**

**Include a final statement tying your issue back to your representative's constituency.**

**Include contact information for the sponsor of the bill. Your representatives will have this information, but this will make it easier for them to sign on.**

**Include other supporters of the bill, and identify any members of a coalition that you are a part of.**

**Include your organization's mission statement and contact information.**

**Always include contact information.**

**An all-payer system as outlined in H.R. 1224 will:**

- Create a GME trust fund through a modest 1% assessment on all private health insurance premiums.
- Ensure that both public and private insurance plans contribute to the training of health professionals.
- Help guarantee that residency programs will be adequately funded to maintain high-quality health-care services and training.
- Provide a mechanism to address the excess number of specialists currently being trained.
- Provide sufficient funds to keep teaching hospitals fiscally solvent.

The American Medical Student Association (AMSA) is dedicated to the improvement of medical education and health care. We believe that an all-payer system is necessary to ensure a fair and equitable, high-quality graduate medical education, which is an essential safeguard of our health-care system.

For the sake of our patients and society, we urge you to support H.R. 1224 The All-Payer Graduate Medical Education Act.

**To sign on to H.R. 1224, contact Congressman Cardin's office:**

**E-mail:** rep.cardin@mail.house.gov

**Phone:** (202) 225-4016

**Fax:** (202) 225-9219

**Address:** 104 Cannon House Office Building

The Association of American Medical Colleges, the American Hospital Association, the National Association of Public Hospitals, the National Association of Children's Hospitals, the American Occupational Therapy Association, the American Speech-Language Hearing Association, and the American Association of Colleges of Nursing have also expressed support for this bill.

The American Medical Student Association (AMSA) is the largest independent medical student organization with over 30,000 physicians-in-training from 143 allopathic and 17 osteopathic medical schools across the country. AMSA is committed to improving health care and health-care delivery to all people, promoting active improvement in medical education, involving its members in the social, moral, and ethical obligations of the profession of medicine, assisting in the improvements and understanding of world health problems, contributing to the welfare of medical students, interns residents, and post-MD/DO trainees, and advancing the profession of medicine.

Please contact Josh Rising, Legislative Affairs Director, with any questions.

American Medical Student Association  
1902 Association Drive  
Reston, VA 20191

**Phone:** (703) 620-6600 ext. 211

**Fax:** (703) 620-5873

**E-Mail:** lad@www.amsa.org

**Web Address:** www.amsa.org

# Telephone Campaign

A telephone campaign is another effective way of getting your message across to your government representatives.

The basic premise behind a telephone campaign is to get lots of people to call their representatives and voice their opinions on a specific issue or piece of legislation. To accomplish this, you can try to use the following strategies:

## Local Offices

You may want to consider calling local offices. Senators and members of Congress have local office phone numbers that are often in your area code. It is easier, and much cheaper, to call these offices.

## Long Distance Switchboards

The first step is finding a place to call from, or a sponsor for your event.

You can try your dean's office and ask them if they will let you use a phone for a certain number of calls. If you do this, it is usually a good idea to pick a non-controversial topic.

You can call your phone company and ask them if they would like to sponsor your event.

A cheap way to do this is to pass out information sheets on an issue with the Capitol switchboard number. Ask people to call in from home and assure them that the call will probably be short. Staffers are busy people and will not keep you on long.

# Petitions

Petitions are a quick way to raise awareness on an issue in which other writing campaigns are too difficult to organize. Letter-writing campaigns are more effective, but if you cannot get one organized, a petition drive is better than nothing.

To organize a petition drive, pick a topic or bill that you would like to consider. Educate yourself on the issue and develop a list of the more important points. You have to be very concise. Develop a few soundbites to convey the importance of your topic. Find high-traffic areas and hang up your petitions.

Next, present your petition to your classmates and faculty. Schedule a time to hold a petition drive. Get a table, a few chairs, lots of petitions, and lots of pens. Make announcements to your class. Be there to explain the issue and answer questions. You might offer something to attract people, such as cookies. Follow up on people who are really interested by asking them if they

are interested in helping with future programming, joining your organization, etc. If you are gathering signatures for a local issue, you may consider teaming up with other organizations and initiating a ballot initiative. Check the

## Goals:

1. Gather signatures to let your representatives know that voters are aware and care about an issue.
2. Raise awareness on your issue. People who sign your petition may not have known about the topic that you presented.
3. Initiate further action to help promote the issue. You may inspire someone to bring in a speaker to talk about a topic or to organize another activity on that particular issue.



# Public Relations

This section contains excerpts the Public Relations section of AMSA's COC handbook's. If you would like to see the full version, it is currently available on the Web at:  
[www.amsa.org/news/coc/pr.htm](http://www.amsa.org/news/coc/pr.htm).

## **Public Relations (PR): AMSA's Lifeblood.**

Without public knowledge of what AMSA is doing, how we are affecting change and what benefits AMSA can offer medical students, AMSA will cease to be an active and vital force in medical education and health policy. This short guide can help you build a strong PR strategy for your chapter to let the students, faculty, and media near your school know what you are planning. For assistance, contact:

Tim Clarke, Jr.  
AMSA's Director of Public Relations  
(703) 620-6600, ext. 307  
[prel@www.amsa.org](mailto:prel@www.amsa.org)

## **Call for Action**

Tim is in the process of developing a database of resources at every medical school, which will help him communicate with the appropriate person to promote nationwide events such as National Primary Care Week.

To do this, Tim needs names and contact information for any newspapers/journals/newsletters that are distributed at your medical school. Specifically we need the following information: name of publication; frequency of publication; name of editor(s); mailing address; internet address; e-mail address; phone number(s); fax number(s); or other information. Please e-mail/send/call in any of the above information. Please do this as soon as possible as this will significantly help to coordinate PR efforts.

In reading this, and in your PR attempts, remember that you do not need to go all out on PR for every event. The following is a list of practical PR ideas that you can use at your chapter.

## **Practical PR ideas:**

- Take pictures of an AMSA event, and then post a photo collage in a busy area. People love looking at pictures and will ask about the event.
- Borrow a letter, fact sheet, position paper from the AMSA Web page and use it to help write an article for your school newspaper.
- Post AMSA posters throughout the student lounge or in busy hallways advertising events.
- Put reminders about upcoming activities in student boxes or on doors and in hallways.
- Present general information to students over a Web page, on e-mail, or through your school newspaper.

# Public Relations

## Preparing for a Media Interview

- **Choose one or two points to make during the interview.**  
Even if the interview changes course, continue to make your points. Know your message and stick to it!
- **Use a simple message. Be repetitive.**  
If you say the same thing over and over again— the message is getting through to your audience.
- **If appropriate, use sound bites.**  
Sound bites are easily quotable and it is almost guaranteed that they will get into the story.
- **Most importantly, you don't have to answer the question.**  
If the interviewer asks you a question that you are not familiar with, change the subject to focus on the points you want to make.
- **Remember to speak to your audience.**  
Use easily understandable words in concise sentences.
- **Back up your statements with documentation.**  
For example, "The New England Journal of Medicine reports . . ."
- **Relax and enjoy the interview.**



# Public Relations

## Tips for Organizing a Press Conference

### I. Planning

#### Who's coming?

1. **Star Quality!** To maximize media attendance at your news conference, it is beneficial to have at least one high-profile personality participating (e.g. dean, AMSA national officer, community organizer, police chief, the mayor).
2. **Diversity!** It is helpful to get a cross-section of people participating to demonstrate that this news conference is of concern to everyone. Try to enlist participants from medical, religious, business, education and civic organizations. Strive for ethnic and gender diversity among participants.
3. **M.D.!** Don't underestimate the credibility of physicians and physicians-in-training. The public respects and listens to doctors.

*EXAMPLE:* The University of California, Irvine, AMSA Chapter kicks off their Students Teaching AIDS to Students (STATS) program. They organized a news conference. Invited guests: a physician specializing in AIDS research, a young student with AIDS, the AMSA STATS local coordinator and the principal of the school where the STATS program will be implemented.

#### Location, Location, Location!

1. **Eye candy!** Use a location that is easily accessible but also visually interesting for the media. Examples include a hospital emergency room, local school or steps of the state capitol. Obtain a permit in advance if needed!
2. **Visuals!** Use visual aids at your news conference (e.g. AMSA banner, charts or graphs).

#### Time

1. **Weekday!** Try to hold the news conference Tuesday, Wednesday or Thursday. Avoid Mondays and Fridays because it's harder to advance over-the-weekend.
2. **Time!** If at all possible, hold the event between 10:00 am and 2:00 pm. Earlier than 10:00 am is hard for reporters to make. After 2:00 pm is sometimes too late for evening news. 10:00 am or 11:00 am are the best times—because many noon newscasts will include the event.

## II. Enticing the media

Alert the MEDIA! This is the most important step! Be tenacious!

1. **Write it!** Prepare a **news advisory** that will serve as your announcement of the event (in this case, the news conference) to the press. Be sure to include who, what, where, when and why. Keep it short! Make sure to include a contact name and phone number. (See attached sample advisory.)
2. **Write more!** If you have a press kit, make sure you mail/fax/hand deliver it in advance (i.e. one week).
3. **AP!** The **Associated Press daybook** is the most important contact. It lists press events for the following day and goes to almost all medical outlets. Call to make sure the event is listed. **By noon the day before the event, FAX the advisory to the daybook editor.**
4. **Fax!** **One day before the event, ALL AREA MEDIA OUTLETS** should receive the advisory (e.g. newspapers, school newspaper, medical publications, TV stations and radio stations). It is best to **FAX the release** directly to each outlet early in the morning. If you need a fax machine, contact your medical school public relations office or student affairs office. If a fax machine is unavailable, contact the AMSA National Office—Public Relations Department, and we can fax your release for you.
5. **Follow up!** **One day before the event** (a few hours after the morning fax) **follow up by phone!** **Call the assignment editors** to confirm fax transmission, and make sure they know about the event. Talk it up as much as possible to encourage coverage! Many TV stations do not make their assignments until the day of the event. It is worth calling the TV assignment editors again between 8:30 am and 9:00 am the day of the event.

### Post-event follow-up

1. Fax a **press release** after the event to the media outlets, especially ones that were absent. This should simply include the “who, what, when, why, where” information, highlight any special accomplishments and include any good quotes. Think of it as a news brief or mini-story.

## III. At the News Conference

### Setup

1. **The right equipment!** Are you using a microphone? Is there electricity? Do you have/need a podium? Do you have something for the microphone to sit on or attach to?
2. **Arrange a press table!** This is where reporters sign in and pick up materials. One person should be the “**meeter & greeter**” of reporters. This is often the contact person on the press advisory. S/he helps reporters get materials and sign in. One person should sit at the press table while the other greets.
3. **Permit!** Do you need a **permit** for the location you have selected? Get one, bring it.
4. If it is an outdoor event, is there a **rain location**?

5. All participants should stand together behind the mike or podium so that everyone is in the picture.
6. Make sure that visuals are not placed too high so as to be out of the picture, or too low so as to be blocked by the participants (if applicable).

## Speaking Order

1. **Who's next?** Determine the order of speakers in advance. It is preferable to have each person come to the microphone and introduce him/herself, each following the last. Remember to distribute a speakers list to the press as well as the speakers themselves!

## Length

1. **Short and sweet!** Each speaker should keep remarks short. The overall length of the news conference should only be 20 - 30 minutes (including Q & A period). If there are a lot of speakers, each may only be able to speak for 2 minutes, or so.
2. Not all participants need to speak. Ask groups to send a representative, **even if he or she does not wish to speak**—this aids in showing the depth of support.
3. Speakers should distribute copies of their statements to the media. If they are ready in advance, they can be included in the press kits. If not, they can be placed on the press table. Non-speaking participants can distribute a press release from their organization as well.

## Questions

1. Often the press will ask questions. They may direct them specifically to one speaker. If not, **you, as the host should be prepared to answer any questions that come up.** If they ask a question that you cannot answer, **don't be afraid to say you're not sure and get back to them later.**
2. Reporters often want one-on-one interviews with speakers after the Q & A period. This is your chance to clarify or cover information not brought out in the Q & A.

# Public Relations

## Tips for Getting Your Message Out

### Newspaper

- ❑ Letters-to-the-Editor: Always a great way to get your message out.
- ❑ (See sample letter-to-the-editor attached.)
- ❑ Op-Eds: Opinion-Editorials provide a way to voice your viewpoint on a particular issue. These are usually longer and more in-depth than letters-to-the-editor.
- ❑ Set Up a Meeting with the Editorial Board of Your Local Newspaper: Editorial writers need something fresh to talk about. Make them listen to you . . . They are the opinion makers in town.

### Radio

- ❑ Call in to a Local Radio Talk Show: Talk radio reaches a very large market. Don't hesitate to call in to a talk show and express your opinion.

### Print Propaganda

- ❑ Distribute newsletters, flyers, banners or posters around campus and the community.

### Television

- ❑ Hold a News Conference.
- ❑ Call the National Office Public Relations at (703) 620-6600, ext. 207, or e-mail [prel@www.amsa.org](mailto:prel@www.amsa.org) for help.

# Public Relations

## Tips for an Effective Newsletter

### 1. Basic Elements

- Include name, logo, issue date, volume, table of contents, tag line defining chapter, mission statement (optional), page numbers, lead story, columns and departments. Try varying the design between the first page and the inside pages. Jump text on a front-page story to get readers into the publication. If you have a graphic element on the front page, repeat them inside for continuity.

### 2. Editing

- Correct grammar, spelling and punctuation. Use the active voice. Avoid clichés and mixed metaphors. Start with the most important information first, so you can cut copy easily from the end. Try attention-getting devices such as highlighting text from future issues in a box or using a question from an article title. Use pull quotes, and highlight statistics or catchy phrases.

### 3. Design

- Lay out copy in columns—it immediately improves the look of the page. The three-column grid is the most common grid format for newsletters. Keep all margin widths the same. Choose a fixed format for columns and departments. Use photos and artwork. Think about proportion, balance and consistency. If the publication is black and white, consider using tints or screens of black for special highlights or backgrounds. Use color effectively. For example, red suggests power, while blue connotes tranquility.

### 4. Typography

- **Be professional, be consistent!** Select appropriate typefaces and fonts for body text, headlines and subheads or special heads. Common typefaces that work well are Times Roman, Helvetica, Century Schoolbook and Palatino. **Don't use more than three typefaces in one issue.** Use pull quotes, bullets, special effects and special characters to enliven text.

### 5. Art-Photos/Illustrations

- Use clip-art. In photos, action shots and shots of people are more interesting than objects.

### 6. Production

- Work up a production schedule starting from the date of final mailing of the printed piece and moving backward through labeling, stapling, printing, final copy, layout, editing and assigning.

*Communication News, American Society of Association Executives, "Leading Newsletter Workshops," September 1995.*

# Public Relations

## Sample news advisory

List a date to emphasize the timeliness of the event.

Always list a phone number where reporters can receive more information.

Bold headline.

Use a dateline to focus reporters on the place of the event.

The first paragraph should describe the event and the individuals participating.

This is the most important section. Highlight the date, time and place.

### **FOR IMMEDIATE RELEASE – June 8, 1999**

Contact: Tim Clarke, Jr., AMSA Director of Public Relations  
Daytime: (703) 620-6600, ext. 207 - After-hours: (301) 518-5725

### **SHORTAGE OF PRIMARY CARE DOCTORS INSPIRES MED STUDENTS TO ESTABLISH 'NATIONAL PRIMARY CARE WEEK'**

**To be held at every medical school in September**

**Reston, VA** – The nation's medical schools are not turning out enough primary care physicians, says the American Medical Student Association (AMSA), the nation's largest, independent medical student organization. The shortage has contributed to the problem of America's 43 million uninsured citizens and exacerbated a crisis in the delivery of quality care to underserved communities. In response, AMSA recently announced their plans for 'National Primary Care Week 1999,' with support from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine. **AMSA will develop and lead the week-long program that will be held at nearly every medical school in the country during the week of September 27<sup>th</sup>, 1999.** AMSA's National Primary Care Week (NPCW) will dedicate itself to the promotion of primary care as an important and legitimate specialty for health profession students to consider as they complete their training.

"Primary care physicians bring medicine to populations who don't have access to basic health services, and their importance is unquestioned," said Paul Wright, executive director of the AMSA Foundation. But there is no question that the nation's medical schools are not meeting expectations to train an appropriate number of generalists, or primary care doctors, to handle the future needs of the American public. For the first time this decade, the percentage of U.S. graduating seniors entering primary care residencies decreased. The recommendation of the Council of Graduate Medical Education (COGME) in 1994 was for a physician workforce of 50/50–50 percent primary care doctors and 50 percent specialists. In 1997–1998, according to COGME data, there were too few generalists residents beginning their training—7 percent less than target recommendations. Considering the vast oversupply of specialty physicians—41 percent more than recommended by COGME—we begin to realize the further need for programs such as AMSA's National Primary Care Week.

*Continued on next page*

## Sample news advisory (cont)

AMSA News Release – June 8<sup>th</sup>, 1999 – Page 2

Primary care physicians play one of the most vital roles in modern medicine today. Unlike specialists, primary care physicians provide more preventive health-care services and see patients on a regular schedule in an effort to maintain long-term relationships and quality of care. Traditionally, primary care physicians offer the most cost-effective health care available – a crucial factor to the millions of uninsured and underinsured Americans. Studies have shown that carefully coordinated efforts to downsize specialty physicians and increase the number of primary care doctors will dramatically decrease the overwhelming number of Americans who go without access to quality health care every year. NPCW is designed to remind us that it is still necessary to prepare more generalists to enter medicine.

NPCW aims to involve more interdisciplinary participation than any past primary care initiative. AMSA has asked each medical school to nominate one student leader. In addition, AMSA is actively recruiting students of other health professions—physician assistants, nurse practitioners, nurse-midwives, primary-care podiatrists, social workers and general dentists – to collaborate on the project by involving their schools and developing activities for the week-long event.

**These paragraphs are generic paragraphs for statistics and other relevant information.**

NPCW has received the strong support of the following organizations, which are serving in an advisory capacity to NPCW: Area Health Education Centers (AHEC) network, American Academy of Family Physicians, Robert Wood Johnson Foundation, Division of Nursing, Division of Medicine, American Association of Colleges of Osteopathic Medicine, the Society for General Internal Medicine, the Primary Care Fellowship Society, and the National Health Service Corps.

Any health profession student interested in assuming a leadership role should contact Kristen Goliber, NPCW Project Coordinator, at 703/620-6600, ext. 248, or at <kristeng@www.amsa.org>.

**#### signifies the end of the advisory.**

####

**AMSA's mission statement.**

Founded in 1950, the American Medical Student Association (AMSA) is an independent organization of nearly 30,000 physicians-in-training from over 150 medical schools across the country. AMSA is committed to improving health care and health care delivery to all people, promoting active improvement in medical education, involving its members in the social, moral and ethical obligations of the profession of medicine, assisting in the improvements and understanding of world health problems, contributing to the welfare of medical students, interns, residents and post-MD/DO trainees, and advancing the profession of medicine.

# Public Relations

## Sample Letter-to-the-Editor

**Date your letter.**

September 7, 1999

**Address of the newspaper.**

Letter-to-the-Editor  
The Daily Planet  
3423 Main Street NW  
Metropolis, NY 12345

**Identify yourself and the article that you are responding to in the first paragraph.**

Dear Editor:

As a Metropolis School of Medicine medical student, and an avid supporter of the super-hero Health-Care Man, I am writing in response to the September 3<sup>rd</sup> article, "Superman: The Champion of the People." Although your article justifiably praised Sup's contributions to society, it failed to mention Health-Care Man's extensive service for the public good. For years the Daily Planet has given Superman an enormous amount of attention – you would think that Superman worked there – and has failed to recognize other deserving individuals.

**Let the editor know why you are writing in. Do you agree / disagree with the article? What new information can you provide?**

I would like to take this opportunity to familiarize you with Health-Care Man's past accomplishments:

1. Health-Care Man helped the public health department enforce safety regulations on the Tox-Prod chemical plant. This action was projected to have saved dozens of factory workers and reduced a worker's risk of having children with birth defects by 50 percent.
2. Health-Care Man also passed a restriction on tobacco advertising to minors which will prevent thousands of America's young people from ever starting smoking.
3. Health-Care Man has made numerous public appearances informing the good citizens of Metropolis how to develop a healthy lifestyle.
4. Health-Care Man battled a terrible case of the flu.

**Conclude with a short summary of your position.**

Health-Care Man does not have all of the traits of traditional superheroes; he cannot fly; bullets will kill him; he doesn't have X-ray vision; and he can't sing. However his contribution to society must not be overlooked. He is a hero, a patriot, a kind and gentle man and most definitely a champion of the people.

I strongly urge the Daily Planet to salute Health-Care Man and his valiant service to the good people of Metropolis.

**Provide contact information in case a writer wants to follow up on your letter and has additional questions.**

Sincerely,

**Thurston Coppertop**

Thurston Coppertop  
334 Old Main Street SE  
Metropolis, NY 12345  
(123) 456-7890



# Health Policy Resources and Opportunities

## The Essentials



Resources that every Legislative Representative needs:

The Standing Committee on Health Policy

The Political Leadership Institute

Summer Opportunities and Internships

Programs by Lone Pear Enterprises

National Lobby Day (Speak Up, America! Health Care Is Our Right)

Important Health Policy Papers

Health Policy and Legislative Web Pages

# The Standing Committee on Health Policy

## **A Word from Simon Ahtaridis, chair of the standing committee on health policy.**

Our committee works alongside the Legislative Affairs Director to help educate AMSA members about our ever-changing health care system and how to play a role in improving it for our patients. This year our focus issues include universal health care, Graduate Medical Education/Medicare, and the National Health Service Corps.

### **Activities this year include:**

1. National projects that investigate health policy issues for the education of our membership (see below).
2. Managing ongoing projects that provide leadership training and forums to discuss "hot" issues.
3. Organizing awesome programming for our Fall Workshops and National Conventions.
4. Linking with other medical student groups to make our collective voices heard on policy issues related to medical education and health care through national lobby days and letter-writing efforts.
5. **MOST IMPORTANTLY:** Serving as a resource to YOU, as we can provide you information on health policy issues and help YOU start health policy programming at your schools.

To find out more about how to become involved with the Committee or if you would like its help, contact:

Simon Ahtaridis, Committee Chair, ext. 460 or [sahtarid@astro.ocis.temple.edu](mailto:sahtarid@astro.ocis.temple.edu)

OR

See the Committee's web page at [www.amsa.org](http://www.amsa.org)

### **Standing Committee Projects:**

#### **Political Leadership Institute**

This now famous AMSA program is a joint project with the Legislative Affairs Director. (Please refer to the index for more information on the PLI) Attend a weekend conference for medical students designed to improve their communication and leadership skills so that they become more effective participants in the health policy arena. Workshops cover letter-writing, public speaking, and lobbying.

#### **Health Care Reform and the Uninsured Video Seminar (NEW PROGRAM):**

Modeled after another successful project of the Global Health Action Standing Committee, this videotaped seminar presents an easy opportunity to organize a project at your local chapter that will shed light on the excesses of for-profit medicine, why our nation has 44.3

million uninsured, and what we can do about it! This is a joint project with Physicians for a National Health Program.

#### **Political Involvement Campaign**

After voting, writing a letter to your legislator (local, state, or federal) is the next easiest way to become involved in the political process. This project will provide the resources for local chapters to write monthly letters to legislators on timely health policy issues. The project began in September, with materials sent to chapters on writing a letter in support of the Women in Medicine Lobby Day. Contact Alexa Edwards at [ame@mail.med.upenn.edu](mailto:ame@mail.med.upenn.edu) to suggest topics or learn more about organizing a letter-writing campaign at your school.

### **Standing Committee ListServe**

Join this listserve so you can communicate with AMSA members nationally and discuss important health policy issues. Send a blank email to 'join-healthpolicy@lists.amsa.org'.

## **Winter of 2001 Political Leadership Institute**

The Political Leadership Institute (PLI) focuses on teaching political and activist techniques within the context of public health and health policy issues. On the first day of the workshop, participants will be assigned a public health topic. They will work as a team to produce sound bytes, policy briefing papers, a speech, and a legislative strategy for that issue. Professionals from Washington, D.C., will later critique each portion of their brief and provide suggestions for improvement during small-group workshops. This will enhance the specific skills of each participant so that they may emerge as a community leader, not only in medicine, but also in the politics of health policy.

We seek medical students who have demonstrated leadership abilities, commitment to public health, and a strong interest in politics for participation in the Political Leadership Institute. Each medical school can nominate a student for this year's program.

### **To Apply:**

If you want to participate speak with your dean of students about the PLI. They all received information. We ask that the school provide transportation costs for each student, to demonstrate their commitment to and support of physician leadership.

**Deadline:** We must receive your application by Monday, January 8<sup>th</sup> 2001.

### **Dates:**

The weekend of February 11<sup>th</sup>, 2000. Participants must arrive on the evening of Thursday, February 8<sup>th</sup>.

### **Place:**

The AMSA headquarters in Reston, Virginia, a suburb of Washington, D.C.

# Summer Opportunities and Internships

## American Medical Student Association Foundation Programs

### Washington Health Policy Fellowship Program

[www.amsa.org/lad/internships/whpfp.html](http://www.amsa.org/lad/internships/whpfp.html)

A unique opportunity for physicians-in-training to gain hands-on experience in the making of health policy. Selected participants will explore ways of incorporating the social and political forces affecting health status and health-care delivery into their practices.

Generously supported by the Merck Company Foundation

In the summer of 1989, the American Medical Student Association (AMSA) Foundation piloted the Washington Health Policy Fellowship Program (WHPFP), a summer program in health and social policy. WHPFP was specifically designed to nurture and encourage select medical students' interest in the health policy field. The program combines an intensive orientation to the policy process, weekly seminar discussions, and an eight-week field placement in various locales: congressional offices, federal agencies, research institutes and health advocacy organizations. Fifteen health-care professionals-in-training are selected each summer to participate in this innovative health policy program.

AMSA Foundation's 2001 WHPFP will run from mid June –early August 2001. Applications will be reviewed by a selection committee, and final candidates will be notified in late March 2001. Final selection is contingent on a telephone interview and suitable matching of an applicant's interests with an available placement site. You must have completed your first year of medical school by June 2001 to apply for this program. A stipend is provided to cover living expenses. AMSA members will be given preference for participation in this program.

Instructions for Application:

See the Web page at [www.amsa.org/lad/internships/whpfp.html](http://www.amsa.org/lad/internships/whpfp.html)

### Texas State Health Policy Fellowship Program

[www.amsa.org/lad/internships/hpfp.html](http://www.amsa.org/lad/internships/hpfp.html)

The growing complexity of the health-care system has created a need for skilled individuals to provide leadership in shaping our nation's health policy. Future providers of health care must learn not only to meet the medical needs of their patients but how to incorporate an understanding of the social and political forces affecting health care into their practices. The traditional curriculum for medical students does not provide future physicians with the knowledge and analytical skills necessary to understand our nation's health policy process.

The State Health Policy Fellowship Program (SHFPF) is designed to introduce medical students to the state legislative process, state health and social policy development and implementation, and the role physicians can play in shaping health policy. This program combines an orientation and weekly

seminar discussions with a practical field placement experience. This eight-week summer program takes place in Austin, Texas, and is sponsored by the Texas Department of Health.

The American Medical Student Association (AMSA) Foundation's 2001 Texas State Health Policy Fellowship Program (SHFPF) is an 8-week summer program that will run from Monday, early June to Friday, late July, 2001. A selection committee will review applications, and final candidates will be notified in early April 2001. A stipend is provided to cover living expenses. AMSA members will be given preference for participation in this program.

Instructions for Application:

See the Web page at [www.amsa.org/lad/internships/hpfp.html](http://www.amsa.org/lad/internships/hpfp.html)

### Managed-Care Fellowship Program

[www.amsa.org/programs/mcfp/mcfp.html](http://www.amsa.org/programs/mcfp/mcfp.html)

The American Medical Student Association Foundation is pleased to announce its new Managed Care Fellowship Program. It is an eight-week summer program designed to introduce physicians-in-training to managed-care issues, particularly as they relate to providing health services to underserved populations. The program combines an in-depth orientation to managed care and health services administration with weekly seminars and field placements in managed care plans in the Boston, Massachusetts, area. Students will be expected to develop and research a paper on a topic of interest to themselves and their placement site. A stipend to cover living expenses will be provided to fellows.

Students have participated in the program since 1998. They were placed in managed-care organizations and community health centers to work on such topics as provision of care to underserved populations, utilization review, Medicaid and Medicare managed care, delivery of preventive services, practice guideline development and outcomes measurement.

The Managed Care Fellowship Program is supported by the Center for Managed Care and the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services (pending funding).

Instruction for Application:

See the Web page at [www.amsa.org/programs/mcfp/mcfp.html](http://www.amsa.org/programs/mcfp/mcfp.html)

## The AMSA Health Policy Internship

For premedical and medical students and residents interested in health care, public affairs, policy, and politics, the American Medical Student Association (AMSA) is offering an internship in health policy and politics at AMSA's national headquarters near Washington, D.C.

During the elective, interns will work with AMSA's legislative affairs director, assisting in the everyday business of AMSA's legislative branch. This may include lobbying on Capitol Hill, testifying before congressional committees and/or federal agencies, attending coalition strategy meetings, researching current topics, drafting policy statements, and organizing briefings.

In addition, interns will be assigned a project based on interest (e.g., GME financing, 110/50-50, Primary Care, etc.). Students need not have a topic in mind when applying, in which case one can be selected soon after internship begins. Interns will be expected to complete a short research paper by the completion of the internship. Readings and research materials will be provided.

No previous policy or political experience is necessary.

Electives are four to eight weeks in length and available year-round, including the summer months; dates are flexible. The electives may be full-time (preferred) or part-time. Academic credit can be arranged with your home institution. Although AMSA cannot provide a stipend, free housing is available.

Complete applications will consist of a current resumé and a letter of intent, to include:

- 1.Name, address, phone number, e-mail address (if available),
- 2.Preferred dates for the internship,
- 3.Current university, year of study, major & minor,
- 4.Description of your interest in health policy/politics,
- 5.Topic of interest you'd like to pursue during the internship, and
- 6.Future career plans and how this internship will further your goals.

Letters should be no longer than 1,000 words (the shorter the better).

As the selection process is continuous, there are no deadlines. However, candidates should submit an application at least one month before the beginning of their preferred internship date.

To apply, or for more information, contact:

Josh Rising  
Legislative Affairs Director  
American Medical Student Association  
1902 Association Drive  
Reston, VA 22091

(703) 620-6600, x211  
lad@www.amsa.org

# Programs by Lone Pear Enterprises

## The Health Policy Leadership Institute

For session dates and more information, please check the Lone Pear Web page at [www.lonepear.com/](http://www.lonepear.com/).

Surveys of graduating medical students indicate only minimal exposure to health policy, one of the fastest growing fields in medicine. Meanwhile, the U.S. health-care system is undergoing constant re-assessment by governments, think tanks, and businesses. If physicians are to influence the emerging health system, they must be prepared to act decisively and successfully within the realm of politics and policy. To do this, physicians must have a comprehensive knowledge of the health care system, a clear understanding of practical reform possibilities, and, most importantly, the practical political skills to enact significant change.

The Health Policy Leadership Institute is a week-long health policy seminar series at the University of Maryland, just outside Washington D.C., with lectures and presentations by expert physicians from the government and private sectors. For a full curriculum and faculty list, visit the web page at [www.lonepear.com](http://www.lonepear.com).

## Center for Comparative Health Policy Studies

The Center for Comparative Health Policy Studies (CCHPS "chips") is designed to provide medical students and premeds with hands-on experience in health system analysis. It was created to fill the gap in health policy in standard medical school curricula. Those participating will gain the confidence and preparation to go on to apply for leadership positions in health policy and medicine.

Programs: CCHPS is planning a trip in 2001 to compare the U.S. and Canadian health care systems.

Where: The CCHPS trip will take place July 2001 in Buffalo and Toronto.

Details: The CCHPS trip will include site visits to U.S. and Canadian hospitals, medical schools, and outpatient facilities. Lectures at each location will detail prominent aspects of each country's health care system.

For more information on both of these programs, contact Paul Jung, M.D. [pjung@lonepear.org](mailto:pjung@lonepear.org)

# Speak up, America!

## Health Care Is Our Right!

Although we spend significantly more than any other nation on health care, 44.3 million people are uninsured. That's one out of every six people! The United States stands alone among industrialized nations in denying health care to many of its citizens.

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### What's the problem, America?

Insurance premiums are expected to rise by about 10 percent in the next year. This may create another 3 million uninsured. Currently our economy is experiencing unprecedented growth. Inevitably we will experience an economic downturn in which even more people will lose their insurance. We may be on the verge of a health-care crisis in which as much as one-fourth of the population will lack insurance.

### What is AMSA's solution?

AMSA supports a single-payer national insurance program similar, but not identical to the Canadian model. As the name implies, a single-payer system consists of a single insurance entity. In this case the single insurer would be the federal government.

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"Of all forms of inequality, injustice in health care is the most shocking and inhumane."

Martin Luther King, Jr.

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### How it works. Why it works.

- Currently the United States spends approximately \$1,000 per capita on administrative costs, or around 22 percent of our total health-care expenditures. Canada spends only \$250 per capita on administrative costs, or 11 percent of its total health care expenditures.
- If we adopt a single payer system, and bring down our administrative costs, we could redirect that money towards the uninsured. The General Accounting Office predicted that a single-payer system would free up 100 billion dollars for this. This money would be enough to insure the uninsured, and supplement the policies of the under-insured (patients with large co-payments or deductibles).
- Since the United States spends nearly twice as much as Canada on health care, we would be able to eliminate waiting times that Canadians experience.
- A single payer system would offer care to according to need rather than ability to pay.

Please check the following web site for more information on single payer.  
<http://www.pnhp.org/>

For more information on the Lobby Day, or to make an appointment with your Senator or Congressman please contact Josh Rising at (703) 620-6600 ext 211



## Questions you may be asking...

**Q** Don't we have the best health care system in the world? With all of our technology don't we have one of the highest life expectancies?

**A** Actually our life expectancy lags behind Canada, France, Germany, Italy, Sweden, and the United Kingdom.

**Q** What about infant mortality?

**A** Our infant mortality exceeds almost all other developed countries. In 1960 the United States ranked 13<sup>th</sup> among 29 countries. In 1995 we ranked 23<sup>rd</sup>.

**Q** If we want universal health care, won't it mean that we have to spend more money?

**A** The United States already spends more than any other nation on health care. We currently spend nearly \$4,000 per capita. That is double what Canada spends. A study by the Massachusetts Medical Society revealed that if Massachusetts adopted a single-payer system, they would eliminate the uninsured, and save money.

**Q** So we would just reduce the cost of insurance administration with a single-payer system?

**A** No, we would also reduce administrative costs at hospitals. Hospitals spend an enormous amount of money (22-percent) operating their billing department.

**Q** I thought that government is inefficient. Shouldn't we look to the free market to help control costs.

**A** Programs such as Medicare operate with a 2.1-percent administrative overhead. Some insurance companies spend as much as 26-percent on overhead for profits, and administration.

**Q** Won't single payer limit choice?

**A** Patients would be free to choose their physician under a single-payer model. In the current health-care environment patients often have to switch physicians when patients leave a plan, or when a physician leaves a plan. Furthermore HMOs have intruded extensively in the patient-physician relationship and decide which procedure, or medications a patient can offer.

# Important Health Policy Papers

Developed by Paul Jung, M.D. at Lone Pear Enterprises

www.lonepear.com

## Health Policy Texts:

Understanding Health Policy: A Clinical Approach. Thomas Bodenheimer & Kevin Grumbach. Appleton & Lange, 1995  
ISBN: 0-8385-3678-6

The Politics of Health Policy. Vicente Navarro. Blackwell Publishers, 1994  
ISBN: 1-55786-318-0

Health Care Cost Containment. Karen Davis et al. Johns Hopkins University Press, 1990  
ISBN: 0-316-11145-7

Universal Health Care: What the United States Can Learn from the Canadian Experience. Pat Armstrong, Hugh Armstrong, Claudia Fegan. New Press, 1998.  
ISBN: 1565844106

## Current Papers:

### Introduction.

Iglehart JK. The American Health Care System: Introduction. NEJM 326(14):962-67

Iglehart JK. The American Health Care System: Private Insurance. NEJM 326(25):1715-20.

De Lew N, Greenberg G, Kinchen K. A Layman's Guide to the U.S. Health Care System. Health Care Financing Review 14(1): 151-69

### Medicare, Medicaid.

The American Health Care System: Medicare NEJM 327(20):1467-72

The American Health Care System The End Stage Renal Disease Program NEJM 328(5):366-71

The American Health Care System: Medicaid. NEJM 328(12):896-900.

The Medicare Reform Debate: What Is the Next Step? NEJM Health Affairs 14(4):8-30.

The American Health Care System: Medicaid and Managed Care. NEJM 332(25):1727-31.

### Cost & Access.

Levit KR, Lazenby HC, Sivarajan L. Health Care Spending in 1994: Slowest in Decades.. health Affairs 15(2):130-144.

Ginsburg PB, Pickreign JD. Tracking Health Care Costs. Health Affairs 15(3) 140-49.

Iacocca L, Novak W. The High Cost of Labor. In Iacocca: An Autobiography. Bantam Books; 1984; 303-313.

Himmelstein DU, Woolhandler S. Care denied: US residents who are unable to obtain needed medical services. American Journal of Public Health. 85(3):341-44.

Anderson G, Black C, Dunn E, et. Al. Willingness to pay to shorten waiting time for cataract surgery. Health Affairs 16(5): 181-90.

Sharfstein JM, Sharvfstein SS. Campaign contributions form the American Medical Political Action Committee to Members of Congress: For or against the public health? NEJM 330(1):32-37. AMA reply and response in: NEJM 330(22):1614-15.

Boyd JW, Himmelstein DU, Woolhandler S. The tobacco/health-insurance connection. Lancet. 346(8967):64, 1995 Jul 8.

Woolhandler S., Himmelstein DU. Clinton's health plan: Prudential's choice. International Journal of Health Services. 24(4):583-92, 1994.

Guglielmo WJ. Organized medicine. Medical Economics – Pediatrics Edition. April 1998:36-45.

Annas GJ. Partial-birth abortion, congress, and the consitution. NEJM 339(4):279-283.

Kassirer JP, Angell M. The high price of product endorsement. NEJM. 337(10):700.

### **Primary Care.**

Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, eds. Primary care: America's Health in a New era (Summary). Washington, D.C.: National Academy of Press, 1996.

Rivo ML, Saultz JW, Wartman SA, DeWitt TG. Defining the generalist physician's training. *JAMA*. 271(19):1499-504.

Welch WP, Miller ME, Welch HG, Fisher ES, Wennberg JE. Geographic variation in expenditures for physicians' services in the United States. *NEJM* 328(9):621-27.

Mullan F. The 'Mona Lisa' of health policy: Primary care at home and abroad. *Health Affairs* 17(2):118-26

### **Lawyers and the American Medical System.**

Angell M. Shattuck Lecture—Evaluating the health risks of breast implants: The interplay of medical science, the law, and public opinion. *NEJM* 334(23):1513-8

Brennan TA, Sox CM, Burstin HR. Relation between negligent adverse events and the outcomes of medical malpractice litigation. *NEJM* 335(26):1963-7.

Mariner WK. State regulation of managed care and the employee retirement income security act. *NEJM* 335(26):1986-93

Chirba-Martin MA, Brennan TA. The critical role of ERISA in state health reform. *Health Affairs*. 13(2):142-56, 1994 Spring (II)

Polzer K, Butler PA. Employee health plan protections under ERISA. *Health Affairs* 16(5):93-102

### **Neat Ideas: MSAs, the Clinton Plan/Managed Competition.**

Inglehart JK. Health Policy Report: Managed Competition. *NEJM* 328(16): 1208-12.

Lyke B. Medical Savings Accounts: Background Issues. CRS Report for Congress; May 6 1996, Congressional Research Service. Medical Savings Accounts. Issue Brief: American Academy of Actuaries 1(1), May 1995.

Fox DM, Leichter HM. Rationing care in Oregon: The new accountability. *Health Affairs*; Summer 1991:7-27.

Bodenheimer T. The Oregon health plan – lessons for the nation (first of two parts). *NEJM*. 337(9):651-5.

Bodenheimer T. The Oregon health plan – lessons for the nation (Second of two parts). *NEJM*. 337(10):720-3/

### **Managed Care.**

Inglehart JK. The American Health Care System: Managed Care. *NEJM* 327(10):742-7.

Bodenheimer T. The HMO backlash – Righteous or reactionary? *NEJM* 335(21):1601-4.

Schlesinger MJ, Gray BH, Perreira KM. Medical professionalism under managed care: The pros and cons of utilization review. *Health Affairs* 16(1): 106-24.

Jensen GA, Morrisey MA, Gaffney S, Liston DK. The new dominance of managed care: Insurance trends in the 1990s. *Health Affairs* 16(1): 125-36.

Simon CJ, White WD, Gamliel S, et al. The provision of primary care: Does managed care make a difference? *Health Affairs* 16(6):89-98.

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# Health Policy and Legislative Web Pages

## Academic Medicine / Journals

### **The Association of American Medical Colleges**

<http://www.aamc.org/>

The mission of the Association of American Medical Colleges is to improve the health of the public by enhancing the effectiveness of academic medicine. The AAMC pursues its mission by assisting academic medicine's institutions, organizations and individuals in carrying out their responsibilities for: educating the physician and medical scientist workforce; discovering new medical knowledge; developing innovative technologies for prevention, diagnosis and treatment of disease; providing health care services in academic settings.

The Government Affairs and Advocacy page [<http://143.220.1.32/advocacy/start.htm>] has useful information on it, including a weekly newsletter *Washington Highlights*.

### **The American Association of Colleges of Osteopathic Medicine**

<http://www.aacom.org/>

The American Association of Colleges of Osteopathic Medicine (AACOM) exists to serve the administration, faculty, and students of the 19 member osteopathic medical schools through its centralized application service (AACOMAS), government relations, finance, communications, and research/information departments.

### **British Medical Journal**

<http://www.bmj.com/>

### **Health Affairs**

<http://www.projhope.org/HA/>

### **The Journal of the American Medical Association**

<http://www.ama-assn.org/public/journals/jama/jamahome.htm>

### **The Lancet**

<http://www.thelancet.com/>

### **The New England Journal of Medicine**

<http://www.nejm.org/>

### **Newspapers and Magazines**

<http://www.ecola.com/>

## Foundations and Funds

### **The Foundation Center Online**

<http://fdncenter.org/grantmaker/>

The mission of the Foundation Center is to foster public understanding of the foundation field by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving, and related subjects. Our audiences include grant seekers, grant makers, researchers, policymakers, the media, and the general public.

#### **The Commonwealth Fund**

<http://www.cmwf.org/>

The Fund's current four national program areas are improving health care services, bettering the health of minority Americans, advancing the well-being of elderly people, and developing the capacities of children and young people. In all its national programs, the Fund emphasizes prevention and promoting healthy behavior. This web site contains a wealth of information on: health insurance, quality of care, academic health centers, women's health, minority Americans, Medicare, frail elders, child health, international health and quality of life in New York City. In addition this page has information on fellowships, and grants available through the Fund.

#### **The Kaiser Family Foundation**

<http://www.kff.org/>

The Henry J. Kaiser Family Foundation is an independent philanthropy focusing on the major health care issues facing the nation. The Foundation is an independent voice and source of facts and analysis for policymakers, the media, the health care community, and the general public. The Foundation has three focus areas: health policy, media and public education, and health and development in South Africa.

#### **The Kellogg Foundation**

<http://www.wkkf.org/>

The W.K. Kellogg Foundation is a nonprofit organization whose mission is "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations."

#### **The Rockefeller Foundation**

<http://www.rockfound.org/>

The Rockefeller Foundation is a philanthropic organization endowed by John D. Rockefeller and chartered in 1913 for the well-being of people throughout the world. It is one of America's oldest private foundations and one of the few with strong international interests. From its beginning, the Foundation has sought to identify, and address at their source, the causes of human suffering and need. Core program strategies include: African initiatives, agricultural sciences, arts and humanities, equal opportunity, global environment, health sciences, populations sciences.

## **Government Agency and Program Pages**

#### **The Department of Health and Human Services**

<http://www.hhs.gov/>

The Department of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is the largest grant-making agency in the federal government, providing some 60,000 grants per year. HHS' Medicare program is the nation's largest health insurer, handling more than 900 million claims per year. This page is the mother of all government health pages. Most of the other pages listed in this section can be found through this site.

## HHS Agencies include:

### **Office of the Secretary (OS)**

#### **Administration for Children and Families (ACF)**

<http://www.acf.dhhs.gov/>

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs which promote the economic and social well-being of families, children, individuals, and communities. Through its federal leadership, ACF sees: families and individuals empowered to increase their own economic independence and productivity; strong, healthy, supportive communities having a positive impact on the quality of life and the development of children; partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; services planned, reformed, and integrated to improve needed access; and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

#### **Administration on Aging (AOA)**

<http://www.aoa.dhhs.gov/>

AoA is the Federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the Nation and alerts them to the needs of vulnerable older people. Through information and referral and outreach efforts at the community level, AoA seeks to educate older people and their caregivers about the benefits and services available to help them.

#### **Agency for Health Care Policy and Research (AHCPR)**

<http://www.ahcpr.gov/>

The Agency for Health Care Policy and Research (AHCPR) was established in December 1989 under Public Law 101-239 (Omnibus Budget Reconciliation Act of 1989). AHCPR, a part of the U.S. Department of Health and Human Services, is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR's broad programs of research bring practical, science-based information to medical practitioners and to consumers and other health care purchasers.

#### **Agency for Toxic Substances and Disease Registry (ATSDR)**

<http://www.atsdr.cdc.gov/atsdrhome.html>

The mission of the Agency for Toxic Substances and Disease Registry (ATSDR), as an agency of the U.S. Department of Health and Human Services, is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

#### **Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/>

The Centers for Disease Control and Prevention (CDC) performs many of the administrative functions for the Agency for Toxic Substances and Disease Registry (ATSDR), a sister agency of CDC, and one of eight federal public health agencies within the Department of Health and Human Services.



The Director of CDC also serves as the Administrator of ATSDR. CDC's Mission: To promote health and quality of life by preventing and controlling disease, injury, and disability

### **The U.S Food and Drug Administration (FDA)**

<http://www.fda.gov/>

FDA ensures that the food we eat is safe and wholesome, that the cosmetics we use won't harm us, and that medicines, medical devices, and radiation-emitting consumer products such as microwave ovens are safe and effective. FDA also oversees feed and drugs for pets and farm animals. Authorized by Congress to enforce the Federal Food, Drug, and Cosmetic Act and several other public health laws, the agency monitors the manufacture, import, transport, storage, and sale of \$1 trillion worth of goods annually, at a cost to taxpayers of about \$3 a person.

### **Health Care Financing Administration (HCFA) (MEDICARE and MEDICAID)**

<http://www.hcfa.gov/>

This federal agency that administers the Medicare, Medicaid and Child Health Insurance Programs. HCFA provides health insurance for over 74 million Americans.

### **Health Resources and Services Administration (HRSA) [contains the National Health Service Corps]**

<http://www.hrsa.dhhs.gov/>

The Health Resources and Services Administration (HRSA) directs national health programs which improve the health of the Nation by assuring quality health care to underserved, vulnerable and special-need populations and by promoting appropriate health professions workforce capacity and practice, particularly in primary care and public health.

#### **Bureau of Primary Health Care (BPHC)**

<http://www.bphc.hrsa.dhhs.gov/>

Over 44.3 million people in the United States lack access to primary health care. BPHC assures that underserved and vulnerable people get the health care they need. BPHC is one of four Bureaus of the Health Resources and Services Administration (HRSA), an agency in the Department of Health and Human Services.

#### **The National Health Service Corps**

<http://www.bphc.hrsa.dhhs.gov/nhsc/>

The National Health Service Corps is a program of the Federal Health Resources and Services Administration's Bureau of Primary Health Care, which is the focal point for providing primary health care to underserved and vulnerable populations. The mission of the NHSC is to increase access to primary care services and reduce health disparities for people in health professional shortage areas by assisting communities through site development and by the preparation, recruitment and retention of community-responsive, culturally competent primary care clinicians.

### **Indian Health Service (IHS)**

<http://www.ihs.gov/>

The Indian Health Service (IHS) is an agency within the U.S. Dept. of Health and Human Services and is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This

relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.

### **National Institutes of Health (NIH)**

<http://www.nih.gov/>

The NIH mission is to uncover new knowledge that will lead to better health for everyone. NIH works toward that mission by: conducting research in its own laboratories; supporting the research of non-Federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of biomedical information.

### **Program Support Center (PSC)**

<http://www.psc.gov/>

The Program Support Center is a newly formed Division within the Department of Health and Human Services (DHHS). PSC's mission is to provide qualitative and responsive "administrative support services" on a cost-effective, competitive, fee-for-service basis to HHS components and other Federal agencies. This distinctive, self-supporting operation brings a pioneering business enterprise approach to government administrative operations.

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<http://www.samhsa.gov/>

SAMHSA is comprised of three Centers that carry out the agency's mission of providing substance abuse and mental health services: The Center for Mental Health Services, heads efforts to speed the application of mental health treatments for patients with mental illness. The Center for Substance Abuse Prevention, leads the Federal efforts to prevent alcohol and other drug abuse among the Nation's citizens. The Center for Substance Abuse Treatment, has programs designed to improve treatment services and make them more available to those in need.

### **Medicare: The official U.S government site for Medicare information.**

<http://www.medicare.gov/>

This page contains information on the Medicare program. Medicare provides health insurance to people age 65 and over and those who have permanent kidney failure and certain people with disabilities.

National Health Service Corps

## **Legislative Pages**

### **Finding Your Representatives**

<http://www.house.org/writerep/>

You can use this web site to find Congressman / Congresswoman and write a letter. You just need to supply your zip code.

### **Finding You Senators**

<http://www.senate.gov/>

You can find out who the two senators are in your state.

**Another Site to Find your Representatives.**

<http://www.congress.org/>

Another useful site that you can use to find more information on your representatives is

### **Tracking a Bill**

<http://thomas.loc.gov/>

This page will allow you to search for bills by bill number, or topic.

You can get a full length copy of the bill, a summary, the bill's status, co-sponsors, and other important information.

### **The National Conference of State Legislatures**

<http://www.ncsl.org/>

This page contains valuable information on State Legislatures, including a directory of State Legislatures [<http://www.ncsl.org/public/sitesleg.htm>]. Find out what is going on in your state. Remember states have been very effective in passing meaningful health reform. Find out what issues are out there in your state and hold a lobby day.

## **Non-Profit Public Advocacy Groups**

### **The Center for Science in the Public Interest**

<http://www.cspinet.org/>

The Center for Science in the Public Interest (CSPI) is a nonprofit education and advocacy organization that focuses on improving the safety and nutritional quality of our food supply and on reducing the carnage caused by alcoholic beverages. CSPI seeks to promote health through educating the public about nutrition and alcohol; it represents citizens' interests before legislative, regulatory, and judicial bodies; and it works to ensure that advances in science are used for the public's good.

### **Families USA**

<http://www.familiesusa.org/>

Families USA is a national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health and long-term care for all Americans. Working at the national, state and community levels, Families USA has earned a national reputation as an effective voice for health care consumers for over 15 years.

### **Public Citizen**

<http://www.citizen.org/>

Founded by Ralph Nader in 1971, Public Citizen is the consumer's eyes and ears in Washington. With the support of more than 150,000 people, Public Citizen fights for safer drugs and medical devices, cleaner and safer energy sources, a cleaner environment, fair trade, and a more open and democratic government.

### **National Consortium of Resident Organizations**

<http://www.residents.org/>

The National Consortium of Resident Organizations (NCRO), created in 1990, strives to engage all resident leaders in building new visions and models for graduate medical education. The NCRO seeks to define important issues common to all resident physicians and to advance these within the Consortium's member organizations.

## **Political Resources**

### **CapWeb**

<http://www.capweb.net/>

CapWeb was designed to be an effective means of providing information about Congress and links to related Internet resources via the World Wide Web. This site contains a wealth of political information. It also includes the Jefferson Project. The Jefferson Project is a public service which Net.Capitol, Inc. provides to help stimulate the electronic public discourse.

### **Politics1**

<http://www.politics1.com/>

Politics1 and The Politics1 Report newsletter are published as a non-partisan public service to promote fully informed decision-making by the American electorate. As of the latest web traffic report for the week ending October 23, 1999, the site recorded over 28,800 user sessions ("unique" visits) last week ... and over 6,700 people currently subscribe to The Politics1 Report. To preserve our journalistic integrity, fairness and objectivity, Politics1 is unaffiliated with any political party, campaign, candidate or organization. This page contains a wealth of information such as a fairly comprehensive listing of political parties and extensive information on elections.

### **Political Activism Resources**

<http://www.kimsoft.com/kimpol.htm>

An independent, non-partisan, free web on political activism. This site contains information on: politics USA, United Nations world politics, environmental issues, human rights, labor movement workers rights, national liberation movements, political party ideologies, and political action groups.

## **Single Payer Groups**

### **Physicians for a National Health Program**

<http://www.pnhp.org/>

Founded in 1987, PNHP has played a critical role in advocating national health care reform based on principles of social justice and medical need. Medicine is being transformed into a business, and the last vestiges of charity, compassion, and professionalism are being squeezed out. The quality of health care for both the insured and the uninsured is at risk under the new corporate (and Congressional) imperatives. PNHP is a unique forum for physicians to promote an alternate vision of a just, high-quality, democratically controlled health system.

### **Universal Health Care Action Network**

<http://www.uhcan.org/>

UHCAN! was formed in 1992 as a nationwide network of individuals and organizations, both local and national, committed to achieving health care for all. UHCAN! provides a national resource center and facilitates information sharing and the development of strategies for HEALTH CARE JUSTICE.

## Unions

### **Committee of Interns and Residents**

CIR, founded in 1957, is the oldest, largest and fastest growing union of resident physicians in the United States, with nearly 10,000 members in hospitals across the country.

### **Doctors Council**

<http://www.doctorscouncil.com/>

The Doctors Council is a union of over 3,000 attending physicians, dentists, optometrists, podiatrists and veterinarians employed by New York City agencies, hospitals, private health care facilities, and the New York City Transit Authority.