to and which ones they will not?

A No.

Q Do you have any knowledge whether AMPAC contacts state PACs in making that determination?

A I have no knowledge of that.

MR. BRANCH: I have no further questions.

MR. BIERIG: Do I take it, then, that Dr. Zapp has fully complied with the subpoena and is released from all responsibility under the subpoena?

MR. BRANCH: Under this subpoena, yes.

MR. BIERIG: Very well.

(I have read the foregoing pages 7 through 36, inclusive, which contain a correct transcript of the answers made by me to the questions therein recorded.)

JOHN ZAPP, D.D.S.

CERTIFICATE OF NOTARY PUBLIC

I, James R. Hunton, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in shorthand and thereafter reduced to typewriting under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel related to, nor employed by any of the parties to the action in which this deposition was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

James R. Hunton
Notary Public in and for
the District of Columbia

My commission expires
August 14, 1980

AMERICAN MEDICAL ASSOCIATION
WASHINGTON OFFICE
1776 K Street, N. W.
Washington, D. C. 20006
(202) 857-1300

PUBLIC AFFAIRS DIVISION

Director - Washington Office
Mike A. Riley

DEPARTMENT OF CONGRESSIONAL RELATIONS

Director
Dr. John S. Zapp

Assistant Directors
Kenneth U. Benjamin, Jr.
Harley M. Dirks
James E. Drake
John F. Mahoney

To phone the offices of Senators and Representatives directly, dial Area Code 202, 225 and the four-digit extension shown opposite the Representative's name and 224 and the four-digit extension shown opposite the Senator's name.

To address the offices of Senators and Representatives directly, the following code is used:

HOUSE OF REPRESENTATIVES — Zip Code 20515

3 digit room number	Cannon House Office Building
4 digit room number beginning with 1	Longworth House Office Building
4 digit room number beginning with 2	Rayburn House Office Building

UNITED STATES SENATE — Zip Code 20510

3 digit room number	Russell Senate Office Building
4 digit room number	Dirksen Senate Office Building

EXHIBIT 1

STATE MEDICAL SOCIETIES ASSIGNMENTS

BENJAMIN	DIRKS	DRAKE	MAHONEY	ZAPP
Colorado	Alabama	Arkansas	Indiana	Arizona
Florida	Alaska	Connecticut	Maine	California
Kansas	Iowa	Hawaii	Mass.	Delaware
Mississippi	Minnesota	Illinois	N. H.	Georgia
Nebraska	Missouri	Maryland	New Jersey	Idaho
Ohio	New Mexico	Michigan	New York	Kentucky
Oklahoma	N. C.	Montana	Vermont	Louisiana
S. C.	N. Dakota	Nevada		Oregon
Utah	Penn.	R. I.		Texas
Virginia	S. Dakota	Tennessee		
Wyoming	Washington	W. Va.		
	Wisconsin	D. C.		
		Puerto Rico		
		Guam		
		Virgin Islands		

Saturday, April 10, 1976

2:00-6:00 p.m.
Blue Room Foyer
Registration

5:00-7:00 p.m.
Blue Room
Earlybird Reception

Welcome to Washington, D.C.
William H. Cooper, M.D.
Member, AMPAC Board of Directors

A Repeat Performance
Mark Russell
Political Satirist

Sunday, April 11, 1976

7:30-8:30 a.m.
Regency Ballroom
Foyer
Registration

8:30-11:30 a.m.
Regency Ballroom

Opening General Session

Greetings
Raymond Holden, M.D.
Chairman, AMA Board of Trustees

James MacLaggan, M.D.
Chairman, AMPAC Board of Directors

The Spirit of 1776 and The 1976 Connection

The Mood of America
Roy Plautch
President, Civic Service, Inc.

9:40-9:55 a.m.
Coffee Break

Enter: The Third Century
Moderator: James H. Sammons, M.D.
Executive Vice President, AMA

Panel:
Vincent Barabba
Director, U.S. Bureau of the Census

Ben Wattenberg
Author, *The Real America*

David Broder
Author, Pulitzer Prize Winner
Columnist for *The Washington Post*

Allen Pross
Executive Director, CALPAC

11:45 a.m. - 1:30 p.m.
Regency Ballroom
Luncheon

Presiding: W. J. Lewis, M.D.
Member, AMPAC Board of Directors

Speakers:
U.S. Rep. Wayne Hays (Ohio)
Chairman, Democratic National Congressional Committee

U.S. Rep. Guy Vander Jagt (Michigan)
Chairman, National Republican Congressional Committee

2:00-5:00 p.m.
Workshop Sessions
Participants are divided into two groups and will attend both sessions.

2:00-3:15 p.m.
Session I
Blue Name Badges-Palladian Room
White Name Badges-Diplomat Room

3:30-4:45 p.m.
Session II
Blue Name Badges-Diplomat Room
White Name Badges-Palladian Room

Diplomat Room
Evaluating the Campaign
Moderator: Michael Levis, M.D.
Member, AMPAC Board of Directors

Faculty: Paul M. Newman
President, Paul M. Newman Co.

Palladian Room
Electing Your Candidate
Moderator: Rex Kenyon, M.D.
Member, AMPAC Board of Directors

Faculty: Matthew W. Reese
Matthew W. Reese and Associates

6:00-7:00 p.m.
Ambassador Room
Cocktail Reception
Cash Bar

7:00-11:30 p.m.
Regency Ballroom
Dinner Dance
AMPAC Awards Ceremony

Presiding: James MacLaggan, M.D.
Chairman, AMPAC Board of Directors

Monday, April 12, 1976

7:30-8:15 a.m.
Ambassador Room
Continental Breakfast

8:15-9:20 a.m.
Regency Ballroom
Opening Session

Presiding: Max Parrott, M.D.
President, AMA

PREVIEWS:
Federal Legislation
U.S. Senator Robert Packwood (R.-Oregon)

Federal Election Laws
Joan Aikens
Commissioner, Federal Election Commission

EXHIBIT 2

State Legislation
Neal Peirce
Author, *The Megastates*
Contributing Editor, *National Journal*

9:15-11:45 a.m.
Workshop Sessions
Participants are divided into three groups and will attend all three sessions.

9:30-10:25 a.m.
Session I
A Name Badges - Palladian Room
B Name Badges - Diplomat Room
C Name Badges - Empire Room

10:30-11:25 a.m.
Session II
A Name Badges - Diplomat Room
B Name Badges - Empire Room
C Name Badges - Palladian Room

11:30 a.m.-12:25 p.m.
Session III
A Name Badges - Empire Room
B Name Badges - Palladian Room
C Name Badges - Diplomat Room

Palladian Room
Federal Election Laws--and How They Affect You
Moderator: Belle Chenault
Secretary, AMPAC Board of Directors

Panel

Andrew McKay
Assistant Staff Director for Disclosure and Compliance
Federal Election Commission

Mrs. Lee Ann Elliott
Associate Executive Director, AMPAC

Diplomat Room
Federal Health Legislation-Future Trends and Major Issues
Moderator: Edgar Beddingfield, Jr., M.D.
Chairman, AMA Council on Legislation and Member, AMPAC Board of Directors

Panel:
LeRoy Goldman
Professional Staff Member, Subcommittee on Health, Senate Labor and Public Welfare Committee

Stephan Lawton, J.D.
Counsel, Subcommittee on Health and Environment, Interstate and Foreign Commerce Committee

Harry Peterson, J.D.
Director, AMA Legislative Department

John Zapp, D.D.S.
Director, AMA Department of Congressional Relations

Empire Room
State Health Legislation--Future Trends and Major Issues
Moderator: Alfred J. Faber, M.D.
Member, AMA Council on Legislation

Panel:
Neal Peirce
Author, *The Megastates*
Contributing Editor, *National Journal*

John Krichbaum, J.D.
Assistant Director, AMA Legislative Department

Steve Morrisette
Director, Governmental Affairs
North Carolina Medical Society

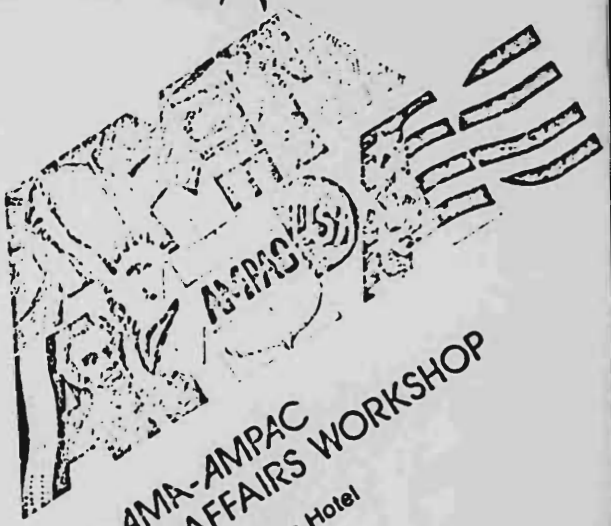
12:30 p.m.
Regency Ballroom
Luncheon
Presiding: Richard Palmer, M.D.
President-Elect, AMA

Speaker:
U.S. Rep. Robert Michel (Illinois)
Minority Whip

2:15 p.m.
Adjournment

2:30 p.m.
Palladian Room
Briefing Session

Faculty:
AMA Washington Office Staff



1976 AMA-AMPAC PUBLIC AFFAIRS WORKSHOP

Shoreham Americana Hotel
April 10-12, 1976

Century III: the time for medicine to turn out and turn on

REPORTS OF SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Ad Hoc Committee to Study and Recommend House Action on Resolution 34 (A-69) (Council on Private Practice) 218

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AMERICAN MEDICAL ASSOCIATION

HOUSE OF DELEGATES

23rd CLINICAL CONVENTION
DENVER, COLORADO
NOVEMBER 30-DECEMBER 3, 1969

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened at the 23rd Clinical Convention at 2:00 p.m. on Sunday, November 30, 1969, in the Grand Ballroom of the Denver Hilton Hotel, Denver, Colorado, Russell B. Roth, M. D., Speaker of the House, presiding. The Tuesday session, December 2, and Wednesday session, December 3, convened in the Grand Ballroom, Denver Hilton Hotel.

INVOCATION: Reverend Doctor Paul B. McCleave, AMA Department of Medicine and Religion, delivered the invocation on Sunday afternoon, November 30.

REPORT OF REFERENCE COMMITTEE ON CREDENTIALS: On Sunday afternoon, November 30, Arlo A. Morrison, M. D., Chairman, reported that 233 out of 244 Delegates (95.4%) had been accredited, thus constituting a quorum; on Tuesday and Wednesday, 242 accredited (99.5%).

REPORT OF REFERENCE COMMITTEE ON RULES AND ORDER OF BUSINESS: The following report was presented on Sunday, November 30, by Amos N. Johnson, M. D., Chairman:

HOUSE ACTION: ADOPTED

Your Reference Committee on Rules and Order of Business recommends that:

(1) The registration record of the Reference Committee on Credentials shall constitute the official roll call at each meeting of the House.

(2) The order of business as published in the Handbook for the three sessions of the House of Delegates, November 30, December 2 and 3, shall be the official order of business for these sessions of the House of Delegates. This may be varied by the Speaker if, in his judgment, it will expedite the business of the House, subject to any objections sustained by the House.

(3) The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chairman of the Board of Trustees, or to others if, in his judgment, so doing, the business of the House will be expedited, subject to objections sustained by the House.

Mr. Speaker, this concludes the Report of the Reference Committee on Rules and Order of Business and we recommend its adoption.

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REFERENCE COMMITTEES OF THE HOUSE OF DELEGATES

AMENDMENTS TO CONSTITUTION AND BYLAWS
- William A. Limberger, Pennsylvania, Chairman
- E. L. Bernhart, Wisconsin
- C. C. Long, Jr., Arkansas
- Warren Quillian, Section on Pediatrics
- Harvey Renger, Texas

CREDENTIALS
- Arlo A. Morrison, California, Chairman
- J. H. Bell, Wisconsin
- James Herbert Smith, Veterans Administration
- L. R. Leader, Michigan
- Jacob E. Reisch, Illinois

RULES AND ORDER OF BUSINESS
- Amos N. Johnson, North Carolina, Chairman
- William A. Barrett, Pennsylvania
- Herbert T. Caraway, Montana
- G. W. Cleveland, Texas
- Carlton E. Wertz, New York

COMMITTEE A
- Russell S. Fisher, Maryland, Chairman
- John B. Butts, Massachusetts
- Alfred J. Murrieta, Jr., California
- Ralph H. Riggs, Louisiana
- Robert Zellner, Florida

COMMITTEE B
- Carl E. Anderson, California, Chairman
- Merrill O. Hines, Section on Colon and Rectal Surgery
- John F. Kustrup, New Jersey
- W. Callier Salley, Virginia
- Harlan Thomas, Oklahoma

COMMITTEE C
- John S. Atwater, Georgia, Chairman
- J. D. Murphy, Texas
- Bernard J. Pisani, New York
- Homer C. Pheasant, California
- Eugene F. Senseny, Indiana

COMMITTEE D
- Alexander Barclay, Idaho, Chairman
- Edmund L. Housel, Pennsylvania
- Joseph J. Kaufman, New York
- Robert T. Kelly, Minnesota
- Thomas Parker, South Carolina

COMMITTEE E
- John R. Schenken, Nebraska, Chairman
- Joseph P. Donnelly, New Jersey
- Harold F. Falls, Section on Ophthalmology
- Henry I. Fineberg, New York
- C. J. Picard, Wisconsin

COMMITTEE F
- Leo P. A. Sweeney, Illinois, Chairman
- Paul W. Burleson, Alabama
- J. Alfred Fabro, Connecticut
- Robert E. McCurdy, Colorado
- Ralph C. Teall, California

COMMITTEE G
- H. J. Smith, Iowa, Chairman
- J. Robert Browning, Massachusetts
- John H. Budd, Ohio
- John B. Dillon, Section on Anesthesiology
- Stanley S. Peterson, Missouri

COMMITTEE H
- Otto K. Engelke, Michigan, Chairman
- William H. Dearing, Section on Gastroenterology
- Albert H. Douglas, New York
- Emmet L. Rixford, California
- E. Bryce Robinson, Jr., Alabama

COMMITTEE I
- Blair J. Henningsgaard, Oregon, Chairman
- Carl Goldmark, Jr., New York
- W. B. Hildebrand, Wisconsin
- Frank J. Holroyd, West Virginia
- Claude E. Welch, Massachusetts

CHIEF TELLER
- A. W. Nellson, Missouri

ANNUAL REPORT

JULY 1, 1968 TO JUNE 30, 1969

The House voted to receive the Annual Reports as information

The following Annual Reports were submitted to the House of Delegates by the Board of Trustees. Each Division and Department of the AMA was asked to prepare a comprehensive report of its activities from July 1, 1968 to June 30, 1969. These reports contain detailed information regarding the programs and contributions of the Standing Committees of the House as well as Councils, Committees and Commissions of the Board of Trustees, AMA Education and Research Foundation and the Woman's Auxiliary.

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AMA Membership as of June 30, 1969, With Comparative Figures for June 30, 1968, and Total Number of Physicians Listed in AMA Records*

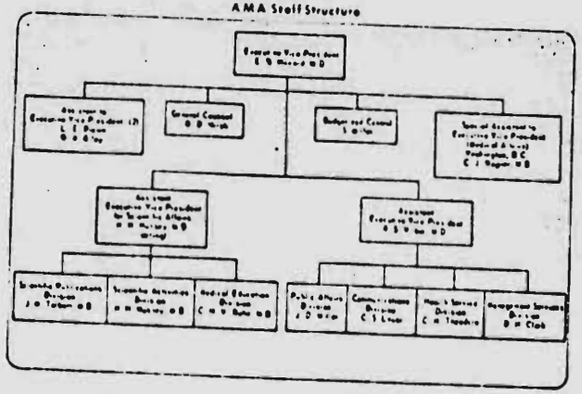
Reported Through State Societies	Active Members: Dues Paying 1969	Dues Paying 1968	Dues Exempt 1969	Dues Exempt 1968	Total 1969	Total 1968	Special Members (Dues Exempt) 1969	Special Members (Dues Exempt) 1968	Total Membership 1969	Total Membership 1968	Total No. of Physicians (AMA Records) 1969	Total No. of Physicians (AMA Records) 1968
Alabama	1,843	1,878	276	244	2,119	2,122	—	—	2,119	2,122	2,883	2,901
Alaska	112	109	5	3	117	112	22	14	139	126	184	175
Arizona	1,401	1,347	115	124	1,516	1,471	63	56	1,579	1,527	2,200	2,111
Arkansas	1,084	1,046	113	111	1,197	1,157	—	—	1,197	1,157	1,696	1,704
California	21,593	21,509	1,109	1,265	22,702	22,774	1,800	1,716	24,502	24,490	35,276	34,919
Canal Zone	12	12	31	36	43	48	—	—	43	48	114	103
Colorado	2,093	2,089	551	520	2,644	2,609	40	80	2,684	2,689	3,547	3,573
Connecticut	2,394	2,309	245	246	2,639	2,546	—	—	2,639	2,546	5,391	5,391
Delaware	362	378	59	55	421	433	37	52	458	485	683	692
Dist. of Columbia	1,083	1,085	199	212	1,282	1,297	196	178	1,478	1,475	3,083	3,027
Florida	4,253	3,935	707	816	4,960	4,751	446	602	5,406	5,311	9,357	8,539
Georgia	2,936	2,831	355	315	3,291	3,146	54	49	3,345	3,195	4,554	4,569
Hawaii	679	646	63	71	742	737	7	10	749	747	1,056	1,023
Idaho	492	458	30	30	522	528	1	—	523	528	649	641
Illinois	9,925	9,920	1,380	1,340	10,305	10,260	—	1	10,305	10,261	16,509	16,714
Indiana	3,757	3,710	541	508	4,298	4,258	8	—	4,306	4,258	5,010	5,041
Iowa	2,037	2,044	192	258	2,229	2,314	50	53	2,279	2,367	2,864	2,894
Kansas	1,[illegible]	1,767	240	243	1,768	1,770	—	—	1,768	1,770	2,450	2,467
Kentucky	1,977	1,954	232	211	2,209	2,165	16	16	2,225	2,179	3,147	3,179
Louisiana	2,101	2,155	21	17	2,122	2,170	18	23	2,140	2,193	4,114	4,159
Maine	905	906	131	133	636	638	18	19	654	657	1,050	1,058
Maryland	2,006	2,176	48	245	2,054	2,421	81	222	2,135	2,643	6,630	6,441
Massachusetts	3,974	3,923	557	678	4,531	4,591	21	6	4,552	4,597	10,990	11,078
Michigan	6,442	6,130	713	675	7,155	6,805	327	373	7,482	7,178	10,470	10,632
Minnesota	3,183	3,159	900	814	4,083	3,973	4	4	4,087	3,977	5,402	5,497
Mississippi	1,266	1,224	123	123	1,389	1,347	11	—	1,400	1,347	1,767	1,776
Missouri	3,150	3,180	307	240	3,457	3,420	—	—	3,457	3,420	5,712	5,761
Montana	565	579	66	69	631	648	9	6	640	652	693	690
Nebraska	1,224	1,227	77	32	1,291	1,259	107	117	1,398	1,376	1,619	1,671
Nevada	321	325	18	5	339	325	—	—	339	325	496	463
New Hampshire	401	400	46	40	447	440	5	6	452	446	945	954
New Jersey	5,479	5,[illegible]97	631	599	6,060	5,996	552	447	6,612	6,443	9,663	9,476
New Mexico	628	632	50	49	678	681	2	2	680	683	970	960
New York	23,578	22,[illegible]95	2,671	2,732	26,249	25,837	141	171	26,390	25,758	40,599	40,647
North Carolina	3,319	3,046	200	304	3,319	3,350	—	1	3,319	3,351	5,215	5,231
North Dakota	419	433	39	40	458	473	—	—	458	473	970	969
Ohio	7,681	7,733	945	881	8,626	8,614	—	—	8,626	8,614	13,451	13,718
Oklahoma	1,730	1,719	327	362	2,057	2,081	—	—	2,057	2,081	2,922	2,541
Oregon	1,698	1,659	227	403	1,915	2,061	166	1	2,081	2,062	2,845	2,870
Pennsylvania	10,190	9,774	618	553	10,768	10,327	1,009	934	11,777	11,261	16,344	17,259
Puerto Rico	259	251	26	33	284	278	195	162	479	436	2,226	2,072
Rhode Island	753	744	110	139	863	883	—	—	863	883	1,354	1,346
South Carolina	1,323	1,301	136	132	1,459	1,433	16	16	1,475	1,449	2,151	2,143
South Dakota	348	377	31	32	379	409	—	—	379	409	520	536
Tennessee	2,710	2,610	247	272	2,957	2,882	—	—	2,957	2,882	4,451	4,554
Texas	8,221	8,243	326	310	8,527	8,553	563	490	9,090	9,073	12,065	11,974
Utah	855	904	100	99	955	1,003	2	—	957	1,003	1,365	1,366
Vermont	359	361	52	47	411	408	1	—	412	408	764	783
Virginia	1,345	1,361	271	285	2,116	2,261	15	8	2,131	2,265	5,276	5,247
Virgin Islands	43	38	—	—	43	38	—	—	43	38	86	71
Washington	2,654	2,716	290	302	2,944	3,018	—	—	2,944	3,018	4,606	4,591
West Virginia	1,182	1,123	136	135	1,318	1,323	—	—	1,318	1,323	1,772	1,780
Wisconsin	3,404	2,993	663	669	4,071	3,662	107	114	4,178	3,976	5,038	5,035
Wyoming	198	215	30	29	228	244	—	—	228	244	316	309
In Transition (Direct)	44	27	0	0	44	27	—	—	44	27	—	—
Other US Possessions	—	—	—	—	—	—	—	—	—	—	49	37
Address Being Changed	—	—	—	—	—	—	—	—	—	—	2,303	1,847
Total in US & Possessions	167,532	160,691	17,381	17,359	179,913	178,040	6,080	5,901	185,997	183,941	285,837	284,309
Reported Direct US Government Services												
Air Force	—	—	1,869	2,021	1,869	2,021	2,702	2,197	4,571	4,218	5,007	5,105
Army	—	—	2,244	2,323	2,244	2,323	3,461	3,462	5,705	5,785	7,364	6,859
Navy	—	—	2,020	1,863	2,020	1,863	2,433	2,526	4,453	4,437	5,253	4,977
Public Health Service	—	—	1,064	1,139	1,064	1,139	1,770	2,040	2,834	3,179	4,241	4,707
Veterans Administration	—	—	4,257	4,437	4,257	4,437	—	—	4,257	4,437	7,062	7,127
Retired	—	—	522	572	522	572	—	—	522	572	—	—
Other Federal Agencies	—	—	—	—	—	—	—	—	—	—	—	676

AMA Membership (Continued)

Total for Government Services	—	—	11,776	12,179	11,776	12,179	10,566	10,223	22,342	22,390	29,727	28,947
Special Affiliate Members												
Physicians	—	—	—	—	—	—	640	610	640	610	—	—
Dentists	—	—	—	—	—	—	376	376	376	376	—	—
Pharmacists	—	—	—	—	—	—	437	436	437	436	—	—
Scientists, Non MD	—	—	—	—	—	—	—	—	—	—	—	—
Teachers, Non MD	—	—	—	—	—	—	163	163	163	163	—	—
Total Affiliate	—	—	—	—	—	—	329	331	329	331	—	—
Special Honorary Members	—	—	—	—	—	—	1,945	1,920	1,945	1,920	—	—
Temporary Foreign Members	—	—	—	—	—	—	62	66	62	66	—	—
Total for All Classifications	162,532	160,691	29,157	29,726	191,689	190,417	18,667	18,110	210,346	208,525	2,345	7,692
											210,000	210,300

*Apportionment of the AMA House of Delegates is based on the membership as of Dec 31 of each calendar year and is not affected by the June 30 membership report.

AMA Staff Structure



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Departmental and Divisional Responsibility for Staffing AMA Councils and Committees as of Oct 1, 1969

Councils and Committees	Departments
OFFICE OF THE EXECUTIVE VICE PRESIDENT	
Council on National Security Cmte. on Disaster Medical Care	Military Medicine and Vietnam Medical Service
OFFICE OF THE GENERAL COUNSEL	
Council on Constitution and Bylaws (HOD)	GC Office
Judicial Council (HOD) Investigating Jury	Medical Ethics
Cmte. on Medicolegal Problems Liaison Cmte. to American Bar Assn.	Legal Research
Cmte. on Quackery	Investigation
COMMUNICATIONS DIVISION	
Physicians Advisory Cmte. on Television, Radio, and Motion Pictures	Radio, Television, and Motion Pictures
Council on Voluntary Health Agencies Cmte. on Continuing Professional Programs of Voluntary Health Agencies Cmte. on Medical Aspects of Sports Cmte. on Exercise and Physical Fitness Joint Cmte. on Health Problems in Education of NEA and AMA	Health Education
DIVISION OF HEALTH SERVICE	
Council on Medical Service (HOD)	Division Office
*Cmte. on Community Health Care *Subcmte. on Aging Council on Rural Health Joint Commission on Accreditation of Hospitals (Cmte. of AMA Commissioners) Cmte. of AMA Repr. on NABSP Board Cmte. on Health Care Financing Cmte. on Government Medical Services Cmte. on Health Care Financing Joint Commission for the Promotion of Voluntary Nonprofit Prepayment Health Plans Joint Cont. Cmte. AMA & Blue Shield	Community Health Health Care Financing
Commission on Emergency Medical Services Cmte. on Health Care of the Poor *Liaison Cmte. AAMC VGMA AMA	Health Care Organization
Council on Health Manpower Cmte. on Foreign Medical Graduates Cmte. on Health Team Cmte. on Licensure Cmte. on Emerging Health Manpower and the Physician's Assistant Study Cmte. on Liaison Cmte. on Nursing	Health Manpower
DIVISION OF MEDICAL EDUCATION	
Council on Medical Education (HOD)	Division Office
Adv. Cmte. on Education for the Allied Health Professions and Services	Allied Medical Professions and Services
Adv. Cmte. on Continuing Medical Education Cmte. on Continuing Medical Education	Continuing Medical Education
Adv. Cmte. on Graduate Medical Education Liaison Cmte. for Specialty Boards Internship Review Cmte. Residency Review Committees (28 Specialties)	Graduate Medical Education
Adv. Cmte. on Undergraduate Medical Education Liaison Cmte. on Medical Education	Undergraduate Medical Education
SCIENTIFIC ACTIVITIES DIVISION	
Intersocietally Cmte. Cmte. on Osteopathy Cmte. on Maternal and Child Care	Division Office
Council on Drugs Cmte. on Cutaneous Health and Cosmetics USAN Council	Drugs
Council on Environmental and Public Health Joint AIA ASIA Cmte. on Environmental Health Cmte. on Transfusion and Transplantation Cmte. on Medical Aspects of Automotive Safety	Environmental Health
Council on Foods and Nutrition Nutrition Education Cmte. Nutrition in Medicine and Public Health Cmte. Food Science Cmte. Food Industry Liaison Cmte.	Foods and Nutrition
Council on Mental Health Cmte. on Alcoholism and Drug Dependence	Mental Health
Council on Occupational Health Cmte. on Aerospace Medicine Cmte. on Occupational Toxicology Joint Cmte. on Mental Health in Industry	Occupational Health
Council on Scientific Assembly Section Cmte. (22 sections) Cmte. on Rating of Mental and Physical Impairment	Postgraduate Programs

*Committee of the Council on Medical Service.

III. AMA Divisional and Departmental Organization as of Oct 1, 1969

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
OFFICE OF THE EXECUTIVE VICE PRESIDENT	
Executive Vice President: Serves as chief administrative officer of the [illegible] and documents of all AMA departments, including preparation of agenda for meetings of the Board of Trustees, Board of Tructees, [illegible] of the House, and Board	Ernest B. Howard, MD
Assistant Executive Vice President: Serves as principal deputy to and as chief AMA administrator in the absence of the Executive Vice President; supervises activities of four AMA divisions: Communications, Health Service, Management Services, and Public Affairs	Richard S. Wilbur, MD
Assistant Executive Vice President for Scientific Affairs: Directs activities of three AMA divisions: Medical Education, Scientific Activities, and Scientific Publications	Hugh H. Hussey, MD (acting)
Assistant to the Executive Vice President: Assists officers and elected members who act on behalf of AMA; supervises staff services in House of Delegates; staffs special committees of the House; acts as liaison officer to division directors in planning and implementation of various AMA programs	Leo E. Brown
Assistant to the Executive Vice President: Assists with communications to component societies of the AMA Federation, Medical Wives of AMA, Women's Auxiliary, specialty societies, and other medically oriented groups	Robert W. Riley Oren W. Wright, staff associate
International Health: Coordinates AMA's International Health Program, maintains liaison with voluntary organizations and [illegible] in international health matters, hosts foreign visitors at AMA headquarters and meetings, and maintains [illegible] on health and medical conditions throughout the world	V. T. DeVault, MD Robert L. Coons
Institute for Biomedical Research: Conducts laboratory investigations in fundamental aspects of biology which broaden and deepen the foundations of an expanding science of medicine	George W. Beadle, PhD, director
Medicine and Religion: Develops proper climate for communication between physicians and clergymen toward most effective care and treatment of patient	Paul B. McCleave, LLD, director Arne E. Levine, resident director Robert F. Edwards
Military Medicine and Vietnam Health Service: Studies and prepares recommendations on programs related to the medical and health aspects of national security, particularly as pertaining to [illegible] and consolidation of medical and health resources at the level of government; arms personnel and are military medical affairs, civilian medical care, and Selective Service; responsible for AMA volunteer Physicians for Vietnam Program and AMA/American Legion Liaison Committee	Charles H. Mayfield, LLD, director George L. Fraser, assistant director Thomas D. [illegible], staff associate Phillip I. Wilson, MD, field director, VPVN Brian Arden, [illegible] to field director, VPVN Richard [illegible], MD, regional coordinator Thomas [illegible], MD, regional coordinator, pediatrics John J. Elson, MD, national coordinator, refugee health
Budgets and Control: Responsible for financial, accounting, and internal audit [illegible] AMA budgeting and [illegible] Program and Members Re[illegible]	Samuel P. Miller, director
General Counsel: [illegible] matters involving AMA [illegible] of AMA [illegible], medical ethics, [illegible] and antitrust activities	Richard D. [illegible], JD, [illegible] counsel George [illegible], JD, [illegible] general counsel [illegible], LLD, chief assistant in health service law Bess [illegible], administrative assistant
Corporate Law: Provides legal assistance in (1) corporate organization of CMA, (2) corporate activities of AMA ERF, and to the AMA Members Disability and Retirement programs	Arnold J. Strech, LLB, director James J. McNamara, JD, corporate attorney
Investigation: Serves as clearinghouse for information on nostrums, quackery, cultism, faddism, and other aspects of psychometrics	H. Dayl Taylor, LLB, director Oliver F. Field, LLB, director of research Justine Williams, assistant in research William J. Monaghan, staff associate
Medical Ethics: Handles matters concerning the ethical policies of AMA and maintains liaison with outside groups	Fulton J. Holman, LLB, director William B. Smith, JD, assistant director
Legal Research: Reports on legal questions affecting medicine; supervises development of medicolegal information for publication and program participation; publishes The Citation, medicolegal newsletter	Richard P. Bercera, JD, director Veronice M. O'Horn, JD, editor, The Citation
[illegible]	
Under Direction of Assistant Executive Vice President Richard S. Wilbur, MD	
COMMUNICATIONS DIVISION	
Implements objectives in public service, public relations, and professional relations	Charles S. Lauer, director Andre F. Phonds, assistant director
American Medical News: Provides physicians with nontechnical news of importance to medicine; staffs Daily Bulletin at Conventions; produces SJS Reporter, AMA employee publication	Marvin L. Rowlands, Jr., editor Dick Wall, executive director

*Divisions, and officers of divisional rank, are indicated by color backgrounds. The departments which do not have color backgrounds are component parts of the divisions under which they are listed. Duties are indicated by individual staff positions rather than by departments only in the Office of the Executive Vice President.

†In departments with sections headed not by directors but by associate or assistant directors, the titles used are to be construed as though followed by "of the department" rather than as referring to the section alone.

‡Stationed in Vietnam.

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B. AMA Divisional and Departmental Organization as of Oct 1, 1969 (Continued)

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Health Education: Provides information to physicians, medical societies and the general public; encourages educational programs and activities related to physical fitness; develops pamphlets on a variety of health topics for laymen; supplies physicians with health literature for patients; disseminates health education information to schools and colleges; provides consultative services to health education personnel; encourages research and evaluation of medical aspects of sports including aspects of safety; coordinates activities of voluntary health agencies; acts as clearinghouse for communities, [illegible], and others seeking physicians; [illegible] areas for their practices in the United States or abroad	Fred V. Hein, PhD, director Donald A. Dukelow, MD, assistant director, health education of the public Wallace Ann Wesley, HsD, assistant director, school and college health education William E. Burnette, MPH, consultant, health and fitness, and staff coordinator, Committee on Medical Aspects of Sports William H. Carlyon, PhD, consultant, health and fitness Katherine M. Hart, coordinator, Physicians' Placement Service Marie A. Hinrichs, MD, PhD, medical consultant, Question & Answer Service Sylvia B. Martin, administrative assistant to the director
Magazine [illegible]: Assists magazine editors with factual material [illegible] to [illegible] health articles, [illegible] before articles are published to assure [illegible] statements, keeps up-to-date file on all [illegible] consumer magazines, keeps personal [illegible] with [illegible] personnel and works closely with editors on all topics of medical interest	Robert Anderson, director Frederic T. Jung, MD, consultant
Medical News: Provides coverage of current developments in medical research and practice for JAMA	Sara P. Hewrey, editor Jann Kengrueshl, assistant director
Officers Services: Assists officers and trustees with planning of [illegible], prepares signed articles, statements, and handles correspondence for President and President-Elect, [illegible] interviews	Edward A. Uzemack, director Shideler Harpe, assistant director
Media [illegible]: Maintains regular contact with science and/or [illegible] to inform them of latest [illegible] and AMA resources, writes and distributes news releases to newspapers, newsmagazines, and wire services; answers queries from the press; [illegible] at AMA Conventions and meetings	Kenneth Simendinger, director
Program Services: Provides public relations programs for state, county, and [illegible] medical societies, disseminates educational materials, provides educational exhibits for health fairs and major meetings, advises AMA departments, councils, and committees on design and production of printed materials, provides photographic services to AMA departments and publications, [illegible] information center for communications media	Bernard F. Kroeger, director Exhibits Section: Russell Cheadle, director Literature Counseling Section: Marshall J. Dick, director Photographic Section: Joe Fletcher, director Information Section: Patricia Miller, director
Radio, Television, and Motion Pictures: Works with broadcasting and film [illegible] to assure accurate portrayal of medicine and to [illegible] medical information to the public, [illegible] AMA [illegible] at Annual and Clinical Conventions, [illegible] Audio News Journal and AMA broadcast [illegible] materials	Richard DuMont, director Robert Martin, associate director Dennis Cavon, Audio News Journal, director
Speakers Program: [illegible] physicians and staff speakers before [illegible] audiences and broadcast media [illegible] speakers by means of seminars conducted at the [illegible] of constituent and component medical societies [illegible] public speaking aids	Mortimer T. Enright, director
Speech [illegible]: Provides speeches for AMA President, President-Elect, and other officers, writes Report on Actions of the House of Delegates	Charles E. Miller, director
Today's Health: Provides sound, readable health information for the American family	Byron T. Scott, editor William R. Vath, managing editor
Women's Interests/Activities: Develops and implements public relations programs to promote AMA goals in newspaper women's pages, magazines, radio-TV, serves other departments in planning and designing publicity programs, acts as liaison to AMA Woman's Auxiliary and American Association of Medical Assistants, plans and executes youth groups' programs	Bele M. Gillespie, director

DIVISION OF HEALTH SERVICE

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Focuses on the methods of organization, delivery, and financing of health care [illegible] many AMA divisions and committees	Chris N. Theodore, director
Community Health: Analyzes specific geographic areas and [illegible] health care [illegible] particular characteristics which account for the [illegible] health care including [illegible] classes and communities as well as the [illegible] physician-hospital relationships and [illegible] other educational programs to [illegible] of medical care	Roger G. Olin, assistant director
Economic Research: Applies [illegible] concepts and economic theory to the analysis of the health care services industry	John A. Lorant, PhD, research associate
Health Care Financing: Analyzes and evaluates existing mechanisms for financing health care and suggests and stimulates improvements in these programs; specific interests include federal medical services, health insurance and prepayment plans, and [illegible] of medical practice	John A. Rowland, director
Health Care Organization: Encourages medical leadership in improvements in the delivery and organization of health services, studies comparative cost and efficiency differentials among varying forms of medical practice, provides technical assistance to constituent societies in evaluating different types of delivery systems	James B. Cobb, director

B. AMA Divisional and Departmental Organization as of Oct 1, 1969 (Continued)

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Health Manpower: Studies and recommends methods for increasing the availability and provision of needed health services through increasing the supply of health personnel and through more effective use and organization of existing manpower resources; has specific concern for physicians, nurses, allied health personnel, and new health occupations	Nicholas Griffin, assistant director
Survey Research: Produces and analyzes reliable valid information on characteristics of health care system and the physician population in particular; develops methods to measure and [illegible] the organization, costs, demand [illegible], and supply of health care services; provides technical assistance to other departments, and maintains liaison with other research organizations concerned with medical socioeconomics	Bruce E. Balfe, director

MANAGEMENT SERVICES DIVISION

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
	Russell H. Clark, director
Advertising: Sells advertising space in AMA publications; manages industrial exhibit at AMA meetings; provides meetings services to all AMA divisions	John T. Bober, director
Archive-Library: Services information needs to the medical community in general and the headquarters office in particular; maintains historical archives of AMA	Susan Crawford, director Warren Albert, associate director
Building Services: Plans, constructs, and operates AMA facilities	John V. Wen, director
Circulation and Records: Directs distribution of all regular AMA publications, operates data processing center, maintains physicians' records	Robert E. Enlow, director
Operating Services: Responsible for purchase of all printing and for internal reproduction services	David Kenyon, director
Office Services: Coordinates activities of Personnel Department and related services	Lee Perand, director

PUBLIC AFFAIRS DIVISION

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Responsible for implementation of policy of AMA as it affects continuing relations between medicine and government; maintains liaison with constituent and component organizations	Joe D. Miller, director; Harry R. Hinton, deputy director Whelan W. [illegible], assistant to director James W. [illegible], director of program development
Field Service: Operational link between AMA and constituent societies; 12 field offices assist in political education, legislative liaison, and general service	David W. Powers, LLB, director Assistant Directors: Kenneth G. Burgen; Chad P. Combs; W. David Cupner; Edward M. Donelon; James S. Imboden; Richard G. Layton; David B. Morrison; Timothy B. Norbers; J. Tom Sawyer; Leon J. Swetcell; Robert W. Warnick; David B. Weihaupt
Legislative: Studies and reports on all national legislation pertaining to medicine	Bernard P. Harrison, JD, director Paul R. M. Donelan, LLB, legislative attorney (Washington, DC) Roy S. Bredder, LLB, legislative assistant (Washington, DC) Charles W. Ponl, legislative assistant Harry N. Peterson, LLB, legislative attorney

AMA—WASHINGTON, DC

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Maintains current knowledge of health programs and related activities in the Washington area which directly or indirectly affect the medical profession and health care of the nation; carries out programs emanating from AMA headquarters, communicates organized medicine's views and activities to appropriate persons in Washington	Harry R. Hinton, manager David G. Baldwin, director, political public relations Marguerite M. Schwartz, PhD, librarian Mae Hipsley, administrative assistant
Congressional Relations: Responsible for liaison with Congress	James W. Foristel, director Assistant Directors: Wayne W. Bradley; William J. Colley; Howard Lee Cook
Governmental Relations: Responsible for liaison with executive branch of federal government; maintains liaison with national medical specialty organizations	Bernard E. Kelly, director Assistant Directors: Theodore R. Chilcoat; Eugene V. Jobe, MD; Jay B. Reibel, MD

B. [illegible] Under Direction of Assistant Executive Vice-President for Scientific Affairs, Hugh H. Hussey, MD

MEDICAL EDUCATION DIVISION

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Accredits educational programs in undergraduate, graduate, and [illegible] medical education as well as areas allied to medicine [illegible] research in health [illegible] and [illegible] of the medical and paramedical professions	C. H. William Ruhe, MD, director John C. Nunemaker, MD, associate director Ise A. Mayeda, administrative associate
Undergraduate Medical Education: Maintains responsibility for the establishment, maintenance, and elevation of standards for undergraduate medical education, the survey and accreditation of existing medical schools, the provision of consultation and advice to institutions considering the development of new medical schools	Hayden C. Nicholson, MD, director Henry R. Mason, MHA, research associate Anne E. Crowley, research associate
Graduate Medical Education: Responsible for the establishment, maintenance, and elevation of standards for graduate medical education, the survey and evaluation of programs for internships and residencies, and organization and coordination of studies leading to effective planning for future programs in graduate medical education	John C. Nunemaker, MD, director Willard V. Thompson, MD, associate director George Mister, Jr, MD, assistant director Field Representatives: M. Eleanor Black, MD; J. Robert Collins, MD; John S. Donaldson, MD; Joseph R. Frothingham, MD; Thomas J. Hardgrove, MD; Thomas I. Hoen, MD; Maurice Muschat, MD; Cecil D. Riggs, MD Rose Terry, research associate
Continuing Medical Education: Maintains responsibility for establishment, maintenance, and elevation of standards in continuing medical education	C. H. William Ruhe, MD, director Rutledge W. Howard, MD, associate director Clarke W. Mangun, Jr, MD, assistant director
Allied Medical Professions and Services: Expands and strengthens liaison activities between representative organizations of the medical, nursing, and allied medical professions at national, state, and local levels; has major responsibility for establishing and maintaining high standards for education and training in many of the professions and technical services important to medicine	Ralph C. Kuhli, MPH, director Warren G. Ball, DDS, assistant director T. F. Zimmerman, PhD, assistant director

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AMA Divisional and Departmental Organization as of Oct 1, 1969 (Continued)

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
Vietnam Medical School Project: Recruits faculty among US physicians, hopes to prove to academic support to the Faculty of Medicine, University of Saigon, arranges for advanced training of Vietnamese teachers in the United States	Ira Singer, PhD, director Norman Hoover, MD, field director
SCIENTIFIC ACTIVITIES DIVISION	
Gathers and disseminates technical information for dissemination to the medical profession, maintains liaison between representatives and organizations of the medical professions	Hugh H. Hussey, MD, director John C. Dunn, PhD, assistant to director
Advertising Evaluation: Screens and explores advertisements [illegible] for AMA scientific publications, Today's Health, [illegible] (independent political ads) to ensure [illegible] with AMA advertising principles, applies similar [illegible] to approve trade advertisements for industrial exhibit sections of AMA Conventions and industrial exhibits at other AMA meetings	Charles W. Mecomber, Jr., director
Current Medical Terminology: Provides dictionary style system of disease nomenclature in handbook form	Burgess L. Gordon, MD, director Herman C. Rodgers, MD, associate editor, CMT
Drugs: Provides timely, authoritative information on drugs, including therapy, in cooperation with expert consultants, evaluates the [illegible] claims, dosage and safety of recommended [illegible] in accordance with a statement approved by AMA [illegible] concerned with safety of drug use, supervises AMA Registry of Adverse Reactions for collection and evaluation of reports of adverse reactions associated with [illegible] chemicals, and pesticides, scans biomedical journals for [illegible] articles on drugs and chemicals to supplement published indexes to world literature, provides [illegible] for USAN Council on selecting nonproprietary names for drugs, assists in organizing educational symposia, exhibits, and publications on drugs and cutaneous health and cosmetics	Thomas H. Hayes, MD, PhD, director John R. Lewis, PhD, associate director Norman DeNavasquez, MD, associate director John W. Richardson, administrative assistant Section on Drug Evaluation: John D. Archer, MD, director Morton S. Corner, PhD, assistant director Howard G. Glass, MD, PhD, assistant director Kathryn S. Hess, MD, assistant director Mary E. Kingman, PhD, assistant director Karl Meyer, DVM, assistant director Edward L. Patterson, PhD, assistant director Donald O. Schirmer, PhD, assistant director Leon H. Warren, MD, assistant director Clifton D. Cowan, MD, assistant director Section on Drug Utilization: Norman DeNavasquez, MD, director Ruth E. Lippincott, PhD, assistant director Section on Cutaneous Health and Cosmetics and Section on Nomenclature: Joseph B. Jenkins, MD, director Section on Documentation: Philip G. Settner, PhD, director
Environmental Health: Responsible for programs involving air and water pollution, pesticides and other chemicals, ionizing radiation, toxic agents, public health and other environmental health problems, automotive safety, blood banking and transfusion, and [illegible] in the environment, with [illegible] and [illegible] measures, maintains liaison with [illegible] and groups having [illegible] environmental health problems, collects natural science [illegible] information, reviews legislation, and recommends policy in areas of assigned responsibility	Frank W. Barton, LLB, director Lee M. Hornes, assistant director William D. Coughlin, staff associate Frank B. Edwards, staff associate
Foods and Nutrition: Conducts programs in medical education to inform students and physicians of current concepts and practices in clinical nutrition, conducts public education programs to encourage the practice of good nutrition	Philip L. White, ScD, director Section on Nutrition Information Section on Medical Nutrition: Philip L. White, ScD, acting director Section of Food Science: James Dreskin, director
Mental Health: Administers policy and programs related to psychiatry and mental health activities, including development of [illegible] and drug [illegible], supplies information on mental health to the medical profession	Walter Wolman, PhD, director E. M. Stancler, assistant director Rene J. Poech, assistant to the director
Occupational Health: Maintains liaison with medical and allied professions [illegible] occupational health, assists [illegible] occupational health problems, [illegible] Adverse Reactions Registry, [illegible] acts and provides information on environmental transmission, industrial nursing, [illegible] of occupational diseases, health hazards, physical examinations, safety programs, occupational medical records, performance monitoring, industrial hygiene and toxicology, and mental health in industry	Henry F. Hood, MD, director Jerome T. [illegible], assistant director Louis R. Sierra, assistant director Helen Hendricks, administrative assistant
Postgraduate Programs: Organizes, directs, and coordinates the scientific program (lectures, medical motion pictures, closed television and scientific exhibits) at AMA Annual and Clinical Conventions, maintains and operates motion picture library and source file, develops guides for impairment rating, concerned with medical instruments and housing radiation, coordinates programs in rehabilitation	Ralph E. DeForest, MD, director Frances Nutting, assistant to director Impairment Rating Section: Frederick A. Stone, LLB, director Rehabilitation Section: Ralph I. DeForest, MD, acting director Medical Physics Section: Spencer W. Venter, director Scientific Exhibit Section: Robert E. Myers, director Medical Motion Pictures and TV Section: Ralph P. Greer, director

AMA Divisional and Departmental Organization as of Oct 1, 1969 (Continued)

Divisions and Departments, with Principal Duties of Departments*	Staff Members†
SCIENTIFIC PUBLICATIONS DIVISION	
Responsible for [illegible] and administration of AMA [illegible] all scientific publications, including the [illegible] of all scientific and [illegible] for the JOURNAL of the American Medical Association (JAMA) and the ten specialty journals	John H. Talbott, MD, director
JAMA: Provides current authoritative medical information to both specialists (in fields other than his own) and nonspecialists	John H. Talbott, MD, editor Robert W. Mayo, executive managing editor Norman D. Richey, managing editor Wallace L. Myers, assistant managing editor Mary F. Gardner, assistant managing editor M. Therese Southgate, MD, senior editor
Feature Materials: Reviews and processes AMA Section papers; consulted, JAMA Copyediting department, corresponding editor, Archives of Environmental Health	
Book Reviews: Reviews, or assigns for review, all incoming books, prepares copy for Book Forum	Lester S. King, MD, senior editor
Correspondence: Reviews and prepares letters for publication in "Letters" section; corresponding editor, Archives of Ophthalmology	George L. Fine, MD, senior editor
Abstracts and Translations: Prepares current abstracts of the world's medical literature for Reference and Reviews section, prepares "International Comments"	Zoltan Dombrovskis, MD, senior editor
Clinical Notes: Reviews and supervises preparation of materials for Clinical Notes section; prepares AMAgrams; corresponding editor, American Journal of Diseases of Children	Alister Brass, BM, BCh, senior editor
Special Contributions: Reviews and supervises preparation of materials as special contributions; associate editor, Archives of Internal Medicine	Samuel Valenski, MD, senior editor
Contributing Editors	Henry T. Ricketts, MD Centre E. Terrell, MD
Copyediting: Supervises editing of accepted manuscript materials for style and accuracy	Medina Heilman
Art and Layout	Raymond Dorn
Special Assignments	Lucy M. Fisher
Special Projects	Louise F. Chapman
Deaths	Frances M. Sorm
Production Mark Up: Maintains quality control for copy marking, engravings, and printing	Thomas J. Hardrigan
Specialty Journals: Maintains liaison with ten Specialty Journals, chief editors and editorial boards	Robert W. Mayo, executive managing editor Norman D. Richey, managing editor
Art and Layout:	Raymond Dorn
Copy Editing: Supervises editing of accepted manuscript materials for style and accuracy	Judith Kolbasta, Sandra Malanga, and Karen Finke
Make-Up and Proofreading: Supervises coordination of proofs for ten specialty journals	Marlene Hunsch

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Report of Board of Trustees

Many subjects of importance in the life of the American Medical Association and its members were considered by the Board of Trustees during the past year. In addition to those summarized below were the principle of income tax credits for the financing of health care, analysis of the AMA communications program, professional liability insurance, physician licensure, health care costs, health care of the poor, financial support of medical schools by the federal government, Medicare and Medicaid, the report of the Citizens Commission on Graduate Medical Education, recognition award for participation in continuing medical education, Student AMA liaison, Uniform Anatomical Gift Act, heart transplantations, and management study by Cresap, McCormick and Paget. These and others (totaling 52) were submitted to the House of Delegates and will be found in the Proceedings of the December 1-4, 1968 and the July 13-17, 1969 Conventions.

LIAISON AND AFFILIATIONS

The American Medical Association continues its membership on the Joint Commission on Accreditation of Hospitals, Board of Commissioners of the National Association of Blue Shield Plans, U. S. Chamber of Commerce, World Medical Association, National Health Council, National Better Business Bureau, Conference of National Organizations, World Federation of Mental Health, Joint Commission on Correctional Manpower and Training, and others.

Previously established liaison committees continue their activities with similar committees of the American Hospital Association, American Bar Association, National Medical Association, American Medical Women's Association, Student American Medical Association, American Legion, Association of American Medical Colleges, and others. In addition, representatives of the AMA have cooperated with the American Association of Medical Assistants; American Association for the Advancement of Science; National Research Council, Division of Medical Sciences; and the National Intern and Resident Matching Program. Meetings also were held between the Board and representatives of the American Academy of General Practice and the Woman's Auxiliary to the AMA, among others.

HEALTH MANPOWER

Problems in health manpower again received special attention, and the Council on Health Manpower continued its review of the relationships between medicine and the health-related professions and services in order to assure the most effective utilization of these services.

The Board approved the Council's recommendation that a National Conference on Medical Licensure be held, under the joint sponsorship of the AMA, the Federation of State Medical Boards and other groups to deal only with the problems related to physician licensure. It authorized the establishment of a study committee of the Council to investigate the purposes, feasibility and methods of developing liaison with many professional societies and other national groups active in the health manpower field.

FOREIGN MEDICAL GRADUATES

The Board, on recommendation of its Council on Health Manpower, authorized the establishment of a Commission on Foreign Medical Graduates with representatives from the AMA, American Hospital Association, Association of American Medical Colleges, Educational Council for Foreign Medical Graduates, Federation of State Medical Boards, Association of Hospital Directors of Medical Education, Advisory Board for Medical Specialties, Inc., and the National Medical Association. The Commission will identify 10 to 12 important questions to be answered, collect data where available, indicate deficiencies in data, and publish reports.

INTERNATIONAL HEALTH

At the 22nd World Medical Assembly in Sydney, Australia (1) the voting strength of the U. S. representation was increased from 2 to 4 delegates and alternates, (2) Dr. Dwight L. Wilbur was elected to membership on the Council, and (3) a statement on death (Declaration of Sydney), prepared by the World Medical Association Committee on Ethics, was adopted. In June 1969, the First International Conference on Socio-Medical Affairs was held at the 23rd meeting of the World Medical Association in Paris. Dr. Burt L. Davis was elected to membership on the Council of the WMA.

The Board also authorized a Fourth AMA Conference on International Health held in May 1969 and a continuation of AMA promotion and support of the Doctor-to-Doctor Journal program in New York under the direction of Dr. Ada Chree Reid. Authorization was also given to negotiate with the U. S. Agency for International Development an extension of the Volunteer Physicians for Viet Nam Program through June 30, 1971.

In an effort to establish an international uniform language in medicine, the AMA publication Current Medical Terminology was promoted for adoption by the World Medical Association.

SCIENTIFIC ASSEMBLY

Guidelines developed by the Council on Scientific Assembly were approved for the management and financing of special educational exhibits which are arranged to provide intensive instruction on timely and important topics through the use of the most effective audiovisual techniques and teaching procedures.

The Board also authorized appointment of a Scientific Program Chairman for each Clinical Convention on nomination by the Council on Scientific Assembly after reviewing nominations from the local medical societies in time for the chairman to attend the Clinical Convention that precedes the one for which he will be responsible.

HUMAN SEXUALITY

To assist the physician in dealing with problems of sexuality in medical practice and in his role as a counselor in family life education, the Board approved a multi-faceted program including preparation of a Manual on Human

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- Sexuality for use by physicians and medical students with establishment of a core Committee for this purpose, a general session at the 1969 Annual Convention on this subject as well as a request to the Council on Mental Health to consider the subject as a theme for its 1970 conference with state mental health representatives, preparation of educational material for physicians on the subjects of habitual (spontaneous) abortion and artificial insemination, review and updating of the "teaching guide" on integrated instruction in human reproduction for reissuance to deans and department chairmen of all medical schools or preparation of a new "core curriculum" on this subject, encouragement to the editors of JAMA and Today's Health to solicit manuscripts on the subjects of genetic counseling and the clinical aspects of new knowledge in human reproductive physiology, and encouragement by the AMA of public education programs on this subject.

DRUGS

The funding structure of the Drug Standards Laboratory was reviewed, and contingent upon pledges of equal contribution by the American Pharmaceutical Association and the U. S. Pharmacopoeia, the Board agreed to increase its financial support for 1968-1972, subject to review and renewal every three years with termination of support to receive at least three years' notification. The Board urged continuing effort to obtain additional financial support from other sources, with the understanding that should such support be forthcoming, the amount required from the AMA, APhA and USP would be reduced proportionately.

The Board also received a report from its Council on Drugs on plans for the development of a proposed pilot Drug Usage Surveillance Program in hospitals which would serve as a central repository for assembling, tabulating and evaluating information on drug utilization obtained from participating hospitals and would feed back this data to the cooperating hospitals and to the medical profession.

DISABILITY INSURANCE

Through negotiations with the Fireman's Fund Insurance Company, licensed members of the Flying Physicians Association became eligible for full coverage under the AMA Group Disability Insurance Program. Clarifying changes in the contract were made relating to the eligibility of physicians for membership in the AMA, and provisions were included which permitted a 180-day waiting period option in addition to the 365-day waiting period.

OSTEOPATHY

The Board's Committee on Osteopathy discussed at its five meetings possible mechanisms for bringing about better professional relationships between doctors of medicine and doctors of osteopathy. As directed by the House of Delegates, the Committee also explored means for conversion of schools of osteopathy to schools of medicine. As a result of these explorations, the Board was convinced that the possibility of conversion is not promising, at least in the immediate future. Accordingly, the Board submitted to the House a policy statement designed for use as "guiding principles in a multi-pronged plan to bring about eventual amalgamation of medicine and osteopathy."

Since January 1969 significant progress has been made to implement the policy statement. Among these are (1) action by ten state medical associations to provide some kind of membership for doctors of osteopathy, (2) appointment of many osteopaths to the medical staffs of hospitals, (3) opening of all AMA-approved internships to qualified osteopaths, (4) actions by five specialty boards whereby osteopaths who have completed approved internship and residency programs will be admitted as candidates to the certification examination, and (5) opening of AMA-approved residencies to qualified osteopaths in the five specialty areas for which certification is now possible. These are pediatrics, pathology, radiology, preventive medicine and physical medicine and rehabilitation.

The Committee on Osteopathy is now considering possible mechanisms by which recent graduates and students in schools of osteopathy may earn an MD degree.

COMMITTEES OF BOARD OF TRUSTEES

The following new committees, or expansion of existing committees, were authorized by the Board:

1 - COMMITTEE ON HEALTH CARE OF THE POOR: The Committee was established in March 1969. Its principal duties are to conduct in-depth studies with specific emphasis on the responsibilities and role of the AMA, and to supervise implementation of the Committee's recommendations as they are assigned by the Board to the various councils, committees and departments of the Association. The Committee is composed of representatives of the Board, House of Delegates, Council on Medical Service, Committee on Maternal and Child Care, Committee on Aging, and the Vice Speaker of the House.

2 - COMMITTEE ON BLOOD: The Committee in March 1969 was charged to establish liaison with the National Research Council's Committee on Tissue Transplantation and any other agencies having similar interest for the purpose of keeping the Board and the profession informed on the subject of tissue transplantation and related matters, as recommended by the House of Delegates in June 1968. In July 1969, the name of this committee was changed to Committee on Transfusion and Transplantation.

3 - ADVISORY COMMITTEE TO EXECUTIVE BRANCH OF GOVERNMENT: A change in the membership of the Advisory Committee was authorized. It is composed of the President, President-Elect, Chairman of the Board and two members of the Board to be appointed by the Chairman of the Board. Membership may be expanded, on occasion, to other General Officers and chairmen or other members of councils and committees of the AMA, to be appointed by the Chairman of the Board, for a specific purpose or meeting.

4 - COMMITTEE ON AWARDS: The Committee was established in November 1968 for the purpose of submitting to the Board recommendations for recipients of the several awards for which the Board is responsible, to maintain lists of members of the Association and others who are qualified for the awards, and to screen all proposals for establishment of additional awards for recommendation to the Board.

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ANNUAL AND CLINICAL CONVENTIONS

The following places and dates were approved for Annual and Clinical Conventions of the Association:

Annual:

1970	Chicago, June 21-25
1971	Atlantic City, June 20-24
1972	San Francisco, June 18-22
1973	New York, July 15-19
1974	Chicago, June 23-27

Clinical:

1969	Denver, November 30-December 3
1970	Boston, November 29-December 2
1971	New Orleans, November 28-December 1
1972	Atlanta, November 26-29
1973	Anaheim, California, November 25-28
1974	Portland, Oregon, December 1-4

OFFICE OF INTERNATIONAL HEALTH

Fourth Conference on International Health: The theme of this Conference, held May 21-22 in Chicago, was U. S. Efforts in International Health Today and Tomorrow. Its purpose was to review present major endeavors in international health and to delineate clearly how American medicine in cooperation with government and the private sector can establish and support a more meaningful role. The Conference had three main topics -- the Role of Research and Development, the Delivery of Health Services, and the Significance of Manpower Development in International Health.

More than 300 multi-disciplinary organizations representing voluntary non-profit organizations, inter-governmental and U. S. governmental agencies, medical schools, and related organizations and individuals participated. The meeting was well covered by radio and television. Dean Rusk, former Secretary of State, the luncheon speaker, left no doubt as to the significance of medicine's role in world affairs. Copies of the major speeches delivered at the Conference are available upon request.

International Health Bulletin: This publication has completed its first year, and has been expanded to eight pages. It reports on a wide vareity of items of health activities and developments of international interest and has a readership of approximately 3,000. Many favorable comments on the Bulletin have been received.

Affiliate Membership: The Affiliate Membership Program is expanding. This year the Judicial Council was presented with 406 affiliate applications, including medical missionaries and members of national medical societies. At the Annual Convention, 23 honorary memberships were awarded to foreign physicians who have attained distinction.

Medical Missionary Program: The number of American missionary physicians overseas who are now receiving complimentary subscriptions to AMA publications has increased to 875, representing nearly 60 percent of the physicians practicing in mission stations. The textbook program for missionaries has expanded with the continued donation of medical books from publishers. Two thousand textbooks with a market value of about $50,000 were sent overseas during the year.

AMA Doctor-to-Doctor Program: More than 2,000 American physicians are now enrolled in this program. They donate their specialty journals and other medical periodicals to 2,700 colleagues living in 69 countries of Africa, Asia, Latin America and Europe, including Rumania, Poland and the USSR.

A total of 960 books valued at $9,700 have been shipped to approximately 70 clinics, hospitals, libraries and other medical institutions overseas at a cost of only $153.80 to the program. The National Institutes of Health took part in this program by sending 80 copies of "Progress Against Cancer-1969" to physicians and institutions whose names were provided by this office.

Liaison Activities: Close bonds have been maintained with the World Medical Association, the World Health Organization and other service and professional organizations. Cooperation and consultation continued with the Passport Division, Medical Division, AID and other U. S. State Department agencies, with embassies and consulates, and with some 500 governmental and voluntary agencies. Assistance was provided to the Volunteer Physicians for Vietnam Program and the Medical School Project in Saigon, the Woman's Auxiliary Committee on International Health Activities, and AMA departments involved in international programs.

Liaison continued with foreign medical associations and their officers and individual physicians throughout the world. Special counsel was supplied to Bolivian physicians in the Chicago area in the founding of the Bolivan Medical Association (of Chicago). A luncheon and tour of AMA Headquarters was provided for 65 foreign students, three consuls general, and officers of the German Medical Society of Chicago Educational Foundation.

This Office counselled and assisted both the Student American Medical Association on its foreign exchange program and the International Federation of Medical Student Associations. Staff also served as consultant in the founding and establishment of the Foundation for International Neurological Surgery.

AMA representation was arranged at 24 national medical meetings. OIH received and assisted 183 foreign visitors from 31 foreign countries at AMA Headquarters. Staff coordinated a three-week field trip to South Africa for four U. S. physicians as guests of the South African government to survey medical activities and facilities in that country. A survey of Brazil, Uruguay, Argentina, Chile, Peru, Ecuador, Colombia and Venezuela was made to coordinate relations with the national medical associations and colleagues in these countries.

Dissemination of international medical news continued. Periodicals and newspapers were scanned to provide American Medical News, JAMA and other AMA publications with timely international medical news items.

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Department of Medicine and Religion

This Department was transferred from the Health Service Division to the Executive Vice President's Office. Its primary task is to create opportunities for communication between the physician and the clergyman that will lead to more effective care of patients. This effort is carried on through Committees of Medicine and Religion in state and county medical societies. Programs through other organizations provide the means for expanding the concept of the physician and clergyman as a team. Some of these organizations are the American Cancer Society, the American Heart Association, American Hospital Association, American Protestant Hospital Association, American Catholic Hospital Association, and Association for Clinical Pastoral Education.

Regional and State Workshops: Regional workshops for state committee chairmen and state medical society staff members were held in Atlanta, Chicago, New York and Salt Lake City.

State and County Programs: Forty-nine states, District of Columbia and Puerto Rico presently have committees. They encourage county medical societies to establish their own committees and to expand the work. Approximately 40 percent of the county societies have now had Medicine and Religion programs.

Theological Education: With the aid of a new resource piece, "Program Guide for County Medical Societies and Theological Seminaries," 20 seminaries were offered five types of approach in educating students about the "whole man" concept and physician-clergy relationship.

Intern-Resident Educational Program: Hospitals across the country were approached in order to institute a program on medicine and religion as a part of the total educational effort with interns and residents. This experience will make it possible to develop guidelines for programs of this kind to be offered in all hospitals.

Postgraduate Education: University medical schools have held postgraduate seminars of from two days to a week on various aspects of physician-clergy relationship in their common concern for patient care and counseling. Attendance has ranged from 60 to more than 400.

Seventh Annual Program on Medicine and Religion: This AMA program was held during the Annual Convention. The subject was "What's Happening in our Drug Dependent Society?" Four presentations were made by qualified speakers, followed by a panel discussion.

Hospital Chaplains: The Department worked closely with the newly formed organization, Association for Clinical Pastoral Education, as well as with the Interorganizational Consultation on Hospital Chaplaincy. These organizations represent all faith groups involved in the clinical training of clergymen for the chaplaincy.

New Film: The new film "A Storm - A Strife" had its premiere showing at the Annual Convention.

Committee on Medicine and Religion: The Board of Trustees Committee on Medicine and Religion has three subcommittees: State and County Programs, Theological Education and Medical Education.

Department of Military Medicine and Viet Nam Medical Services

The Department of Governmental Medical Programs was transferred on June 4 to the Office of the Executive Vice President and redesignated the Department of Military Medicine and Viet Nam Medical Services. The Department is responsible for staffing the Council on National Security, the Committee on Disaster Medical Care, the AMA Volunteer Physicians for Viet Nam Program and the AMA-American Legion Liaison Committee.

The Department program is designed to offer physicians assistance and guidance prior to, during and subsequent to their assignment in active military service.

The publication, Selective Service, Military Service and the Physician, developed by staff in 1965, was designed to furnish the medical student and the young physician general information on his liability for military service under the Universal Military Training and Service Act. Approximately 50,000 copies, including revised editions, have been distributed on request to medical students, physicians, libraries and informational agencies.

Council on National Security: The Council has been involved in many areas of military medical activities, primarily: (1) Legislation to establish a Uniformed Service Academy of Health Sciences, (2) reinstitution of the MEND program which for many years has been essential to the training of medical students, (3) the urgent need for a program to assist and encourage the highly trained military medical technicians who are returning to civilian life to remain in the health field, and (4) legislation to establish a position of Assistant Secretary of Defense for Health and Medical Affairs.

In a meeting with Department of Defense officials and the Surgeons General, the Council reviewed: (1) Military professional programs through academic affiliations, (2) medical legislative programs, (3) military medical facilities planning, (4) status and trends in resources for Army medical research, and (5) personnel and operations.

Committee on Disaster Medical Care: Over the past few years, a new facet has been added to the disaster picture -- civil disorders. Although similar in certain aspects to other multiple casualty incidents which involved the community emergency force, civil disorders add a new series of problems. The Committee issued a statement in July urging state and component medical societies to give serious consideration and planning to the special emergency medical and health services required during civil disturbances.

The 24th Regional Conference on Disaster Medical Care in Albuquerque, New Mexico, developed around the theme "Disobedience, Disorder and Disaster," was designed to inform participants of the similarities and dissimilarities in planning for all disaster incidents.

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. Participation in the Public Health Service Studies by the Committee continued. The studies covered the tornado disasters at Hazelhurst, Mississippi, and Tracy, Minnesota, and the Bradford, Pennsylvania air crashes.

AMA-American Legion Liaison Committee: The first meeting in several years was held in Indianapolis. Its purpose was to identify problem areas and areas of agreement between the two organizations.

Volunteer Physicians for Viet Nam: The Volunteer Physicians for Viet Nam Program was initiated as Project Viet Nam on July 1, 1965. During the four-year period, 640 physicians have departed from the United States to serve 60-day tours in provincial hospitals of South Viet Nam. Actually 574 individuals have participated in the program. Two or more tours were served by 53 physicians. Five physicians have served three tours and four have served a fourth or extended tour of at least seven months. Forty-four volunteers have served two tours or a double tour. These physicians have contributed in excess of 100 man-years of voluntary service to the suffering population of South Viet Nam. These U. S. licensed physicians were recruited from 49 states, the District of Columbia, Canal Zone, Puerto Rico and from seven overseas areas. It is estimated that one out of every 450 U. S. licensed physicians has participated. Since the AMA assumed operational control, an average of 28 physicians per month has been maintained in South Viet Nam.

The AMA was requested by the U. S. Agency for International Development to continue administering the program for another two years. To carry out the commitment, 400 volunteers will be required between now and June 1971.

Scientific Publications Division

Changes were made in the staff of the Scientific Publications Division to assure improvement in the processing of materials for publication, to assure better quality in these materials, and to provide for a better organizational structure. Although many of the staff changes did not become effective until June 30, 1969, most of the persons involved were functioning in the new areas of responsibility before that date. Most noteworthy of the new positions were (1) assistant managing editor in charge of copy editing for JAMA and the specialty journals and (2) assistant managing editor, quality assurance, JAMA and the specialty journals.

The Quality Assurance Department has reduced the time for quality review of each manuscript to within two or three days after receipt. A compilation of data on lag-time between acceptance and publication for JAMA manuscripts in the first quarter of 1969 showed that lag-time was approaching a period of not longer than four months.

THE JOURNAL

During 1968, 12,550 pages were published in the 52 issues of JAMA. Of the total, 7,365 pages were editorial content. Advertising pages numbered 5,185. The ratio of editorial to advertising pages was 58.69% to 41.31%.

Considerable change was made in the format for three of the regular annual numbers of JAMA:

--The special unit for the Clinical Convention Number presented a new format which involved a coordination of indentions, typefaces, and color. Overall, the new format is simpler than previous formats. The 45 page unit appeared in the October 21 issue.

--The Annual Convention Number, including the 83 page special unit, was published May 26. Format for the unit was adapted from that used for the preceding Clinical Convention unit.

--The format for the long list of "Continuing Education Courses for Physicians" was revised to facilitate composition, reduce costs, and improve on readability. The new format appeared in the August 4, 1969 issue.

Other regular numbers were published during the fiscal year:

--The August 5, 1968 issue included the 106 page list of "Continuing Education Courses for Physicians."

--The Education Number, published November 25, included a broader review of recent events relating to medical education and to areas allied to medicine. Two new sections and a new appendix necessitated an increase in the size of the unit, "Medical Education in the United States"; it totaled 121 pages.

--The Book Number appeared April 7.

--The 70 page unit on "Medical Licensure Statistics for 1968" was published in the June 16 State Board Number. A suggestion to change the name of the number to Medical Licensure Number has been approved by the staff of the Division of Medical Education and the Editor of JAMA.

--Four index numbers appeared: September 23, December 23-30, March 31, June 30.

Technical changes in the Reference and Reviews Section allowed a greater number of abstracts to appear on each page. More material is now included in the 16 or 18 page sections than was included in former 22 page sections.

The September 30 issue, first number in the fourth-quarter volume of 1968, eliminated the dual system of page numbering. Thenceforth, JAMA pages list only one number, at the bottom outside corner. Numbering, consecutive from week to week, will begin anew with each volume, four times a year.

As of the January 6 issue, fillers incorporating biographical excerpts and portraits by a staff artist were regular weekly features.

An analysis of the content of the Book Forum section for the last six months of 1968 showed that 723 books were received and that 126 full-length signed reviews were published, 115 "In Brief" notes appeared, and 17 books were mentioned and discussed under "Commentary."

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THE SPECIALTY JOURNALS

A new format and page size for the Archives of Surgery became effective with the January issue. The three-column format and JAMA page size allow for better integration of copy and illustrations, and better accommodation of contents generally. Each month's cover includes an illustration significant for surgery.

Offprints of as many as 5,000 copies of special contents or portions of the Archives of Internal Medicine will be bound in soft covers and sold for one dollar each. A 104 page symposium, "Investigative Issues in Diabetes Mellitus," from the March issue, marked the first appearance of such an offprint; the second, from the May issue, "Symposium on Renal Transplantation," is a 96 page booklet. A third volume, by investigators of the National Institutes of Health, will appear in December 1969.

A new feature, "Good Medical Writing," in the Archives of Internal Medicine began with the January issue.

DIVISION OF SCIENTIFIC ACTIVITIES

The Division of Scientific Activities has eight departments which are responsible for staffing six councils and nineteen committees. The Division Office has provided the secretariats for the Interspecialty Committee, Committee on Maternal and Child Care, and several internal committees of the Board of Trustees and the AMA-ERF.

Committee on Maternal and Child Care: The Committee was elevated from a subcommittee of the Council on Medical Service to a standing committee of the Board of Trustees. Staffing arrangements for the Committee were transferred from the Division of Health Service to the Division of Scientific Activities.

At three regularly scheduled meetings and at two meetings of its Executive Committee, the Committee on Maternal and Child Care considered mechanisms for implementing the 14-point programs contained in the statement "Infant Mortality in the United States" as adopted by the House of Delegates (A-68). Highlights of activities include: (1) cooperative efforts with The National Center for Health Statistics to develop a standardized birth certificate which might be adopted by all states, (2) studies to validate a Committee developed Pregnancy Risk Index, (3) participation in a series of regional conferences (sponsored by the National Foundation) in order to stress the changing role of private medicine in dealing with emerging problems of prenatal, maternal and child care, and (4) review of programs of state medical associations in fostering better maternal and child care. As a result of the latter review, the Board of Trustees approved Committee sponsorship of two regional conferences in late 1969. At these conferences the Committee will present a series of recommended action programs to be implemented at the state level.

The prenatal and other Committee developed hospital forms continue to be in heavy demand, over one million being circulated last year.

Interspecialty Committee: Continuing with its charge to "review organizational problems with respect to scientific programs, socio-economic and legislative matters that affect their particular specialties, and other subjects of interest, and to report periodically to the Board of Trustees," the Interspecialty Committee met four times during the report period. The representation of specialties remained at eighteen. The Committee was active in deliberations concerning the Report of the Quinn Committee (ad hoc Committee to Study the Modus Operandi of the Scientific Sections) and engaged in discussions concerning the newly formed Council of Medical Specialty Societies.

OFFICE OF ADVERTISING EVALUATION

This office determines the eligibility of all products and services, submitted for promotion in the Association's scientific journals, Today's Health, The Daily Bulletin, and the industrial exhibit section of AMA conventions. Each advertisement proposed for inclusion in AMA publications and each industrial exhibit application is screened by the staff to insure conformity with principles as outlined in the brochures "Principles Governing Advertising in the AMA Scientific Publications" and "Principles Governing Advertising in Today's Health."

On April 1 1969, a revised version of the "Principles Governing Advertising in the AMA Scientific Publications" was approved by the Board of Trustees and became the Association's advertising standards.

DEPARTMENT OF DRUGS

Council on Drugs: The Council met three times during the report period to discuss its current programs and future activities in the education of physicians in pharmacotherapeutics and its relationship to governmental activities in matters of drug therapy. In addition, its Executive Committee met six times and its ad hoc Committee met three times to review chapters for AMA Drug Evaluations. The Committee on Drug Utilization met with representatives of four hospitals proposed for the Drug Utilization Surveillance Pilot Study. The chairman and the secretary of the Council were appointed to the Advisory Committee to HEW on the Task Force on Prescription Drugs.

All chapters and all indexes of AMA Drug Evaluations are expected to be in the hands of the printer late in 1969. Publication is planned for March 1970.

A meeting of a Study Group for a National Drug Advisory Commission was sponsored by the Council in Washington, D. C., on May 2, 1969, to determine the need for the existence of such a Commission. Additional meetings are necessary before any decision can be made.

Council statements and Council sponsored articles in JAMA included eleven evaluations of new drugs, ten listings of new nonproprietary names adopted by the USAN Council, four authored reports on adverse reactions, one review, one editorial and one special publication.

Committee on Cutaneous Health and Cosmetics: The Committee met twice to discuss the medical aspects of cosmetic legislation. In addition, the Committee

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cosponsored a conference on the Evaluation of Safety of Cosmetics in Washington, D. C. The Committee sponsored articles in JAMA, Cancer, Professional Medical Assistant, GP and Today's Health. In addition, four revised pamphlets were issued.

The Department maintained liaison with many governmental agencies and medical and scientific associations, answered 3,876 inquiries from physicians and the public, mailed 3,500 reprints and 2,348 pamphlets, generated 5,500 abstracts on new drugs and drug reactions, developed and staffed seven exhibits that were shown at 20 meetings, and authored articles in American Perfumer and Cosmetics, American Journal of Veterinary Research, Cornell Veterinarian, Professional Medical Assistant, and Journal of the American Pharmaceutical Association.

OFFICE OF CURRENT MEDICAL TERMINOLOGY

Current Medical Information and Terminology (CMIT): The fourth edition of Current Medical Terminology (CMT) will appear under the new name Current Medical Information and Terminology (CMIT). The content will be expanded to include approximately 3,700 preferred names for the designation and description of diseases with about 6,000 additional names as eponyms and synonyms, new indexes, glossary, a section on abbreviations and a list of equivalent names in English, French, German and Spanish. The format will appear in columns and in letter type printing; the uses include simplified manual reference to preferred terminology and the "patterns" of diseases, and computer magnetic tape copy applications of the book in teaching and differential diagnosis. Publication will occur in December 1969 or January 1970.

Current Procedural Terminology (CPT): The second edition has been extensively revised to include new terms for therapy and diagnosis with additional guidelines and arrangement to facilitate reference. Publication is anticipated in December 1969.

New Publications: Current Medical Information and Terminology in Spanish (CMITS), a translation of CMIT, is tentatively scheduled for publication in December 1970. Thesaurus of Medical Descriptors (TMD) is tentatively scheduled for publication in August 1970.

DEPARTMENT OF ENVIRONMENTAL HEALTH

The Council on Environmental and Public Health initiated a series of meetings between representatives of the Council, the Council on Medical Service and public health organizations to enhance working relationships between private medicine and public health. Council reports were made to the Board of Trustees recommending that air pollution programs remain in the Department of Health, Education, and Welfare and that physician representation be provided for on the National Water Commission. The Council also made recommendations on H. R. 1094, the Safe Drinking Water Act of 1969, and H. R. 971, the Mosquito Control Act of 1969.

The 9th AMA Air Pollution Medical Research Conference was held in Denver in July. A Council statement on Influenza A2/Hong Kong/68 was widely publicized in journals and medical news publications. Mailings to state medical societies included summaries of "Air Quality Criteria" and "Control Techniques for Sulfur

Oxides and Particulate Matter," "Strategy of the Consumer Protection and Environmental Health Service" and the AMA "Physician's Guide to Air Pollution." The state societies were urged to offer guidance and assistance to governors and state agencies.

In April, the 6th Congress on Environmental Health dealt with noise pollution. The 1970 Congress, to be held May 4-5 in Washington, D. C., will feature the theme of population growth.

The Joint Committee of the American Institute of Architects and the AMA is continuing its study of architectural barriers to the handicapped in order to develop a guide for physicians.

The Committee on Medical Aspects of Automotive Safety sponsored two symposia, one of which resulted in a dozen major medical recommendations. An AMA-sponsored crash investigation course at UCLA, scheduled to begin in the fall of 1969, will train fifty physician-police teams in gathering data for use in reducing automotive injury and death. An exhibit was developed on "Medical Aspects of Driver Limitation," and these statements were published: "Physician's Guide for Determining Driver Limitations," "The Role of the Physician in Driver Licensing," "Safety Belts Save Lives" and "Visual Factors in Automobile Driving and Provisional Standards."

The Committee on Blood (named Committee on Transfusion and Transplantation in July), in cooperation with other organizations, began a campaign to promote blood donations. It also supported legislation to eliminate conflicting criteria or double standards related to blood and tissue transplantation; published the "Directory of Blood Banking and Transfusion Facilities and Services"; developed plans for a program to educate physicians in blood banking and the use of blood components; conducted a survey of plasmapheresis operations in the United States; continued liaison with the Woman's Auxiliary to the AMA and the AMA Volunteer Services Division in their programs to promote blood donation; established liaison with organizations interested in tissue transplantation.

The Department provided information and assistance to physicians, organizations and the public on such subjects as air, water and soil pollution, pesticides and other chemicals, fluoridation of water supplies, ionizing radiation, immunization, public health, blood banking and automotive safety.

DEPARTMENT OF FOODS AND NUTRITION

The Second Western Hemisphere Nutrition Congress was held August 26-29, 1968. Forty-seven major papers in ten symposia and forty-eight reports in a research forum were presented to the nearly 1,000 people who attended from twenty-five countries. The Congress was complemented by a concurrent closed-circuit television program.

The Joseph Goldberger Award in Clinical Nutrition for 1969 was awarded to Nevin S. Scrimshaw, M. D., Ph. D., for his contributions in establishing a sound clinical basis for nutrition studies in the Americas and for pioneering research on nutrient needs and their interaction in health and disease. Fourteen medical students were awarded Goldberger Research Fellowships to permit three months of research experience in clinical nutrition. Nine of the grants will support students for studies in overseas laboratories.

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Five AMA lecturers presented seminars and lectures on 40 college campuses to stimulate interest in nutrition, medicine and the allied health sciences. This completed an initial five-year program to present the AMA to American colleges.

The Council, with its Food Industry Liaison Committee, became deeply involved with food standards and with new and fabricated foods. Resource conferences were held and the information obtained formed the basis for testimony before the Senate Select Committee on Nutrition and Human Needs. Council statements on the Improvement of Nutritive Quality of Foods and on Substitutes for Whole Milk were published in JAMA.

The Council co-sponsored symposia with the California Medical Association on gastrointestinal disorders and with Michigan State University on nutrition and human development. A report with recommendations for AMA's role in programs to combat hunger and malnutrition was prepared for the Board of Trustees. Scientific exhibits were shown at five medical meetings and nine paramedical and educational meetings.

DEPARTMENT OF MENTAL HEALTH

Council on Mental Health: The 15th Annual Conference of State Medical Society Mental Health Representatives was held in March in Chicago. The theme was "Children in the 70's: New Approaches to Their Mental Health." Recommendations stemming from the Conference were referred to the Joint Commission on Mental Health of Children for consideration in the development of the Commission's Report to Congress.

In cooperation with the Midwest Section of the American Psychiatric Association, the Council presented a meeting on "Violence and Aggression." A symposium on the "Mental Health Dynamics of the Pre-School Child" was presented at the Annual Convention.

Representatives of the Council and staff participated with the Board Committee and the subsequent special committee appointed by the Board in planning a more active role by the AMA in educational programs on human sexuality to the public and the profession. A status report on Community Mental Health Centers was presented to the Board. An ad hoc committee continued its preparations for revision of the Mental Retardation Handbook. Comments and opinions on federal legislation in areas of mental health, psychiatric illness, alcoholism and drug abuse were referred to the Council on Legislative Activities and the Board of Trustees.

Committee on Alcoholism and Drug Dependence: The Committee met with officials of the International Narcotic Enforcement Officers Association at the latter's request for an exchange of views. Representatives of the Committee, meeting with representatives of the American Bar Association, drafted a statement on alcoholism. Members of the Committee represented the AMA as part of a U. S. delegation meeting with representatives from Japan in a study on drug abuse. This was the second meeting in a program to effect a comparative study on drug abuse in the two countries.

The Committee met with the National Research Council's Committee on Problems of Drug Dependence, and held discussions with representatives of the Bureau of Narcotics and Dangerous Drugs and the Division of Narcotic Addiction and Drug Abuse of the NIMH regarding proposed legislation to combine all federal drug laws under one act.

A new publication, Drug Dependence: A Guide for Physicians was prepared. It is a compilation of reports by the Committee and the Council on Mental Health and includes the presentations on drug abuse made at the 14th Annual Conference of State Mental Health Representatives held in 1968. Several papers presented at the 14th Annual Conference on Drug Abuse were published in JAMA. Permission was granted to the director of the Japan Society for Prevention of Alcoholism to translate the AMA's Manual on Alcoholism into Japanese. Arrangements were made for close supervision of the translation.

Department of Mental Health: The Department developed a newsletter for distribution to members of state medical society committees on mental health, alcoholism and those concerned with drug abuse; to executive secretaries of state medical societies; and to state mental health commissioners. The exhibit on alcoholism was completed. The Department arranged meetings with state committees on mental health, on alcoholism and those concerned with drug dependence to discuss problems and to keep each other informed of needs.

DEPARTMENT OF OCCUPATIONAL HEALTH

This Department is responsible for staffing the Council on Occupational Health, Committee on Aerospace Medicine, Committee on Occupational Toxicology, and the Joint Committee on Mental Health in Industry. It furnishes annually on request more than 70,000 copies of its guides to physicians, nurses and industrial management.

The second edition of The Physician's Career is being revised for publication early in 1970. Articles published during the year include "Distribution of Occupational Physicians Among Industries," "Occupational Hazards of Painters and Sculptors" for the Encyclopaedia of Occupational Health and Safety by request of the Occupational Safety and Health Branch of the International Labour Office, "Employability of Workers Handicapped by Certain Diseases," comprising six articles coordinated and edited by the Department Director and produced cooperatively by the Council on Occupational Health and the President's Committee on Employment of the Handicapped.

Council on Occupational Health: The 28th Annual Congress on Occupational Health, sponsored by the Council, featured a panel on "Adverse Reactions Due to Occupational Exposures" and a symposium on "Nurse-Personnel-Physician: Confidentiality of Medical Records." These and other papers have been accepted for publication in Archives of Environmental Health. During the Congress, Earl C. Elkins, M. D., was presented with the Physician's Award of the President's Committee on Employment of the Handicapped for his work in rehabilitating quadriplegics.

A new guide, "The Role of Medicine Within a Business Organization," has been accepted for publication in JAMA. Testimony on the proposed Occupational Safety and Health Act was presented before Congressional subcommittees.

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Committee on Aerospace Medicine: A symposium on Disaster Planning for Aviation Accidents, a joint effort of this Committee and the Committee on Disaster Medical Care, was presented at the AMA Annual Convention. A special AMA Award was presented to Charles A. Berry, M. D., and his medical team at the opening session of the House of Delegates. Doctor Berry is Medical Director of the Manned Spacecraft Center in Houston and a member of the Committee on Aerospace Medicine.

The Committee, which maintains close liaison with NASA and the Federal Aviation Administration, has recommended to the FAA that self-initiating crash locator beacons be installed on all private aircraft. The Committee is also looking into the hazards of crop dusting.

Committee on Occupational Toxicology: Since the Committee initiated pilot studies on its Registry on Adverse Reactions Due to Occupational Exposures in 1967, all the case reports submitted have been coded according to occupational disease, hazard and occupation. More than 3,000 case reports have been studied by the Committee.

The Committee requested time to present a symposium at the 1970 AMA Annual Convention on the general topic of "Missed and Mis-Diagnosis of Occupational Disease." Projects continued with the Committee on Medical Aspects of Sports on chemical exposures related to boating, and with the Council on Rural Health on the hazards of chemicals used by farmers and gardeners. The Committee will also explore the health effects of microwaves.

Joint Committee on Mental Health in Industry: A draft of the project on "Behavioral Aspects of Accidents" is being reviewed by the Committee. A half-day session on Mental Health in Industry for the 1970 AMA Annual Meeting was proposed. A paper on "Liaison Between Psychiatric and Industrial Physicians" is being developed.

DEPARTMENT OF POSTGRADUATE PROGRAMS

The Department includes the following sections: Impairment Rating, Rehabilitation, Medical Physics, Scientific Exhibit, and Medical Motion Pictures and Television. Staff services were provided to the Council on Scientific Assembly, Committee on Rating of Mental and Physical Impairment, and the Committee on Rehabilitation.

Publications: More than 30,000 copies of 24 publications, including the impairment rating guides, film catalogs, rehabilitation literature, ionizing radiation regulations, medical instrumentation information, and exhibit pamphlets were distributed.

Annual and Clinical Convention Scientific Sessions: The educational scientific programs of the Clinical Convention in Miami Beach and the Annual Convention in New York City were prepared. The Miami Beach Convention attracted 3,968 physicians and the Scientific Assembly of the Annual Convention was attended by 16,037 physicians. More than 2,500 physicians and other scientists participated in the scientific sessions, exhibits, television and motion picture programs.

During the Scientific Awards Dinner at the Annual Convention, Dr. J. Arnold Bargen received the Distinguished Service Award, Dr. Philip Handler received the Scientific Achievement Award, and Mr. John D. Rockefeller, 3rd, received the Citation of a Layman for Distinguished Service.

Services to Physicians: Twenty-three thousand motion pictures were loaned from the AMA Film Library which now contains 3,197 prints of 709 subjects. Film reviews were prepared for publication in JAMA, and a number of different film catalogs were made available. Consultation was provided in the selection of films for foreign film festivals in Great Britain, Germany and Italy.

Exhibits: Two exhibits, "Evaluation of Impairment" and "Engineering/Medicine/Physics," were shown at the AMA Conventions and medical specialty society meetings.

Liaison: Liaison was maintained with various national organizations concerned with biomedical engineering, ionizing radiation, and medical apparatus and instrumentation, as well as with state medical societies and other organizations concerned with rehabilitation. Cooperative activities were carried out with organizations concerned with the use of audio-visual aids in medicine. The Department participated in the activities of the Committee on Hospitals of the National Fire Protection Association. Liaison was maintained with the Joint Commission on Accreditation of Hospitals in the development of Fire and Safety Standards and Rehabilitative Service Standards.

Council on Scientific Assembly: In cooperation with the Section Secretaries and national medical organizations, the Council arranged the Scientific Program of the Annual Convention in New York City. In cooperation with the local Scientific Program Committee in Miami Beach, the Council arranged the program for the Clinical Convention. The Council gave particular attention to means of continuing improvements of the Convention Scientific Programs. Separate meetings were also held with the Section Committees, Section Secretaries, Representatives to the Scientific Exhibit, and the Scientific Program Committee for the Miami Beach Convention as well as the Denver Clinical Convention.

Exhibits at both conventions were selected for awards, including the Hektoen Medals, Billings Medals and Hull Award. The award-winning exhibits at the Student American Medical Association meeting and the International Science Fair were also recognized. A new exhibit for the Annual Convention on Laboratory Medicine was developed by the Council. This special exhibit was developed by three Sections and replaces the former laboratory exhibit.

A petition was received from the Society of Nuclear Medicine asking for the creation of a Provisional Section on Nuclear Medicine.

Live, large screen, color television programming was shown at the Clinical Convention, but was not shown at the Annual Convention because of the termination of this activity by the sponsoring organization. The Council began exploration of the future use of television at AMA Conventions.

Committee on Rating of Mental and Physical Impairment: With the assistance of specialists serving on two subcommittees, the Committee developed a guide to

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the evaluation of impairment of the skin and another on impairment of the hematopoietic system. Publication is expected in late 1969 or early 1970. More than 19,200 copies of the eleven guides were distributed to physicians and other interested persons.

Rehabilitation: Over the past ten years many of the activities of the Committee on Rehabilitation have become of increasing concern to other Councils and Committees (employment of the handicapped and occupational health, rehabilitation of the mentally ill and mental health, health care services, health insurance, governmental payment programs and medical service). Accordingly, in April, this Committee was terminated with assignment of various phases of rehabilitation to other departments, councils and committees. The Department of Postgraduate Programs has been assigned the responsibility of coordinating AMA interests in rehabilitation.

Division of Medical Education

The work of the Division of Medical Education has grown to keep pace with the growth of medical education at all levels in recent years. A 20 percent increase in the number of medical schools and expansion of existing schools will soon increase the number of graduates by 50 percent. More new medical Schools have been established during the past five years than in the previous twenty-five.

The number of physicians in internship and residency programs has more than doubled since 1950, increasing from 21,500 to more than 44,000. Of these, 13,500 are foreign medical graduates. The number of formal courses offered in continuing medical education has increased by about 5 percent each year over the past ten years. There were approximately 300,000 registrations for such courses during the past year.

The number of allied health workers now reaches into the millions. Although most of these are products of educational programs for which AMA has no direct responsibility, AMA's involvement has been growing steadily. During the past year, the Council on Medical Education served as the accrediting agency for nine allied educational fields with more than 2,000 accredited programs and more than 20,000 students. Four more allied fields are expected to come under AMA accreditation during the coming year.

The task of remaining abreast of all levels of medical education has become increasingly difficult, particularly in view of the major involvement of other professional organizations and the federal government. The Board of Trustees has accordingly authorized an expansion of this Division, including an increase of staff and budget of approximately 80 percent, over the next two and one-half years.

Publications and Reports: The Division and its departments publish annually four major reports. Three of these are regular issues of The Journal; the Education Number, the Medical Licensure Number, and the Continuing Education Number. The fourth is the Directory of Approved Internships and Residencies. The Education Number this year included for the first time a review of Graduate Education in Public Health.

Annual Congress on Medical Education: The 65th Annual Congress on Medical Education was held in Chicago in February 1969. It was attended by 1,432 physicians, educators, hospital and medical administrators and representatives of state licensing boards. Significant papers have been published in The Journal and have been assembled as "Selected Papers from the 65th Annual Congress on Medical Education."

Special Committees and Projects: The Council on Medical Education's four standing advisory committees met at least four times during the year and provided valuable advice and assistance to the Council. Work continued on implementation of the recommendations of the Ad Hoc Committee on Education for Family Practice under the direction of the Council on Medical Education's Committe on Family Practice. Attention was focused on the development of new family practice programs in medical schools and hospitals, the establishment of the new Residency Review Committee for Family Practice, and the identification of sources of financial support for family practice programs.

Several meetings of an ad hoc committee were held to consider the formation of a Commission on Graduate Medical Education, as proposed in the Millis Report. This led to a proposal for a broader Commission on Medical Education, which is now under consideration by several medical organizations.

Joint Statement with AAMC: The AMA and the Association of American Medical Colleges issued a third Joint Statement, this one of the subject of "Financial Support of Medical Schools by the Federal Government." The statement emphasized the necessity for full appropriation of funds authorized by legislation supporting medical school construction and operations to meet the need for increased numbers of physicians.

Department of Allied Medical Professions and Services

Development of Principles of Accreditation: The basic principles for establishing and maintaining academic standards in allied medical education are now being developed in collaboration with the professional organizations concerned in the accrediting process, the U. S. Office of Education and the National Commission on Accrediting. After review by the collaborating organizations, the Council on Medical Education will submit the statement to the AMA House of Delegates.

Panel of Consultants: The president of each of the fourteen national professional associations collaborating with the AMA in the accrediting process has appointed a representative to serve on the newly formed Panel of Consultants to the Advisory Committee on Education for the Allied Health Professions and Services. The Panel will provide a broader base of information to the Advisory Committee and will serve as a channel of communication between the collaborating organizations and the AMA Council on Medical Education.

Special Projects: The annual listing of accredited educational programs by field was revised to consolidate all ten fields into one document organized by state, city, and institution. Greater emphasis was given to communicating developments to the state and county medical societies, and to increasing AMA staff services to medical society activity originating in the states. At the U. S. Office of Education, application for continuing and expanded recognition

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of the Council on Medical Education as an accrediting agency in the field of allied health education was made to meet new criteria. Circulation of the Allied Medical Education Newsletter increased to more than 1,500. Operation manuals have been developed for surveyors in each of the allied health disciplines for which the AMA accredits educational programs. The basic format for Essentials in the various allied education fields is being revised to present a standardized text with logical sequence and uniform terminology.

New Essentials: The House of Delegates adopted new Essentials of an Accredited Educational Program for Medical Assistants and Essentials of an Accredited Educational Program in Nuclear Medicine Technology. On the recommendation of the Advisory Committee on Education for the Allied Health Professions and Services, the Council on Medical Education endorsed the Essentials of an Accredited Education Program for Orthopaedic Assistants and the revised Essentials of an Accredited Educational Program for Radiologic Technologists, and transmitted them to the House of Delegates for consideration at the Clinical Convention in Denver. If these Essentials are adopted, accreditation activity will encompass educational programs for the following occupations: Certified laboratory assistants, cytotechnologists, inhalation therapists, medical assistants, medical technologists, medical record librarians, medical record technicians, nuclear medical technicians, nuclear medical technologists, occupational therapists, orthopaedic assistants, physical therapists, radiologic technologists.

Educational Programs in Allied Medical Fields
July 1, 1968 - June 30, 1969

	Number of Accredited Programs	Student Capacity	Enrollment	Graduates
Certified Laboratory Assistant	121	1,243	935	930
Cytotechnology	94	578	350	391
Inhalation Therapy	41	443	385	145
Medical Technology	757	7,898	5,093	4,763
Medical Record Librarian	27	300	251	250*
Medical Record Technician	20	260	218	200*
Occupational Therapy	32	1,000*	753	638
Physical Therapy	48	1,400*	1,385	1,122
Radiologic Technology	1,128	16,568	11,297	5,291
Totals:	2,268	29,780	20,667	13,730

*Estimated

DEPARTMENT OF CONTINUING MEDICAL EDUCATION

At the 1968 Clinical Convention, the House of Delegates passed a resolution establishing the Physician's Recognition Award. With the addition of staff, the operational policies, procedures and forms for the program have been developed. In May, application forms for the Award were sent to 36,000 physicians in approved residency programs in the U. S. By the end of June, approximately 9,500 applications had been received, and of these approximately 6,100 were qualified. Applications for the Award, together with an Informational Booklet, will be mailed this fall to physicians not covered in the earlier mailing.

The first five issues of the Continuing Medical Education Newsletter were published. This is a monthly service to approximately 1,400 physicians and educators.

Accreditation of continuing medical education programs has progressed during the year. Twenty-one institutions or organizations were granted formal accreditation by the Council on Medical Education, after a review by the Advisory Committee on Continuing Medical Education, resulting in a total of fifty-one accredited institutions.

DEPARTMENT OF GRADUATE MEDICAL EDUCATION

Internship Review Procedures: The five committees responsible for review of residencies in the fields of internal medicine, surgery, obstetrics-gynecology, pediatrics and pathology agreed to assume responsibility for reviewing straight internships in those fields at the same time that they review residencies in the same hospitals. This will reduce the work of the Internship Review Committee by approximately 25 percent.

Residency Review Committees: Subsequent to the approval of the American Board of Family Practice, a Residency Review Committee for Family Practice was authorized with membership from the Council on Medical Education, the American Board of Family Practice and the American Academy of General Practice.

New Residency Programs: Following the approval of new standards for family practice residencies at the December 1968 meeting of the House of Delegates, applications were accepted, program surveys were conducted, and a review procedure was established for consideration of applications for family practice residencies. By June 30, twenty family practice programs had been approved for listing in the 1969-70 Directory of Approved Internships and Residencies.

Residency Appointments and Matching Procedures: The Department of Graduate Medical Education continued to provide administrative support for the uniform appointment procedure for residency programs in internal medicine. The Department will continue to cooperate, when requested, with a new matching program for residencies in orthopedic surgery, which is being tested for the second year, and with a new matching program for residencies in radiology, which is being established for the first year.

Revision of Standards: Although formal action of the House of Delegates could not be secured prior to June 30, 1969, preparations were made for a revision of the "Essentials of Approved Residencies" regarding the Special Requirements for Residency Training in Thoracic Surgery, in Child Neurology, in Anesthesiology and also with reference to special provision for part-time residencies for women and for participation of osteopaths in residency programs. Modifications were also made in the "Essentials of an Approved Internship" to provide for appropriate participation of doctors of osteopathy.

Report of the Citizens Commission on Graduate Medical Education: A series of conferences was held with the organizations responsible for policy in graduate education in order to discuss further the possibility of establishing a Commission on Graduate Medical Education. The recommendations are now being

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- transmitted to the parent organizations for response, after which the Council will prepare a report for the Board of Trustees. The effect of some of the recommendations of the Citizens Commission is already apparent; five specialty boards have now deleted from their certification requirements any reference to an internship.

DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

Accreditation of Medical Schools: Accreditation of medical schools continues to be a major activity of the Department. This is carried on through the Liaison Committee on Medical Education which represents jointly the Council on Medical Education of the AMA and the Executive Council of the Associaiton of American Medical Colleges. During the year, survey visits were made to twenty-two fully established schools and to nine schools under development. Numerous consultations were held with institutions and organizations concerning plans for new medical schools.

At the end of the 1968-69 academic year, there were eighty-five accredited schools granting the MD degree and six accredited two-year schools of basic medical science. In addition, students were enrolled in eight developing schools where the programs had not progressed far enough to justify full accreditation. Five other schools were "in development" but had not yet accepted their first classes.

The federal government requires that a new medical school or a medical school contemplating a major expansion in enrollment present a letter from the Liaison Committee providing reasonable assurance that the new school may be expected to meet accreditation requirements or that the expansion in enrollment does not offer a threat to accrediation. Letters of "reasonable assurance" were provided for several institutions during the year.

Preliminary consideration was given to coordinating and unifying the accreditation of university-wide undergraduate and graduate programs, including courses for the allied health professions. Further exploration will be carried out during the coming year.

Revision of Curriculum: Recent years have seen a great deal of experimentation by medical schools in their educational programs. Significant questions have been raised regarding the meaning of the MD degree and its specific significance to medical education and medical licensure. This subject has received attention in the Department, and specifically by the Advisory Committee on Undergraduate Education.

Medical Student Affairs: The Department, together with other departments in the Division, devoted considerable attention to problems involving medical students, who are now taking much more active role in medical education. A representative of the Student American Medical Association has attended and participated in meetings of the Council on Medical Education, and the Student American Medical Association conducted a Conference on Medical Education in conjunction with the Annual Congress on Medical Education. On behalf of the Board of Trustees' Liaison Committee between the National Medical Association and the AMA, this Department prepared a study of Negroes in medical schools. Another major activity has been Project Talent, a study of the factors involved in the choice of and success in various medical careers.

AMA-VIETNAM MEDICAL SCHOOL PROJECT

Since July 1, 1966, the American Medical Association has been responsible for the organization and administration of the medical education project which provides advice and assistance to the University of Saigon Faculty of Medicine under a contract with the U. S. Agency for International Development.

The basic mechanism for strengthening the Faculty is the relationship between its departments and their counterparts in selected American medical schools. American professors visit Saigon to provide advice and to participate in the teaching program, and Vietnamese faculty and promising graduates observe educational methods and receive specialized training in the United States.

At present, sub-contracts have been signed for ten departments: Anatomy, Louisville; anesthesiology, Emory; biochemistry, Nebraska; obstetrics and gynecology, Georgia; otolaryngology, Colorado; pathology, Missouri; physiology, Georgetown; preventive medicine and public health, Oklahoma; radiology, Pennsylvania; and Urology, Duke. Other departments are involved informally in the program or negotiating agreements: Internal Medicine, Michigan and Oklahoma; dermatology, Colorado; microbiology, Hawaii; pediatrics, Southwestern; neurology, Georgetown; and neurosurgery, Yale.

The AMA maintains an office in the Medical Education Center in Saigon. In addition to the Field Director and an administrative staff of four, the Project employes six English language instructors, a librarian and a dietician.

The Project has attempted to create additional better-trained Vietnamese faculty in order to make the Saigon Medical School self-supporting by: (1) intensive in-country graduate training programs in the basic sciences and development of a mechanism for awarding credits which may be transferred to American schools; (2) support for the new provicial hospital at Gia Dinh which will serve as a temporary clinical training faculty to provide staff for the new university teaching hospital; and (3) U. S. training program for selected Vietnamese graduates of the Faculties of Medicine and Science, tailored to meet the needs of the individual departments.

OFFICE OF THE GENERAL COUNSEL

This report covers the activities of the Office of the General Counsel, the departments under its jurisdiction, namely the Corporate Law Department, Department of Investigation, Department of Medical Ethics, Legal Research Department, and the following Councils and Committees staffed by the Office and the departments: Council on Constitution and Bylaws, Judicial Council, Committee on Quackery, Committee on Medicolegal Problems and the AMA Liaison Committee to the American Bar Association.

The Office of the General Counsel continued to function as a central source of information on state legislative proposals and enactments in the medicolegal field. A survey of new laws of interest to medicine enacted during 1968 was distributed. About half of the state legislatures were in session during 1968 and

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nearly all have been in session the first half of 1969. This year periodic reports were prepared on the activities of legislatures relating to bills of medical interest. Seven reports were sent at about three-week intervals to state executive officers, attorneys for state medical societies and other interested persons. The subjects of greatest legislative discussion were: Abortion; anatomical gifts; consent by minors to blood donations and medical and surgical services; chemical tests; immunity for utilization review committees, tissue committees, disciplinary committees, etc.; licensing of laboratories and laboratory personnel; professional liability; and licensing of nursing home administrators.

Three meetings were held during "AMA Law Week" -- Fourth National Congress on Health Quackery (October 2-3), Seventh Biennial Legal Conference for Medical Society Representatives (October 4), and Second National Congress on Medical Ethics (October 5-6).

Memoranda on the following subjects were prepared for the Board of Trustees, the Executive Vice President, the divisions and various councils and committees:

..Evidentiary value of package inserts
..Proposed revisions in the Joint Commission on Accreditation of Hospitals Standards and Model Medical Staff Bylaws
..Proposed revisions in the Essentials for Approval of Medical Specialty Boards
..Legal effect of discretionary powers of the medical specialty boards
..Sherman Antitrust Act and organized medicine
..Exhibit guidelines developed by the Council on Scientific Assembly
..Relation of hospital medical staffs to allied and paramedical health personnel
..Comments on hospital costs
..Feasibility of establishing a National Drug Advisory Commission
..AMA policy positions on licensure and relicensure of physicians and allied health professionals
..Trends in occupational licensure
..Analysis of state laboratory licensing laws
..Historical development of paramedical personnel
..Guidelines for the eligibility of osteopaths for hospital staff privileges and county and state medical society membership
..Analysis and comment on proposed federal legislation in the health care field
..FDA's scope of authority over prescription drug advertising
..Advantages and disadvantages of composite boards of medical examiners
..Accreditation of allied health educational programs
..Compulsory hospital assessments as a cause for suspension or withdrawal of medical staff privileges
..Domination of the medical staff by the hospital governing board
..FDA authority to remove antibiotic combinations from the market

Council on Constitution and Bylaws: The Council submitted reports to the 1968 Clinical and 1969 Annual Conventions. After considering these reports, the House of Delegates:

1. Did not amend the Constitution and Bylaws to enable the Vice President to vote at meetings of the Board of Trustees;
2. Amended the Bylaws to prohibit denial of membership to any physician because of color, creed, race, religion or ethnic origin;
3. Amended the Bylaws to authorize the Judicial Council to recommend in cases of repeated discrimination violations that the House of Delegates declare the offending state association to be no longer a constituent member of AMA;
4. Amended the Bylaws to permit osteopaths to become regular members if they hold an unrestricted license to practice medicine and surgery and are authorized to exercise full rights of membership in a state society;
5. Amended the Bylaws to delete the requirement that the Judicial Council approve every applicant for Active, Service and Associate membership. The Judicial Council may still recommend disapproval of membership in appropriate cases however;
6. Amended the Bylaws to provide that the parliamentary guide for meetings of the House of Delegates, Board of Trustees, Sections, Councils and Committees shall be Sturgis' Standard Code of Parliamentary Procedure.

CORPORATE LAW DEPARTMENT

This Department handles the legal aspects of the AMA's business transactions, such as contracts, leases, taxes and insurance. During the year, contracts approved by the Department included those with four paper companies, with a computer leasing company, with RCA for the production of Audio News Journal, and with General Media Associates, Inc. to write the tapes for Audio News Journal. It negotiated contracts with a Miami bank to grant educational loans to Cuban physicians, with Blue Cross-Blue Shield for AMA employee hospital-surgical insurance, with an architect to design the Institute for Biomedical Research at the University of Chicago, with Revall for the Directory Report Service, and with the Universities of Colorado, Nebraska and Pennsylvania for the Vietnam Medical Education project.

In other areas, the Department negotiated a lease for the new Washington Office of the AMA and approved leases for the Division of Public Affairs field offices in nine cities. It reviewed tax returns filed by the AMA and the Education and Research Foundation, advised staff on implementation of the new Illinois Income Tax, and prepared and presented a statement to the House Ways and Means Committee on the advertising regulations under the unrelated business income section of the Internal Revenue Code. In response to a directive from the Board, the Department prepared conflict-of-interest statements for signature by the Board, officers and certain AMA employees. It prepared JAMA articles on "Tax Aspects of Travel Expenses," "Travel Outside the U. S.," "Professional Corporations," and "The Young Physician's Last Will and Testament," and two articles for American Medical News on professional corporations and truth in lending.

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• Other duties included filing bankruptcy claims against defaulted student loans, writing cease and desist letters regarding unauthorized use of AMA's name and symbol, writing a question and answer booklet on the Employee Pension Plan, filing a report to the Atomic Energy Commission on spilling of radioactive material in the Institute for Biomedical Research, filing an application for patenting the Interval Averaging Filter by ERF, registering trademarks for Audio News Journal and American Medical News, screening Audio News Journal tapes for accuracy and libel and slander, submitting Annual Reports on AMA and ERF to the Illinois Secretary of State and reviewing reports to the U. S. Department of Labor on AMA Employee Pension Plan, group hospital surgical plan, life insurance and disability insurance plans.

DEPARTMENT OF INVESTIGATION

The Department of Investigation intensified its activities in the field of health quackery in general, and chiropractic in particular, as part of the AMA mission to protect the public health.

Chiropractic: There were three significant accomplishments -- all developed from outside medicine, but with extensive assistance from this Department:

1. The U. S. Department of Health, Education, and Welfare prepared a report to Congress on its study of chiropractic. The report recommends continued exclusion of chiropractic (as well as naturopathy) from services provided under Title XVIII. Reprints of the introductory chapters and the complete text of the chiropractic section of the report were distributed to state and local medical societies, the news media, members of Congress and others. All AMA publications devoted extensive coverage to the report.

   Numerous medical, professional and health groups gave strong support to the HEW report in the face of unprecedented chiropractic lobbying activity that resulted in the introduction of more than thirty bills in the 91st Congress calling for chiropractic inclusion under Medicare. Despite extreme pressure by chiropractic, the Office of Education (HEW) continued to refuse recognition of any accrediting agency for chiropractic schools and maintained its policy of nonaccreditation of any chiropractic degrees.

2. The National Council of Senior Citizens published in its official newspaper an indictment of chiropractic and distributed copies to its 2,500 member groups, members of Congress and state governors. Ten thousand reprints of this article were distributed to state and local medical societies, the news media, etc.

3. A book entitled At Your Own Risk: The Case Against Chiropractic, written by Ralph Lee Smith, was published. This independently published book is the most definitive publication of its kind ever written on chiropractic and concludes with proposals to state legislatures on why and how chiropractic must be eliminated as a health-care provider.

Extensive information on "Scientology" (quackery in the mental health field) was furnished to national, state and local authorities who are in various stages of investigation of the cult.

Another major area continues to be the treatment of obese persons by the use of dangerous drugs, various quack diet schemes and devices. The federal government obtained a court injunction against the principal supplier of the "rainbow pill" regimen. Similar actions have been brought and are pending against other such manufacturers and distributors.

International: Thousands of Americans continued to travel to Canada, Mexico, the Bahamas and Europe to patronize quacks who are practicing in such areas as chemosurgery, rejuventation, arthritis and cancer. The government obtained an indictment for fraud in Detroit against Antonio Agpaoa, the so-called "psychic surgeon" of the Philippines. He is now a fugitive from justice.

Meetings: The Department staffed the Fourth National Congress on Health Quackery, October 2-3, and the Second Seminar on Chiropractic Legislation on October 3. This Department continued to represent the AMA in the Coordinating Conference on Health Information. This group meets twice each year to implement and augment various activities against quacks, faddists, cultists and other aspects of pseudomedicine.

Committee on Quackery: The Committee considered such major topics as attempts by chiropractors to be covered by federal health legislation and to obtain federal recognition of their schools, to have their services covered by the insurance industry, to obtain coverage under workmen's compensation laws, and to expand their scope of practice in certain states. The necessity for state medical societies to take the legislative initiative away from chiropractic was emphasized.

DEPARTMENT OF MEDICAL ETHICS

This Department provides staff assistance to the Judicial Council and acts as liaison between the Council and members of the Association and its headquarters staff. The Department prepared and processed two special hearings before the Judicial Council.

The Second AMA National Congress on Medical Ethics was presented on October 5-6, 1968. Papers and discussions of the application of medical ethics in practice, science and discipline were presented by outstanding authorities. Papers presented at the Congress were made available to state and county medical societies. Two segments of the Congress were video-taped for presentation at the 1968 Clinical Convention. A program for legal counsel of State Medical Board was presented at the Annual Meeting of the Federation of State Medical Boards. A revised edition of "Judicial Council Opinions and Reports" was compiled and copies were distributed to all senior medical students in the United States.

The Department arranged for publication in JAMA of AMA Guidelines for Organ Transplantation adopted by the House of Delegates at the 1968 Annual Convention; prepared articles entitled "When is Death" and "Diagnosis of Death" for publication in JAMA; recorded a statement on the law relating to heart transplantation for the Voice of America; conferred with representatives of Harris County (Texas) Medical Society on a program entitled "Organ Transplantation, the Physician and the Press"; spoke on "Prolongation of Life" at the Annual Meeting of the Student American Medical Association.

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The Department conferred with state officials in Maryland regarding medical experimentation on minors and with officials in Alabama regarding experimentation on prisoners. "Medical Experimentation" was discussed at a conference on Medicine and Ethics sponsored by Kings College, Wilkes Barre, Pennsylvania, and staff delivered a series of lectures on medical experimentation for the Chicago Association of Seminarians.

The Department conducted an investigation of clinical laboratories, interviewed pathologists in several states and researched applicable federal and state laws. Surveys of state medical society policies and practices relating to clinical laboratories were made and opinions of physicians and others were sought. A special meeting of the Judicial Council was arranged to obtain the views and opinions of pathologists and various professional organizations.

Judicial Council: At its regular meetings, the Council met with representatives of the American College of Surgeons to discuss their respective programs against fee-splitting and with medical school faculty representatives and state and county medical society representatives to discuss contract requirements which provided for an assignment of fees for medical services rendered by faculty members; discussed the formation of professional service corporations for physicians with several attorneys; reaffirmed its opinion regarding charging interest or penalty for past due accounts; amended its rules to conform with new Bylaws of the Association; adopted opinions relating to the formation of professional service corporations; discussed the use of collection agencies, the payment of a bonus to an employee, and an opinion holding it to be unethical for a consultant to withhold his report from the physician in charge until the patient had paid the consultant's fee.

The Judicial Council heard an appeal from a physician who had been expelled from membership in his county and state medical societies on grounds of charging excessive fees and overutilizing laboratory test. The Council affirmed the decision of the state medical society.

A regional meeting of the Council was held on March 12, 1969, in Las Vegas, Nevada. Representatives of the state medical societies of Colorado, Idaho, Oregon, and Utah attended and discussed osteopathy, the treatment of obesity, commercial activities of physicians, professional service corporations, physician use of collection agencies, and malpractice insurance problems.

A special meeting of the Council was held at the request of the Board of Trustees to review ethical considerations relating to clinical laboratories. The meeting was held in two sections, the first on May 17, 1969, in Washington, D. C., to receive testimony and discuss with witnesses various problems and ethical principles relating to clinical laboratories and the second section, an executive meeting, was held in Chicago on May 25, 1969, to prepare a report to the House of Delegates.

LEGAL RESEARCH DEPARTMENT

The Department developed and made available to members of the Association and to state and county medical societies a variety of informational and instructional material on medicolegal matters. It published 24 issues of The Citation, the newsletter of the General Counsel's Office, covering current

court decisions and other legal developments of interest to the medical profession. Paid subscriptions reached a total of 5,146 and complimentary subscriptions totaled 4,100.

The Department wrote or supervised the processing of medicolegal articles for weekly publication in the "Law and Medicine" feature of JAMA. Topics included medical liability, income tax deductions, license revocation, psychiatric testimony, computerized medical records, liability in blood transfusions, insanity defense, lobbying, hospital liability, paramedical personnel, professional corporations, wills, abortion, hospital emergency rooms, drug package inserts, fee splitting and diagnosis of death. Other publications included a collection of "Cases on Blood Transfusions." It furnished information and references to attorneys for physicians or medical societies on a variety of specific legal problems.

The Department also reviewed papers on medicolegal topics which had been submitted for publication in JAMA, Today's Health, Medical Staff-in-Action and various specialty journals.

The Department made a study of applicable federal laws relating to discrimination in employment. Other studies included law on union contracts for interns and residents, liability arising out of preventive medicine and alternative procedures for handling medical liability claims.

Liaison Committee to the American Bar Association: The Committee held two meetings during the year with the corresponding ABA Committee. In cooperation with ABA, it presented the 1969 National Medicolegal Symposium in Las Vegas, Nevada, March 13-15. The next Symposium in scheduled for New York City, March 11-13, 1971. The Joint Committee cooperated with William R. Merrell Company in producing a new medicolegal film, Next Witness, which had its premiere at the 1969 Scientific Assembly. The Committees also considered physicians' liens, fees for medicolegal services, cooperation between bar associations and medical societies, interprofessional grievance procedures and the collateral source rule in medical liability cases.

Committee on Medicolegal Problems: The Committee published a new manual on chemical tests for alcohol intoxication, Alcohol and the Impaired Driver. During the year, 2,970 copies of the book were distributed, including 2,005 copies to key personnel in the medical and law enforcement professions. The Committee prepared and distributed to state medical associations material encouraging the enactment of the Uniform Anatomical Gift Act which had been approved by the House of Delegates at the 1968 Clinical Convention. It held an informal conference with representatives of the medical liability insurance carriers to discuss problems in that field. It obtained assistance from some of the companies in developing medical accident prevention material.

The Committee also published reports on "Teaching Medical Law in American Medical Schools" and "State and Local Medicolegal Committees." It surveyed other national organizations in the health care field on their medicolegal interests and activities; county medical societies on the existence and effectiveness of interprofessional grievance procedures with the legal profession; county medical societies on the existence, desirability and effectiveness of minimum fee schedules for medicolegal services of physicians; state medical associations on the existence and desirability of physicians' lien laws.

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Public Affairs Division

In September 1968, the Board of Trustees established the Public Affairs Division. The Division is responsible for the Association's relationship with the federal government and liaison with constituent, component and national medical specialty organizations.

Organizational changes included: Amalgamation of the field staffs of the Field Service Division and the AMPAC organization; establishment in Washington of a Department of Congressional Relations and a Department of Governmental Relations; transfer of the Legislative Department to the Public Affairs Division; and, in May of 1969, final reorganization of the AMA's Washington staff, establishing a position of Deputy Division Director, Public Affairs Division, for coordination of AMA activities in the Capitol.

DEPARTMENT OF FIELD SERVICE

In conjunction with the amalgamation of the field personnel of the Field Service Division and AMPAC, the Board of Trustees authorized establishment of twelve field offices. These offices, components of the Department of Field Service, are located in Framingham, Massachusetts; New Rochelle, New York; Lemoyne, Pennsylvania; Atlanta, Georgia; Columbus, Ohio; Minneapolis, Minnesota; St. Louis, Missouri; Memphis, Tennessee; Dallas, Texas; Denver, Colorado; Portland, Oregon; and Mill Valley, California. Each office is staffed with an Assistant Director to the Department of Field Service and a secretary. The Department Director is headquartered in Chicago.

Departmental functions and staff assignments are classified into three areas -- political education, legislative activity and general service.

Political Education: Assistance was given to AMA Members and their wives in the effective discharge of their obligations as American citizens. Staff has worked with constituent and component associations on a wide range of political education programs. In May 1969, an AMA/AMPAC Public Affairs Workshop devoted to political education was held in Washington, D. C. Fifty constituent associations and Puerto Rico were represented. Registration exceeded 700.

Legislative Activity: During this reporting period, which covers the closing months of the 90th Congress, staff was primarily concerned with providing state associations with information on legislative and regulatory matters, and reporting on the formulation of the new Administration.

Although no legislative action programs were carried to the field during this period, staff assisted several state associations with Congressional liaison on specific issues. Issues receiving field staff attention included physician reimbursement under Title XVIII, physician reimbursement under Title XIX, the threat of including chiropractic under Title XVIII, unrelated income provisions of the IRS Code, extension of Regional Medical Programs, truth in lending, and Hill-Burton amendments.

General Service: Field offices are the operational links between the AMA and the constituent and component associations. They are assigned the responsibility of making AMA resources readily available. The Field Service Department also reports constituent and component society activities and programs to the appropriate AMA divisions and departments.

Field offices responded to a variety of requests for AMA services and information. TWX machines in each field office facilitate this service. State association annual meeting reports were prepared for each state. Reports are distributed to state associations, national specialty organizations and AMA staff.

The Field staff participated in the Woman's Auxiliary to the AMA Regional Workshops in October.

New Medical Executives School -- The Third Orientation Conference for New Medical Society Executives was held in Chicago, March 24-27, 1969. Twenty-five executives attended, representing nine state associations, ten county societies, three medical specialty organizations, two state political action committees, and one from the AMA Washington Office.

LEGISLATIVE DEPARTMENT

Council on Legislative Activities: The Council and staff continued to fulfill its primary assignment of attending to the national legislative needs and interests of the medical profession. This was accomplished, in large part, by reviewing legislation of medical interest which had been introduced in the Congress and recommending to the Board of Trustees an AMA position on such legislation. In addition, the Council and staff undertook a major program of writing draft legislation supporting the principles and policies of the AMA.

Staff analyses were made of all bills of interest to medicine introduced in Congress and were distributed for comments to appropriate committees, councils and departments of the AMA, state medical associations and certain specialty societies in order to provide the Council with maximum information upon which to base decisions.

The Council considered recommendations of other committees, councils, staff and other medical organizations as to the policy the Association should assume toward legislative proposals. Annually, the Council invites medical specialty societies to meet with it to consider legislation of common interest, and, at another meeting, representatives of state medical associations are invited to participate. Decisions are transmitted to the Board of Trustees as Council recommendations.

The Council and staff expended distribution of the Legislative Roundup. A special report on the status of legislation at the adjournment of the Congress and the unique annual "Federal Medical-Health Appropriations Report" continued to be published. As regulations and other information became available on Medicare, Medicaid, Partnership for Health and Regional Programs for Heart Disease, Cancer and Stroke, this material was disseminated with comments to the profession. Council members also serve as advisory and resource persons for Reference Committees during meetings of the AMA House of Delegates.

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• The Congressional Record and the Federal Register were reviewed and pertinent material was reproduced and distributed to appropriate staff members. The Council and staff served as a reference source on legislation for individuals and organizations both within and outside the medical field.

AMA Proposed Legislation: In order to better serve the legislative needs and goals of the Association, and to respond more directly to shifting patterns of medical practice and patient needs, the AMA has undertaken the writing of draft legislation which incorporates its policies, recommendations and goals.

The Council staff conducted interviews with the staffs of other AMA councils and committees to determine what legislative changes were needed in existing programs, which new programs were needed and which programs should be eliminated. These suggestions were considered by the Council and were subsequently approved by the AMA Board of Trustees. The final step in this process was the forwarding of these draft bills to the AMA Washington Office for implementation by the Department of Congressional Relations.

During the reporting period, fourteen draft bills were prepared and approved by the Board of Trustees. These bills call for:

..An amendment to the Antitrust Laws to provide that nonprofit blood banks, hospitals, and physicians who refuse to obtain blood and blood plasma from certain other blood banks shall not be considered to be in restraint of trade;

..Creation of a national advisory commission to study quality controls and manufacturing procedures of medical devices and to determine the extent of present regulatory control and need for additional regulation;

..An amendment to remove hospital recertification requirements under Medicare;

..An amendment to Medicare so that benefits for mental illness are equal to those for other illnesses and an amendment to Medicaid to remove restrictions which prevent the medically indigent under age 65 from receiving care in a psychiatric hospital;

..Medicaid to be amended to permit payment to cash assistance recipients for medical and dental care;

..An amendment to Medicaid to permit beneficiaries in Puerto Rico, Virgin Islands and Guam free choice of physician and hospital;

..An amendment to existing law to permit veterans an option to receive hospital care in other than a VA hospital;

..An amendment to the present doctor draft laws to provide for the allocation of health personnel among the armed forces, other government agencies and the civilian population.

In addition, the AMA has drafted legislation which would:

..Provide for the creation of a cabinet-level Department of Health;

..Exclude from federal authorization payment for chiropractic services provided under a state Medicaid program;

..Amend the Internal Revenue Code to permit the deduction in full of all medical, dental and drug expenses on income tax returns;

..Provide that professional associations be considered corporations for purposes of federal income taxes;

..Call for the creation of a Congressional Joint Committee on Administrative Affairs to review regulations promulgated by federal regulatory agencies to determine if they comply with the intent of Congress;

..Amend the Immigration and Nationality Act to encourage physicians who have come from underdeveloped countries to receive training in this country to return to their home country following the completion of their education in the United States.

90th Congress: Many important bills became law in the period between July 1, 1968 and October 14, 1968, when the 90th Congress adjourned. Of special interest to medicine were: PL 90-391, Vocational Rehabilitation Amendments; PL 90-448, Housing and Urban Development Act; PL 90-490, Health Manpower Act; PL 90-574, Health Services and Facilities Amendments; PL 90-602, Radiation Control for Health and Safety Act; and PL 90-639, which provides penalties for the unauthorized possession of LSD and other hallucinogenic drugs. During the closing days of the Congress, the AMA presented its views on pending legislation and other matters to various committees of the 90th Congress.

HR 10790 - Radiation Control for Health and Safety Act: This bill, in addition to providing for the establishment of an electronic product radiation control program, called for the establishment of standards for the accreditation of institutions for training of x-ray technicians and for the establishment and enforcement of x-ray technician licensing laws. In a letter to the Senate Commerce Committee, the AMA was successful in brining about the deletion of the setting of uniform federal standards for licensure of x-ray technicians and for the accreditation of x-ray technician training schools on the basis that such standard setting activities were traditionally, properly and successfully carried on by voluntary agencies. This bill subsequently became PL 90-602.

HR 17748 - Occupational Safety and Health Act: Earlier in this Congress, AMA had testified on a similar bill which was superseded by this bill. The bill called for the establishment and enforcement of national standards for occupational health and safety, and for grants to the states for research, education and training and to assist them in identifying occupational safety and health needs. Also provided for was the establishment of a National Advisory Committee on Occupational Safety and Health. In a letter to the House Education and Labor Committee, the AMA urged the rejection of national standards in favor of increased assistance to the states in expanding and upgrading existing state programs. The Association also urged the creation of a National Council on Hazardous Physical and Chemical Agents patterned after the National Council on Radiation Protection and Measurement. The Congress did not take final action on this bill prior to adjournment, thus killing it.

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• S 3094, S 2989, HR 15758 - Extension of Regional Medical Programs: Primarily intended to extend the program of regional centers for heart disease, cancer and stroke, the fill also expanded and extended the program of grants for health services for migrant workers, and proposed a new program for alcoholic and narcotic rehabilitation in community mental health centers. In testimony to the Senate Labor and Public Welfare Committee, the Association supported all three programs, suggesting that the migrant health program be extended with a view toward incorporating it into Title XIX of the Social Security Act. Subsequently, HR 15758 became PL 90-574, titled the Health Services and Facilities Amendments of 1968.

91st Congress: The 91st Congress opened in January with the seating of 57 Democrats and 43 Republicans in the Senate and 243 Democrats and 192 Republicans in the House. This represented a net gain for Republicans of five House seats and seven Senate seats. On opening day, almost 2,400 bills were introduced in the House, giving some indication of the great number of bills which were to come. During the first six months of the 91st Congress, 17,000 bills and resolutions were introduced. During this period, the AMA was called upon to present its views to various committees of Congress.

HR 6797, HR 7059 - Hospital and Medical Facilities Construction and Modernization Amendments: These bills extend and expand the Hill-Burton program of federal aid for the construction and modernization of hospitals and other medical facilities. In its testimony before the Subcommittee on Public Health and Welfare of the House Interstate and Foreign Commerce Committee, the AMA continued its long-standing support of this construction grant program urging that the primary emphasis of the bill be the renovation and modernization of urban hospitals. The Association also suggested that the Committee delete a proposed provision that would have required approval of Hill-Burton projects by the state or areawide planning agency on the basis that it would lead to regulatory problems and would hamper and disrupt progress in the Hill-Burton program. This legislation was subsequently superseded by HR 11102, passed by the House, and was subject to hearings by the Subcommittee on Health of the Senate Labor and Public Welfare Committee. The AMA testimony to the Senate closely followed that offered during the House hearings. At the time of this report, HR 11102 was awaiting final action by the Senate Labor and Public Welfare Committee.

HR 11223 - Medical Library Assistance Act Amendments: This bill calls for a three year extension of the Medical Library Assistance Act which provides a grant program to strengthen medical libraries through funds for construction of physical facilities, training of library personnel, the expansion of resource collections, and for similar purposes. In a letter to the Subcommittee on Public Health and Welfare of the House Interstate and Foreign Commerce Committee, the Association continued its support of this program and urged the Congress to give it favorable consideration.

S 1622 - Vaccination Assistance Act and S 2264 - Communicable Disease Control Amendments: These two bills of similar purpose would establish the federal program of financial assistance to the states in conducting communicable disease programs. S 1622 would continue the recently expired Vaccination Assistance Act and expand it by adding rubella as a specific disease for inclusion in the immunization program. S 2264 would establish a broader communicable disease control

grant program which includes poliomyelitis, diphtheria, whooping cough, tetanus, measles and rubella, and adds new programs to control tuberculosis and venereal disease. While supporting the purposes and principles of the Vaccination Assistance Act, the AMA, in a letter to the Subcommittee on Health of the Senate Labor and Public Welfare Committee, pointed out that the Partnership for Health Act was intended by the Congress to be the vehicle of support for programs of tuberculosis and venereal disease control and abatement.

Informational Statements: In addition to presenting testimony, the AMA presented informational statements to: Monopoly Subcommittee of the Senate Select Committee on Small Business on Competitive Problems in the Drug Industry; House Appropriations Committee on the Medical Education for National Defense (MEND) Program; Subcommittee on Health of the House Labor and Public Welfare Committee on drug abuse and drug dependence; Subcommittee on Labor and Health, Education and Welfare of the House Appropriations Committee on Appropriations for medical education; and the House Ways and Means Committee concerning unrelated business income of tax exempt organizations.

Other Statements: Each year there are an increasing number of occasions when the AMA submits comments on regulatory proposals to governmental agencies. The Council coordinates these Association comments. During this reporting period, the AMA sent comments to: The Division of Allied Health Manpower of HEW, concerning the Allied Health Professions Act of 1966; Regional Director of HEW, concerning Medicaid; Consumer Protection and Environmental Health Services of HEW, concerning technical electronic product radiation safety standards; Food and Drug Administration, concerning the proposed withdrawal of certain drugs from the market. The Association also sent numerous letters to the Social Security Administration and the Department of HEW concerning the Medicare and Medicaid programs.

WASHINGTON OFFICE

The Washington staff is responsible for the coordination of the American Medical Association's relationships with Congress and the administrative agencies of the Federal government. It collects and evaluates information about proposed legislation and regulation, and informs members of Congress, government officials, media representatives, paramedical organizations and allied groups of the AMA's positions and policies. The discharge of these duties requires that staff maintain daily contact with AMA headquarters in Chicago.

Department of Congressional Relations: This Department consists of a director and three assistant directors and is charged with maintaining liaison with the Congress. Each man is assigned to approximately one-fourth of the 435 members of the House of Representatives and the 100 members of the Senate. In addition, each Department member is assigned to specific Congressional committees with jurisdiction over medical legislation. The Department works closely with members of Congress, and their staffs and committees, to provide:

-- Information on the AMA's legislative positions.

-- Information helpful to Congressmen in replying to inquiries from constituents on health and medical matters.

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- -- Medical information and expert advice needed in the preparation of medical legislation.
- -- A variety of materials and information useful to Congressmen in the preparation of speeches, statements and news releases dealing with health and medical subjects.
- -- Information and news from the Congressional constituencies as gathered by the assistant directors of the Public Affairs Division through their contacts in the field.

The Department assists the Council on Legislative Activities with the briefing of medical witnesses before Congressional committees and works with other AMA councils and committees on matters involving Congressional relationships.

Department of Governmental Relations: This Department consists of a director and four assistant directors. The director and three of his assistants are responsible for liaison between the AMA and the Executive Branch of the Federal government, plus such other groups as the National Governors' Conference, Council of State Governments, taxpayers' associations, and service, civic and health organizations. The fourth assistant director bears the responsibility of maintaining close liaison with sixteen national specialty societies. He exchanges information with the specialty group staffs in order to provide the specialty societies with the same AMA resources available to the state and county medical associations, and works to encourage greater specialty group involvement in AMA programs and activities. The Department participates in all briefings for state medical society delegations visiting Washington.

Legislative Department: Two legislative attorneys review, analyze and keep track of all medical legislative proposals and all regulations issued by the departments and agencies of the Executive Branch. In the 90th Congress, this involved 1,436 bills. Some of these proposals and regulations require that hearings be scheduled. In such cases, the legislative attorneys are responsible for research and assistance in the preparation of AMA testimony and comments. Both men are available for the briefing of state and county medical society members who visit Washington.

Washington Library: The library not only provides information and services for the Washington staff, but is constantly used by members of the Executive and Legislative Branches of the Federal government, the medical community and the general public. Inquiries exceed 250 a month, and more than 3,000 publications or processed materials were mailed in response to specific requests. The library draws extensively on the services of the Archives Library Department in the AMA's Chicago headquarters and maintains contact with more than forty Federal government libraries and information centers.

Communications: Three representatives of the Communications Division are assigned to the Washington staff to serve the local press corps and cover news of interest to physicians. They prepare regular columns and articles for JAMA and American Medical News, and also write for state medical association publications. They also distribute news releases prepared in Washington or Chicago to the Washington news media and arrange news conferences and television appearances for AMA officials.

Communications Division

During the year, the Communications Division was extensively reorganized. One new department was established; one existing department was transferred to the Division; and numerous personnel changes were made involving internal promotions and transfers as well as recruitment of new personnel. The new department established at the end of the year was Women's Interests/Activities which includes working with youth groups.

Comprised of eleven departments, the Communications Division initiates or assists other AMA Divisions in implementing public service programs and programs of professional and public relations and education. It publications include the American Medical News (formerly The AMA News), the Medical Section of JAMA, Today's Health, PR Doctor, the AMA employee newspaper - 535 Reporter, the Audio News Journal and the Convention newspaper - The Daily Bulletin. Other activities include news releases, speakers programs, exhibits, film production and distribution, speech writing, liaison with press and broadcast media, dissemination of health education materials and liaison with school and health officials.

During the year, Phases I and II of the "Lesly Report" were received from the public relations counsel. This survey of the public relations status of the AMA became the basis for much of the reorganization of the Division and the reorientation of efforts.

More than 400 persons attended the 1968 AMA Communications Institute where emphasis was placed on the effect of a changing society on medicine. AMA Medical Journalism Awards of $1,000 each were presented for the fifth year to individual winners in the five categories of newspapers, magazines, editorials, radio and television. In Hollywood, the Physicians Advisory Committee on Television, Radio and Motion Pictures continued to provide counsel for writers and producers. The AMA's Annual Report, The Search, was produced in a new format for the second year, and highlights the Association's activities and provides statistical data on finances.

AMERICAN MEDICAL NEWS

The AMA News published its 10th anniversary issue on September 23, 1968, and its last issue on June 30, 1969. The first issue of American Medical News was published July 7, 1969. Its goal is to report "any news of importance to medicine" in a broader, more objective manner than its predecessor publication.

A series of special reports appeared in The AMA News on such subjects as health care costs, one state's efforts to produce more physicians, comprehensive health planning, Medicaid and the relationship between medical students and medical societies. In addition, a series of question and answer interviews with leading figures in medicine was begun.

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DEPARTMENT OF HEALTH EDUCATION

This Department was transferred to the Communications Division in June. The Council on Rural Health was transferred from the Department of Health Education to the Department of Community Health on June 4, 1969. The Council on Voluntary Health Agencies and the Committee on Continuing Professional Education Programs of Voluntary Health Agencies were transferred from the Department of Community Health to the Department of Health Education on May 1, 1969. Dissemination of health information and promotion of health education programs are the major goals of the Department. Its concerns are divided into seven major areas of interest: Health Education of the Public, School and College Health, Exercise and Physical Fitness, Medical Aspects of Sports, Rural Health, Voluntary Health Agencies, and Physicians' Placement.

Three new pamphlets were completed for the MD-Patient Information Service: Peptic Ulcer, Sh Disease and Prostate Problems. Other new publications include: Amphetamines, Barbiturates, Glue-Sniffing, LSD, Marihuana, Hay Fever and Its Complications, The Question of Contact Lenses, Meet Today's School Nurse, Diseases We May Catch from Animals, Tips on Athletic Training X, and a Spanish version of the First Aid Manual. Six Timely Tips were added: Two in Every Hundred, Building a Better Mousetrap, Fireproofing, Give Blood--Give Life, Joint the Clean Hands Club, and Emphysema:Lung Crippler.

In cooperation with the Editor of The Journal, the Department, with the cooperation of the Committees on Exercise and Physical Fitness and Medical Aspects of Sports, developed the Olympic issue of JAMA, September 9, 1968. Included were thirteen articles on the medical aspects of the Olympic Games.

A film entitled The Team Physician was completed in cooperation with the Committee on Medical Aspects of Sports. Demand for the film has been heavy. Two films to correspond with the children's books, Your Body and How it Works and Your Friend the Doctor, were completed.

The Physicians' Placement Service processed 6,235 new registrations during 1968. The International Section received 91 new registrations, and 14 new opportunities were listed for practice outside the continental United States. The pilot program for registration of residencies in urology is in its second year.

The Question and Answer Section received 29,470 requests for information, including letters, telephone calls and requests for materials. The greatest number of inquiries concerned the human body, alcohol, tobacco, narcotics, communicable diseases and the medical profession.

The Department staffs the Council on Voluntary Health Agencies, Council on Rural Health, Committee on Exercise and Physical Fitness, Committee on Medical Aspects of Sports, Committee on Continuing Professional Education Programs of Voluntary Health Agencies, the Joint Committee on Health Problems in Education of the National Education Association and the AMA, and the AMA/American College Health Association Liaison Committee.

Council on Voluntary Health Agencies: The Council is planning to publish a statement on the relationship between voluntary health agencies and government

medical programs. In preparation, the Council has surveyed the agencies about their present policies, and has consulted with other AMA committees and representatives of government.

The sixth revision of the Directory of National Voluntary Health Organizations was published in December 1968. The Council and the Department are planning the Third National Conference on Voluntary Health Agencies to be held in Washington, D. C., in May 1970. It will be combined with the Fourth National Conference on Health Education of the Public, previously planned for Chicago at approximately the same time.

Council on Rural Health: This Council prepared four suggested resolutions for use by state medical associations in the areas of health manpower, Slow-Moving Vehicle (SMV) emblem, rural emergency medical services, and overturn protection for farm tractor operators.

More than one-fourth of the state medical associations have approved the Council's first aid training and rural emergency medical services plan. The Boy Scouts of America prepared a leaflet on Teaching First Aid in conjunction with the Council's first aid training program. Copies have been given to all Future Farmers of America Chapters and 4-H Clubs.

A preliminary report on the Council's survey of physicians practicing in non-metropolitan areas contains recommendations that medical school admission committees give consideration to admitting more medical students with a rural background, and that increasing efforts be made to make available continuing medical education programs for physicians practicing in rural communities. The Council is preparing a statement on "Health Care in Rural Areas" which includes a review of selected models for delivery of health services.

The Council held three meetings in Philadelphia, March 20-22, 1969: the Sixth Seminar for Extension Specialists in Health and Related Fields, a dinner meeting for state medical association's rural health committee chairmen, and the 22nd National Conference on Rural Health. The theme was "Meeting Rural Health Needs in our Changing Times" and registered attendance was 452.

Committee on Exercise and Physical Fitness: A joint statement, "Convulsive Disorders and Participation in Sports and Physical Education," was completed with the Committee on Medical Aspects of Sports. This statement was adopted by the American School Health Association as its official position. It was published in JAMA on November 4, 1968.

The Committee is planning a series of reports to assist physicians in prescribing physical activity for their patients. The first report is "Prescribing Exercise Programs for the Well Patient." In cooperation with the President's Council on Physical Fitness and Sports and the California Medical Association, a Symposium on Exercise and the Heart was held in Los Angeles in March.

Committee on Medical Aspects of Sports: The Committee is preparing a manual for athletic trainers in cooperation with the National Athletic Trainers Association and the Athletic Institute. Aimed at the high school level, the

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manual will be published early in 1970. In cooperation with the Committee on Exercise and Physical Fitness, the Committee is compiling a booklet of Questions and Answers from JAMA for the years 1965-1969.

The Tenth National Conference on Medical Aspects of Sports was held in Miami Beach on December 1, 1968. More than 300 persons attended, 80 percent of them physicians. Topics included the back, vision, clinical problems in sports and athletic knee injuries. A contact meeting the day before the Conference attracted representatives of more than twenty organizations. Statements on the health and safety in sports were forwarded to the National Federation of State High School Athletic Associations.

Committee on Continuing Professional Education Programs of Voluntary Health Agencies: This Committee is composed of representatives of voluntary health agencies, several AMA councils and committees and two members at large. It reviewed and evaluated various teaching programs of voluntary health agencies, as well as the Survey of the American College of Physicians, a self-evaluation study. In a joint meeting with the Association of Hospital Medical Education, the role of the hospital in continuing medical education programming was considered.

Joint Committee on Health Problems in Education of the NEA and the AMA: The mounting interest in health education and family life education was reflected in the number of letters received and pamphlets distributed. Approximately 675,000 copies of pamphlets in the sex education series were distributed in 1968. Two publications of the Joint Committee were revised: "Health Appraisal of School Children" and "Healthful School Environment."

A resolution was passed by the Joint Committee suggesting separate certification for teachers of health and that the requirement for certification include at least a minor in health education. The Committee urged the inclusion of health education courses for all elementary and secondary level teachers. Other resolutions of the Committee were concerned with comprehensive health planning, support for sound sex education, student accident insurance, health career opportunities and student unrest in secondary schools.

AMA/American College Health Association Liaison Committee: Recognizing the growing problem of student unrest on campus and the potential for violence and major disruption, the Committee developed a statement entitled, "Student Unrest and Emergency Health Care in the College Community." The statement, which encourages advanced preparation for care of injured during campus violence, was distributed through channels of the AMA and the ACHA.

Also under development is a model letter from the college health service to the family physician of each student upon enrollment. The purpose is to encourage communication of pertinent health information about the student between the health service and family physician. Other activities include: (1) the exploration of methods for the collection, storage and retrieval of medical records data in institutions of higher learning that will insure confidentiality and expeditious untiliziation; (2) the development of standards for certification of college and university health service programs through on-site evaluation by the American College Health Association Certification Team.

MAGAZINE RELATIONS DEPARTMENT

Staff continued to serve an ever-increasing number of magazine free-lance writers, editors and editorial researchers. The Department serviced 889 requests for research material to prepare articles and received 293 manuscripts for review, authentication, checking and comment. Forty-four interviews were arranged for editors and writers to confer with AMA executives, physicians and division directors. Of a total of 1,798 magazine articles on medical subjects seen or reviewed last year, only ten were classified as being slanted or critical of the AMA.

Requests from magazine editors for articles to be bylined by AMA Officials were serviced. In-depth health education and safety articles entitled, "For Your Health's Sake," were sent monthly to 1,100 editors of company publications or house organs. Health articles prepared in cooperation with the Council on Rural Health were mailed monthly to more than 450 farm publications and weekly newspapers.

MEDICAL NEWS DEPARTMENT

The Medical News Section of JAMA carried 627 news articles and features during the year. Staff members covered medical meetings and interviewed physicians in Twenty-two states, Canada and San Juan, Puerto Rico. Special issues were devoted to medical schools and research in California, medical schools in the Midwest and the AMA Annual and Clinical Conventions.

OFFICERS SERVICES DEPARTMENT

Assisting Officers and Trustees of the AMA is the major responsibility of this Department. Staff members serve as administrative and press aides to the President, President Elect, Past President and Trustees. The staff replies to correspondence addressed to Officers, assists Officers in preparing speeches and published articles, assists in arranging speaking engagements and planning travel itineraries.

Progress was made in arranging more speaking commitments for the President with influential non-medical groups. Noteworthy among these were engagements before the Economic Club of Detroit, Executives Club of Chicago, Commonwealth Club of San Francisco, Breakfast Club of Los Angeles and Rotary Club of Chicago. An effort will be made in the future to obtain more exposure of this type for the Officers and Trustees of the Association.

Staff accompanied the President and President Elect on more than sixty speaking engagements and other appearances in the United States and Puerto Rico. Among the scores of radio and television appearances arranged for the President and President Elect were interviews on NBC's "Today Show" and other network presentations. Newspaper and broadcast interviews were arranged in every city visited by the President and President Elect.

The AMA Speakers Program, with its speech training seminars, was one of the most highly acclaimed activities of the Department. Early in May 1969, the Los Angeles County Medical Association provided the opportunity to instruct

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the single largest class of physician speakers since the program was initiated in March 1967. More than 100 of LACMA's members participated in the two-day session. Earlier, more than 70 members of a special speakers bureau on medical care costs were trained for the California Medical Association.

For its Speakers Program effort in the past year, the AMA was honored by the Publicity Club of Chicago with presentation of its Golden Trumpet Award.

PRESS RELATIONS DEPARTMENT

The Press Relations Department provided continuing liaison with the press on socio-economic and scientific matters of interest to the Association. Press rooms were staffed at the Clinical Convention, eight national conferences and five smaller meetings. Ninety-one press releases were issued.

PROGRAM SERVICES DEPARTMENT

Major public service programming efforts were directed toward overcoming the problem of drug abuse among young people. A Drug Abuse Information Program was prepared in cooperation with the Department of Mental Health. Keen interest of physicians and other key professional groups in attacking the problem was illustrated by the fact that 7,000 kits for local educational campaigns were distributed between September 1 and June 30.

Milford O. Rouse, M. D., Past President of the AMA, presented AMA awards to the high school student medical exhibit finalists at the 20th International Science Fair. They were Kathy Jennemann, Tulsa, Oklahoma, and Greg Kauffman, Albuquerque, New Mexico.

The AMA President sent congratulatory letters to nearly 8,300 of the 14,000 semi-finalists in the 1968-1969 National Merit Scholarship program. Included were 3,500 who had tentatively decided to pursue a career in medicine or an allied profession and 4,800 who had not yet made their career choice.

The Literature Counseling Section, which provides design, layout, editing and related services for AMA pamphlets, books, advertisements and direct mail pieces, completed more than 850 projects. The Photographic Section took more than 6,700 photographs, made more than 7,500 prints and produced 2,200 35 millimeter slides and 310 lantern slides in servicing 912 requests. In addition, the Section assumed indirect supervision of the Institute for Biomedical Research photo laboratory facilities. A 28-minute color motion picture tentatively entitled "Patient Care Committee" was filmed.

Thirteen new exhibits, including three rebuilt from existing equipment, were developed by the Exhibit Section. Arrangements were made for scheduling 315 exhibit showings in 164 cities, accounting for 1,986 "show" days.

The AMA Guided Tour Program at headquarters attracted 680 physicians, medical and other students, medical society executives and Auxiliary members. Responsibility for the program was transferred to the Division's Communications Information Center. As a service to physicians and the nation's press corps, the Center continued to record data on all organ transplants.

To meet the increased demand for medical society distribution of the pamphlet, "Make the Most of Your AMA," in membership orientation programs, three additional printings were made. The sixth edition of Horizons Unlimited was published, bringing the total distribution to 600,000.

RADIO, TELEVISION AND MOTION PICTURES DEPARTMENT

Staff assisted in the development of and now is responsible for the programming of the AMA's new audio publication, Audio News Journal. Staff programmed the AMA's closed circuit television network at the Annual and Clinical Conventions and also programmed closed circuit television for the 2nd Hemispheric Conference on Foods and Nutrition held in Puerto Rico. Staff continued the program of public service announcements to 2,500 radio stations and virtually every commercial television station. Film distributors reported 19,145 annual showings, 945 of which were for television, and the AMA public relations films distributed by the AMA Film Library totaled 1,519.

SPEAKERS SERVICES DEPARTMENT

Staff researched and wrote numerous speeches; prepared AMA testimony before a Senate committee; wrote the 1968 annual report, The Search, which appeared in JAMA in January 1969, and prepared the Summary of Actions of the House of Delegates for each convention. Specifically, 81 full-length speeches were prepared for use by 13 officers, trustees and executives of the Association, the vast majority being for the President and President Elect.

Sppeches covered such subjects as the private practice of medicine, ethics, cost and financing of care, medical progress, manpower, availability of care, health planning and medicine's relationship with government, drug abuse, nutrition, alcoholism, AMA programs, physician-hospital relationships and automotive safety.

TODAY'S HEALTH

Today's Health, the nation's leading source of sound, readable health information for the American family, had a total distribution in excess of 717,000 copies (of which 188,000 were directed to physicians' reception rooms). Highlights of the year's issues included a balanced presentation of contemporary health and medical activities and information on several levels -- the individual, the family, the community and the nation.

Articles specifically relating to AMA programs covered such subjects as doctor-patient relationships, a uniform anatomical gift act, emergency house calls, physicians' fees, alcoholism as a disease, children and alcohol, smoking and disease, sub-teen and sex education, venereal disease treatment laws, health fairs, air pollution, school nursing and the AMA's plan to finance universal health insurance. A 5000 word article explained the work of the Institute for Biomedical Research, and another story described the training of combat medics for Vietnam.

Quackery articles covered chiropractic, food fads and frauds and phony health books. In the area of public health, articles included those on the

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Hong Kong flu and the new German measles vaccine. In election month, November 1968, the magazine featured an article on a U. S. Congressional physician.

In September 1968, Today's Health received the Honor Award in medical journalism from the American Medical Writers' Association. In March 1969, the Library of Congress sponsored the printing of a braille edition of Today's Health. Work began on a book based on the magazine's monthly column, "Growing Pains."

Permission to reprint was granted to 221 publications (an increase over the previous year's figure of 182), including Reader's Digest and the Catholic Digest. Other AMA departments reprinted and distributed various Today's Health articles, as did other organizations such as the National Institutes of Health, U. S. Information Agency, American Dental Association, American Association of Ophthalmology and Matilda Ziegler Foundation for the Blind.

Division of Health Service

The Division of Health Service was restructured, consolidating Association efforts to improve the organization, delivery and financing of health care. Research capabilities were enhanced by transferring the Department of Survey Research to this Division. Simultaneously, the Department of Health Education was transferred to the Communications Division, and the Department of Governmental Medical Programs was transferred to the Office of the Executive Vice President.

A new responsibility assigned to the Division during the year was staffing for the Committee on Health Care of the Poor. Staff also provided assistance to eighteen other councils and committees.

On March 28-29, the Division and the Council on Medical Service sponsored the Third National Congress on the Socio-Economics of Health Care. The theme, "Major Issues in Health Care: The Challenge to Medicine," covered health manpower, health care financing, solo practice and methods of evaluating the quality of health care. Attending were authorities from medicine, health care administration, the social sciences, education, community planning and other disciplines.

Council on Medical Service: Major policy actions of the Council appear in the Proceedings of the AMA House of Delegates and are listed here by title only. A number of the reports presented at the Annual Convention summarize AMA positions on specific subjects and were originally compiled for use by the Council and others in discussions with governmental agencies, carriers and intermediaries about regulations and guidelines being promulgated by the Department of Health, Education, and Welfare.

1968 Clinical Convention
Council on Medical Service Organization and Committee Structure
Neighborhood Health Centers; OEO-PHS-HUD
Project Headstart
Efforts to Strengthen and Improve the Voluntary Health Insurance System

1969 Annual Convention
AMA Support of Broad Voluntary Health Insurance Programs
AMA Policies Relating to Charges for Physicians' Services
AMA Policies Relating to Billing Procedures
Charges for Physicians' Service in Teaching Institutions
Policies Relating to Development of Physicians' Fee Profiles and Prevailing Charge Screens
The Medical Profession and Peer Review
Utilization Review
Comprehensive Health Planning

The Council has been involved in other areas, such as multiphasic health screening, professional medical review activities, and those areas mentioned in the reports of committees of the Council. Each of these committees, as reorganized last year, has developed a statement of purpose to stress goals. The brief reports which follow show that the committees have embarked on programs to achieve these goals.

Committee on Community Health Care: The Committee continued its interest in community health planning, regional medical programs, physician-hospital relations, quality of medical care and the medical needs of people in ghetto areas.

The Committee participated in the sponsorship of the AMA Conference on Community Health Planning, held in conjunction with the 1968 Clinical Convention. Selected papers from this conference have been published. The Committee continued its review of the development of comprehensive health planning under federal legislation but found it impossible to make a realistic assessment of the program or its projected effect on the delivery of health services at this time.

In the area of physician-hospital relations, the Committee guided the development and distribution of a survey questionnaire on medical staff organization and operation to some 1,200 hospital chiefs of staff. From the more than 1,000 questionnaires returned, the Committee plans a definitive report. The Committee also made plans to update the 1964 Report on Physician-Hospital Relations.

The Committee is studying the problems of providing medical care in ghetto areas. It visited a neighborhood health center in one city and plans visits to other centers with the intent of evaluating and reporting on this mechanism for delivering health care services.

The Committee participated in the development of informational reports to the House of Delegates at the 1969 Annual Convention on the subjects of "Charges for Physicians' Services in Teaching Institutions," "Utilization Review," and "Comprehensive Health Planning."

Following the reorganization of the Council on Medical Service, the Committee was assigned the responsibility of the activities of the former Committee on Aging.

Committee on Government Medical Services: This Committee, formed at the end of June 1968, supersedes two committees of the Council -- the Committee on Federal Medical Services and the Committee on Social and Rehabilitation Services.

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It assumed many of the responsibilities of both committees, dealing with non-military federal direct care programs and federally-financed care programs, many aspects of care of the poor, and some experimental and other governmental activities impinging on private care.

The Committee met with representatives of the American Academy of Pediatrics to review the OEO Headstart Program, and it explored reorganization of the USPHS with representatives of the Consumer Protection and Environmental Health Administration and the Health Services and Mental Health Administration of HEW. It considered, with Veterans Administration representatives, the possibility of comparing federal and private health care costs. It reviewed a handbook for physicians being developed by the Bureau of Disability Insurance and form letters from the Office for the Civilian Health and Medical Program of the Uniformed Services.

The Committee maintains a continuing review of the Appalachian Regional Commission's health facilities construction program and has analyzed the recommendations of the Advisory Council on Health Insurance for the Disabled established by Congress in 1968.

Committee on Health Care Financing: This Committee is the successor to the Committee on Insurance and Prepayment Plans and retains the objectives of the former Committee while expanding its interests to include all aspects of the financing of health care.

The principal activities of the Committee were: (1) development of a proposal for implementing the program of income tax credits for financing voluntary health insurance which was accomplished in joint meeting with the Board of Trustees Committee on Health Care Financing; (2) review of experimental programs in the organization, delivery and financing of health care; and (3) analysis of studies of health care costs bieng conducted by organizations within or allied with the medical profession.

Joint Liaison Committee of the American Association of Medical Clinics, American Medical Association and Medical Group Management Association: Among areas of significance discussed by the Joint Committee were: (1) The new AAMC "Clinic Accreditation Program"; (2) the possibility of a formal and continuing education program for clinic administrators; (3) the "Continuing Survey of Medical Groups in the United States" being conducted by the AMA Department of Survey Research; (4) income tax credits for voluntary health insurance premiums; (5) peer review functions; (6) multiphasic screening in the organization and delivery of health care; and (7) outpatient insurance coverage. A special committee was appointed to revise and update the 1967 edition of Group Practice --Guidelines to Forming or Joining a Medical Group.

Committee on Health Care of the Poor: This Committee was established by the Board of Trustees in the spring of 1969 to conduct in-depth studies of problems relative to health care of the poor and to recommend appropriate actions for improving and expanding health services to the poor. The Committee was directed to define the responsibilities and role of the AMA and to develop a program for coordination of existing Association activities and implementation of recommendations for expanded activities.

As a result of its first meeting, which was held on June 30, the Committee prepared a report to the Board of Trustees. This report lists a number of concepts that the Committee believes must be included in the Association's program and recommends activities and commitments necessary for implementation. In the report, adopted by the House of Delegates in July, the Committee recognizes that the problems are too critical and too complex for superficial answers. Initial efforts to find solutions include liaison with individuals and private and public organizations to learn of their experiences in developing and operating programs; review of specific program components recommended by AMA members and staff; and review of past and current activities of AMA councils and committees and of constituent and component societies.

DEPARTMENT OF COMMUNITY HEALTH

On July 1, 1968, the Department of Hospitals and Medical Facilities was renamed the Department of Community Health. The Department staffed the Committee on Community Health Care of the Council on Medical Service and its Subcommittee on Aging, the Committee of AMA Commissioners to the Joint Commission on Accreditation of Hospitals, and the Commission on Emergency Medical Services.

Staff participated in a number of meetings with areawide health planning groups. Information on comprehensive health planning was mailed to state and local medical societies, and staff prepared a position paper on comprehensive health planning for consideration by the Council on Medical Service.

Department staffed a Conference on Community Health Planning, November 25, 1968, prior to the AMA Clinical Convention. A publication, "Selected Papers and Excerpted Materials, AMA Conference on Community Health Planning," is available upon request.

The Department staffed meetings held by the Committee of AMA Commissioners to the JCAH to give representatives of state medical societies an opportunity to discuss a provisional draft of the "Standards for Hospital Accreditation" in advance of discussions with hospital associations.

The Department has maintained information on the progress of Regional Medical Programs, through liaison at state and national levels. Liaison was established with the National Advisory Council on Nursing Home Administration.

Staff made two mailings of a revised questionnaire to determine patterns of medical staff organization and operation in hospitals throughout the United States. From a stratified sample of 1,200 hospital chiefs of staff, over 1,000 questionnaires were returned for computer processing. Surveillance of activity in medical record computerization and the development of medical information data banks continued.

The Department prepared the bimonthly newsletters, Medical Staff-In-Action and Chronic Illness Newsletter, and distributed more than 900 kits of articles on "Medical Care Appraisal."

Position papers on charges for physicians' services in teaching institutions and on utilization review were prepared for consideration by the Council on Medical

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Service. A report on "Uniform Highway Directional Signs Designating Emergency Medical Facilities" was prepared at the request of the Commission on Emergency Medical Services and was submitted by the Board of Trustees to the House of Delegates.

Commission on Emergency Medical Services: The following organizations are represented on the Commission: American Academy of General Practice, American Academy of Orthopaedic Surgeons, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, American Public Health Association, American Society of Anesthesiologists, National Research Council and the United States Public Health Service.

The Commission (1) recommended that the American Medical Association and the American Hospital Association seek a means of providing off-hour elective or semi-elective patient care within the framework of hospital outpatient departments without lowering the standards of emergency care; (2) approved the concept of a registry of emergency medical technicians to upgrade the quality of emergency care; (3) reviewed proposals to categorize and evaluate emergency rooms according to their capabilities to provide for life-threatening emergencies and approved the concept; (4) reaffirmed its position that uniform highway directional signs are urgently needed to designate emergency medical facilities; (5) approved that section of a provisional draft of revised "Standards for Hospital Accreditation" devoted to "Emergency Services"; and (6) recommended that medical societies initiate and support community "systems" for emergency medical services.

Joint Commission on Accreditation of Hospitals: The Board of Commissioners of the Joint Commission on Accreditation of Hospitals provisionally adopted revised "Standards for Hospital Accreditation," submitted them to state medical and hospital associations for review and comment, and authorized meetings of state medical and hospital association representatives in February and March 1969 to discuss the provisional draft. All suggestions for revision were carefully considered by the Standards Committee. A second working draft of the revised Standards was printed and submitted to state medical and hospital associations for comment. At the close of the reporting period, it appeared that new Standards would be adopted and published during the fall of 1969 and would become effective early in 1970, following a period of testing.

The Commissioners also changed the name of the "Extended Care Facilities Accreditation Program" to the "Long Term Care Facilities Accreditation Program"; approved a "Memorandum of Agreement" between the National Planning Committee for Accreditation of Residential Centers for the Mentally Retarded and the JCAH for the formation of a categorical accreditation council to accredit facilities for the mentally retarded; and approved the creation of a categorical accreditation council for psychiatric facilities, subject to the preparation of a written agreement and the securing of funds to support a two-year developmental phase.

During 1968, accreditation surveys were conducted in 1,991 hospitals and 457 long term care facilities. Of the hospitals surveyed, 1,628 (82%) were granted full three-year accreditation; 289 (14%) were provisionally accredited

for one year; and 74 (14%) were not accredited. Of the 457 long term care facilities surveyed, 228 (50%) received full accreditation; 146 (32%) provisional accreditation; and 83 (18%) non-accreditation. As of December 31, 1968, there were 5,014 accredited hospitals and 1,138 accredited long term care facilities. This represents an increase of 158 accredited hospitals and a decrease of 174 accredited long term care facilities since December 1967.

DEPARTMENT OF HEALTH CARE FINANCING

The Department of Health Care Financing compiles and maintains information on the costs, expenditures and methods of financing health care services, without limitation as to the sources of funds. Areas of interest include federal medical services, health insurance and prepayment plans, social and rehabilitative services, and the business side of medical practice.

The Department staffs the Council on Medical Service and two committees of the Council -- Health Care Financing and Government Medical Services; the Board of Trustees' Committee on Health Care Financing; the Committee of AMA Representatives on the National Association of Blue Shield Plans' Board of Directors; the Joint Conference Committee of AMA and Blue Shield; and the Joint Commission for the Promotion of Voluntary Non-Profit Prepayment Health Plans.

For the Third National Congress on the Socio-Economics of Health Care, the Department developed a session on current challenges in the financing of health services. Papers were distributed to state and local medical associations, AMA Delegates and Alternate Delegates and others requesting them. Audio-visual materials included in two of the presentations have been provided to a number of medical societies.

Position papers for the Council on Medical Service were prepared on Association policies relating to charges for physicians' services, support of broad voluntary health insurance programs, billing procedures, development of fee profiles and prevailing charge screens, and medical society peer review activities. Supportive material was provided for proposed health care financing plan utilizing a graduated income tax credit concept. Copy for an article concerning specific features of voluntary health insurance programs was prepared for Today's Health.

A conference was held to promote and strengthen peer review functions in state and local medical societies. Representatives from medical societies, specialty groups, Blue Cross, Blue Shield and the Health Insurance Council attended. New methods for stimulating existing review committees' activities are being pursued and means to encourage establishment of review mechanisms in other areas are being developed.

Arrangements were made to obtain data on physicians' costs of conducting practice from three professional business consultant associations serving the medical profession. News releases were prepared to alert physicians to requirements of Federal Reserve Regulation Z, implementing the "Consumer Credit Protection Act."

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Board of Trustees Committee on Health Care Financing: This ad hoc Committee met three times during the year, two of these jointly with the Council on Medical Service's Committee on Health Care Financing. The Committee completed its consideration of the proposal for assisting individuals in the purchase of voluntary health insurance through federal income tax credits and forwarded the plan to the Council on Legislative Activities for drafting and promotion of appropriate legislation. The Committee also submitted a report to the Board of Trustees which identified the physician's role in influencing the costs of health care and suggested means by which he can help contain the rate of increases.

AMA Representatives on the NABSP Board of Directors: Three representatives of the Board of Trustees and two of the Council on Medical Service serve on the National Association of Blue Shield Plans' Board of Directors. Three directors' meetings were held. Items of particular interest were membership approval standards, administration by Plans of selected government programs, and the development by NABSP of comprehensive benefit programs based on usual and customary fees.

Joint Conference Committee of AMA and National Association of Blue Shield Plans: A change in the new NABSP Membership Standards, reverting to the original status requiring approval or sponsorship of a Plan by the local medical society, was effected. The Committee continues to be available to medical societies and local Plans in an effort to improve communication between them and to act as an intermediary in resolving differences.

DEPARTMENT OF HEALTH CARE ORGANIZATION

Three general areas have been serviced by this Department:

County and State Medical Societies: Although the biennial surveys of county medical societies, last compiled in 1965, have been discontinued, this Department continues to answer inquiries regarding the 1965 survey and maintains files on officers and committees of the societies.

Maternal and Child Care: Before the secretariat of the Committee on Maternal and Child Care was transferred to the Division of Scientific Activities, this Department served the members of the Committee.

Group Practice: This Department serviced the Joint Liaison Committee of the American Association of Medical Clinics, American Medical Association and Medical Group Management Association, and staffed a meeting of the Committee on March 30. Staff is revising Group Practice--Guidelines to Forming or Joining a Medical Group and has created a new exhibit.

Inquiries from physicians and the public necessitated compilation of material on a wide range of subjects. Among them were: (1) the building of a clinic, calling for information on design and firms to consult in this field, location of property and the types of financial assistance available from the government or other sources; (2) fees; (3) the cost of setting up a clinic; (4) physicians' incomes; (5) management problems including financial arrangements; (6) business problems including types of accounts, accounting firms

servicing physicians; (7) breakdown of office operating costs, subletting of office and debt collection; (8) data on size of groups, number of groups in the United States, ancillary personnel, and ratios; (9) merits of group practice compared with solo practice; and (10) legal aspects, such as samples of partnership agreements, articles of incorporation, provisions for death and/or dissolution, developing group units in hospitals, sale of a medical practice, and tax status of professional corporations.

DEPARTMENT OF HEALTH MANPOWER

Council on Health Manpower: The Council's committee on Foreign Medical Graduates held a workshop to plan the establishment of a Commission on Foreign Medical Graduates, as recommended by the President's National Advisory Commission on Health Manpower. A proposal for such a Commission was approved by the Council and the Board of Trustees. The Board approved AMA funding for the Commission, contingent on receipt of similar contributions from the American Hospital Association and the Educational Council for Foreign Medical Graduates.

The Council's Committee on the Health Team held a workshop for representatives of nine medical specialty societies concerned with more effective allocation of manpower resources within their own specialty "health teams," to exchange information on each society's approach to redefining roles of the physician and his supportive personnel and to explore future collaborative efforts. The representatives requested that AMA develop a detailed proposal for a future joint effort.

Following a study of a new program for training of orthopedic assistants, conducted by the Pacific Medical Center in San Francisco, the Committee on Emerging Health Manpower and Physician's Assistant recommended and the Council approved referral of this program to the Council on Medical Education for development of appropriate educational essentials.

The Committee on the Health Team is cooperating with the American Academy of Orthopaedic Surgeons in a study to establish a profile of current orthopedic practice, identify those duties which should be performed by a physician and those which should be delegated to supportive personnel at specified levels of training, and construct a model or models for the most effective use of personnel.

Planning was begun for an AMA-sponsored national Congress on Health Manpower, scheduled for October 21-24, 1970, in Chicago.

Committee on Nursing: The Second National Conference for Representatives of State Medical Societies' Liaison Committee with Nursing, held in Chicago on April 11-12, 1969, provided participants with an opportunity to share experiences and collect ideas, consider causes which demand changes in the delivery of health care services, delineate the shifting role of physicians and nurses, consider the educational requirements to prepare nurses in the changing roles and encourage state-wide conferences based on the national AMA-ANA Conference plan. A report of the Conference will be published. The Committee on Nursing held its annual meeting with the Panel of Nurse Consultants prior to the Conference. The Panel participated as resource persons during the meeting.

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In line with a directive from the Board of Trustees relative to Resolution 34 (A-68), "Joint Commission on Accreditation of Schools of Nursing," two meetings were held with representatives of the Committee on Nursing, Council on Medical Education, American Nurses' Association and National League for Nursing to discuss Interprofessional Accreditation. The representatives recommended that: (1) A coordinating committee comprised of the five major health professions be convened to explore the feasibility of coordination of the accreditation programs, and (2) a study be conducted on the perceptions held by physicians and nurses of the education and service role of each discipline.

The Committee on Nursing continued to provide services to state medical societies. This included distribution of Committee reports and nursing newsletters and display of the educational exhibit at selected state conventions.

DEPARTMENT OF SURVEY RESEARCH

The Department of Survey Research is primarily responsible for: (1) The production and analysis of valid information to describe important characteristics and activities of the health care system in general and the physician population in particular; (2) the development of methodology to measure and evaluate demand for and supply of health care services, health care costs and the organization of the health care system; (3) technical assistance to other departments of the AMA; and (4) liaison with research departments in other organizations concerned with the socio-economics of the health care system.

Reclassification of Physicians' Professional Activities: A survey of the physician population (316,000) was conducted to gather information on the hours spent in various specialties, activities and forms of employment. A 93 percent response was achieved. This information has been used to reclassify the AMA physician's records.

Verification of Physicians' Professional Activities: Following completion of the Reclassification of Physicians' Professional Activities, a second survey, collecting the same information, was made for the purpose of updating and verifying the original information. This procedure will be performed every three years.

Periodic Survey of Physicians: The Fourth Periodic Survey, collecting information on utilization of physicians' services, physicians' income and professional expenses, and fees for selected procedures, was conducted in October through December 1968. Tabulation and analysis of the Second and Third Periodic Surveys were begun during the reporting period. The results of all three surveys will be incorporated into a series of articles to be submitted to AMA and other journals.

Distribution of Physicians: The Distribution of Physicians, Hospitals, and Hospital Beds in the U. S., 1967 was published by the AMA. This publication presents data on the physician population by geographic location, specialty, activity and employers.

Special Statistical Series: A special Statistical Series to supplement the Distribution of Physicians Series was initiated. Three publications in this

series have been completed: (1) Survey of Medical Groups in the U. S., 1965, providing information on the number and characteristics of groups and group physicians including size and type of group, specialties of group physicians, geographic location, forms of organization, and allied health personnel employed by groups (these data were collected in a 1965 survey of groups); (2) Medical School Alumni, 1967, presenting data on the graduates of each medical school by specialty, professional activity, type of practice, geographic location and other variables; and (3) Selected Characteristics of the Physician Population 1963 and 1967, presenting data for 1963 and 1967 by major professional activity, specialty and board certification, year of graduation, age and sex, non-federal and federal employment, and geographic location.

Group Practice Register: A census of medical groups was initiated to collect information on structural characteristics of groups and basic information on the physicians practicing in groups. This project will produce a permanent record of group practice which will be updated annually.

Published Articles: Two articles were published in JAMA -- Health Care Prices, 1950-1967 - Discussion of Trends and Their Significance, and Consumer Income and Expenditures for Health Care. A third article on health care expenditures between 1950 and 1967 and the factors which have contributed to the rising expenditure level is being prepared. Two articles were published in outside journals -- Survey of Group Practice in the U. S., 1965, accepted for publication in the July 1969 issue of Public Health Reports, and A Partial Solution to the Manpower Problem, a study of 1,874 inactive physicians conducted in collaboration with the Bureau of Health Manpower, USPHS, and published in the November 1968 issue of the Journal of Medical Education.

AMA EDUCATION AND RESEARCH FOUNDATION

PROJECT FOR RESEARCH ON TOBACCO AND HEALTH

At the present time, the Project for Research on Tobacco and Health is supporting 73 different scientific investigations at 40 institutions in the United States and five foreign countries. During the past year, 64 applications for support were considered by the Committee for Research on Tobacco and Health. Of these, the Committee advised the Board of Directors of the Education and Research Foundation to support 23. The Committee continues to meet three to four times a year in order to consider new applications. During the past year, the Committee has also met on several occasions with representatives of the National Institutes of Health and with representatives of the Scientific Board of the Tobacco Research Council in order to determine the direction that research in this area should take as well as to provide advice for the Secretary of HEW on the direction of such research and on delineating such gaps in our knowledge as may exist.

INSTITUTE FOR BIOMEDICAL RESEARCH

The Institute has continued its research activities in its section of the Chicago AMA headquarters building. The staff consisted of 27 research scientists and 46 supporting personnel.

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Research results have been made available in some 42 papers published in recognized journals of science and in the form of seminars given at the Institute and at other research centers in this nation and abroad. Summaries of the work of the research departments are given below.

During the spring, an International Symposium on "Neurobiology of Cerebellar Evolution and Development" was sponsored by the Department of Neurobiology. The papers presented and resulting discussion will be published by the AMA in a volume now in press.

On December 1, 1968, George W. Beadle, Ph. D., President Emeritus of the University of Chicago, assumed duties as Director of the Institute. Three Associate Members and Department Heads of the Institute, Doctors Goodheart, Llinas and Urry, were promoted to full membership effective July 1, 1969.

House of Delegates Liaison Committee: In late 1968, the Speaker of the House of Delegates appointed a ten member Liaison Committee of the House to review the organization, work, financing and future of the Institute for Biomedical Research. The Committee met in Chicago in March and in June, and presented its recommendations to the House of Delegates at the 1969 Annual Convention.

In summary, their recommendations were that the Institute, as now constituted, should be continued but that there should be additional consideration of financing continued operations and the construction of the planned new laboratory prior to a final recommendation on the proposed move of the Institute to a site near the Science-Medical Center of the University of Chicago.

Preliminary designs for the new Institute Laboratory have been approved by the ERF Board of Directors and authorization given to proceed with working drawings and specifications. Alex Bacci of Schmidt, Garden and Erikson is the head architect.

Animal Research Facility (Mr. George R. Collins)

Breeding colonies of Specific-Pathogen-Free mice and conventional guinea pigs are maintained. Other species procured from commercial sources as requested by staff scientists were cats, hamsters, rats, ferrets, kangaroo rats, rabbits, squirrel monkeys, pigeons, chickens, bullfrogs, salamanders, alligators, lobsters, rays, sharks and several varieties of tropical fish.

Studies on the usefulness of filtered cages in reducing air-borne infections in cats and rabbits were concluded and reported. The principal feature of the filter cage is the utilization of flat panels of filtering material that provide adequate ventilation without requiring forced air circulation.

Histological studies have shown the hereditary hydronephrosis afflicting certain inbred strains of mice is similar to human hydronephrosis caused by pelvioureterodyskinesia. Breeding experiments to further elucidate the genetic aspects of murine hydronephrosis were performed. This disease of mice can serve as a model for studying the corresponding disease in man.

Experimental Medical Ecology (Howard A. Schneider, Ph. D., Member)

The basic premise of this laboratory is that problems of the causation of disease can be studied fruitfully, and ultimately mastered, by analyzing the environmental setting in which the disease is encountered. The identifiably relevant features of the environment so detected can be regarded properly as among "the causes" of the particular disease under study. Reconstruction of the environment thus becomes the operational means of arranging for healthier life.

Excitement has been added to this concept in recent years by our discovery of a new class of highly potent organic compounds in the nutritional environment, the pacifarins, which control, as an example, the outcome of a model infectious disease, mouse typhoid. The new organic compound, neither a vitamin nor an antibiotic, is being isolated for chemical identification. During the past year, we have made some progress in what is essentially now a technical task. Problems in isolation of this easily oxidized compound are being overcome.

Another subject under investigation, and which has environmental aspects, is the formation in the growing animal of normal amounts of elastin in the arteries. Elastin is a special protein which, as its name suggests, gives arteries their elasticity. The enzymatic biosynthesis of this protein needs a certain amount of copper supplied by ingestion in the diet. It turns out that copper is absorbed from the intestinal tract by its special protein as found in the lining of the gut. We have identified many features of this protein, and we are now seeking its direct isolation. This laboratory has shown, in addition, that another dietary compound, vitamin B6 is involved in the biosynthesis of elastin.

Molecular Biophysics (Dan W. Urry, Ph. D., Member)

Detailed shapes (conformations) of biological molecules are prerequisite to an understanding of molecular function, that is, to understand the mechanism of action, for example, of a polypeptide antibiotic or hormone, or of an enzyme. The molecular biophysics laboratory is concerned with determining the conformation of biological molecules in the milieu of interest -- whether that be in an aqueous medium, within or on a membrane or other particulate system, i.e., wherever the biomolecular site of action may be. Accordingly, our task is twofold--the development of experimental methods and the application to specific biomedical problems.

Work in the last year has confirmed that knowledge of molecular shape can give rise to an understanding of molecular function. This result was achieved by determining the conformation of the antibiotic, valinomycin and demonstrating that this conformation clearly explains how valinomycin selectively transports potassium ions across membranes. Studies on other polypeptide antibiotics and hormones are actively proceeding. Further development of our concepts of partial molar rotatory powers and reciprocal relations is continuing with the goal of making the optical rotation technique a more powerful tool with which to determine biomolecular conformation.

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Of particular impact has been the demonstration of distortions in optical spectra of membranes and other particulate systems. We have derived the mathematical relationships and developed the experimental means to correct the distortions, thereby paving the way for meaningful interpretations of data on membranes, viruses, ribosomes, etc. This work has allowed us to show, for example, that on associating, solubilized elastin undergoes a marked shape change to attain a helical conformation. These developments are essential for the application of optical absorption measurements to the accurate determination of protein and nucleic acid conformations in the particulate or fibrous systems relevant to the living organism.

Neurobiology (Rodolfo Llinas, M. D., Ph. D., Member)

A new form of activity of nerve cells has been discovered and organized: The uni-directional conduction of dendritic spikes which changes many of the normal concepts regarding neuronal integration.

Doctor Hillman has discovered a new organelle on the receptor organ of the peripheral vestibular apparatus which is the central element in the directional sensitivity of that receptor.

The cerebellar cortex has been studied physiologically in different vertebrates by means of rotation on a specially designed experimental table and in animals possessing electroreceptors (such as elasmobranch fish) by means of electrical stimulation.

Electrical connection between cells of the nervous system in mammals has been studied in the rat in collaboration with Dr. Robert Baker at the University of Illinois. This is the first demonstration of such an electrical synapse in mammals.

In colloboration with Dr. Motoy Kuno at the University of Utah, we have studied the distribution of excitatory and inhibitory synapses on feline moteneurones, and a model has been prepared for the distribution and function of the dendritic compartments.

A computer model of the electrical properties of purkinje cell dendrites has been developed and the functional meaning of synapses on dendritic spines has been studied theoretically and experimentally. A new hypothesis regarding their function has been described.

All preparatory stages have been completed for publication of the book, Neurobiology of Cerebellar Evolution and Development, containing proceedings of the Institute's First International Symposium held in Chicago in March.

Regulatory Biology (Oscar M. Hechter, Ph. D., Member)

The basic problem in this laboratory is to elucidate the mechanisms by which living cells respond with appropriate biological action to various types of specific chemical signals in their environment.

Progress achieved in recent years has shown that a large number of peptide hormones and biogenic amines act on target cells by selectively generating a specific nucleotide, cyclic 3', 5' adenosine monophosphate (3', 5'-AMP). 3', 5'-AMP then activates functional units within the cell to produce the characteristic hormonal reponse. The effects elicited by 3', 5'-AMP differ in the different cell types, specialized for function, but in each case the cell response produced by 3', 5'-AMP is similar to that produced by hormonal stimulation. The hormonal generation of 3', 5'-AMP is achieved by way of a membrane-localized enzyme, adenyl cyclase, which utilizes ATP as substrate. Studies in our laboratory, as well as others, have now shown that the hormone does not act directly with the adenyl cyclase molecule, but rather upon an associated subunit which acts as receptor or discriminator for specific hormonal signals. We are now attempting to isolate and characterize the functional units responsible for hormonal selectivity in several adenyl cyclase systems, and to elucidate the mode of coupling the primary reaction of hormone with receptor to the activation of adenyl cyclase.

The recognition that 3', 5'-AMP is involved in the action of certain hormones raises the question whether cyclic nucleotides other than 3', 5'-AMP may serve a similar role, for those hormones whose action does not appear to involve 3', 5'-AMP generation. This possibility is being examined by studying the effects of 3', 5'-cyclic nucleotides in various cell types, as well as by studying the enzyme systems involved in their generation.

In related studies, methods for the study of lipid-bilayers and lipoprotein membranes, of high and low resistance barriers respectively, have been worked out. The object is to determine whether peptide hormones may perhaps exert a control function at membrane sites by interacting with their lipid components. Peptides with antibiotic activity have been studied as ion carriers, with particular reference to ion selectivity.

Virology (Clyde R. Goodheart, M. D., Member)

This laboratory has continued to emphasize experiments with tumor-producing viruses. These viruses include human and monkey adenoviruses, polyoma and SV40, and various herpesviruses. This laboratory has been partly responsible for the recent rapid accumulation of evidence indicating that various herpesviruses may be associated with neoplasma.

Work reported during the year has related to several genetic aspects of oncogenesis. For instance, only a part of adenoviral genetic information is necessary for malignant change, and mutant viruses can be isolated that grow only in tumor cells. The genetic composition of many non-oncogenic adeno- and herpesviruses is being investigated with particular emphasis on certain human herpesviruses. A report, in collaboration with workers at the Roswell Park Memorial Laboratories, described work with the virus associated with Burkitt's lymphoma (this virus is also associated with infectious mononucleosis). The genital strain of herpes simplex virus (formerly believed to be the same as the oral strain and thought by some workers to be etiologically responsible for human cevical carcinoma) was shown to have a different genetic composition from the oral strain of herpes simplex virus. Similar studies are in progress with other possibly-oncogenic herpesviruses.

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Personnel have represented the Institute in many contacts with other scientists and with the public. They attended and gave reports at international scientific meetings in Helsinki, Finland, and Naples, Italy, as well as at several meetings in the United States. The laboratory has continued to sponsor the Chicago Area Virus Club, which draws 40-80 virologists to the AMA auditorium three times yearly. Doctor Goodheart convened and chaired a symposium on Genetic Aspects of Viral Carcinogenesis at a meeting of the Illinois Society for Microbiology. A high school student performed experiments in these laboratories for a science fair project. She found that viral-induced cancer cells are inhibited by cyclic-3',5'-AMP while normal cells are not. Her report won first prize in Illinois and earned her a $2,000 college scholarship. Doctor Goodheart moderated a round-table discussion on Interferon that was presented on the closed circuit TV series at the AMA Annual Convention, and the publishers expect his book, An Introduction to Virology, to become the standard textbook in virology courses. Active effort is being made to bring the work of these laboratories and the Institute to the public's attention.

Genetics (George W. Beadle, Ph. D., Director)

Research was continued on the relation of maize to teosinte, the latter a wild grass of Mexico that by some has been assume to have given rise to cultivated maize as a result of mutation and artificial selection by early man in America more than 5,000 years ago. The two species, sometimes assigned by taxonomists to different genera, are closely related both genetically and cytologically.

Woman's Auxiliary to the American Medical Association

This report covers the Auxiliary year 1968-1969 and includes the administration of two presidents -- Mrs. C. C. Long, who served from June 19, 1968, until her death on April 22, 1969, and Mrs. John M. Chenault, who automatically assumed office at that time.

This report is a composite of the work of physicians' wives in 1,114 organized county auxiliaries in 49 states and the District of Columbia, plus the individual activities of 2,149 members-at-large in counties where there are no organized auxiliaries. Each individual member has functioned in her own way, using her particular talents and interests, in her own sphere of influence to try to raise the level of health care for the people of her community through the Auxiliary's program. The results speak for themselves.

ACCENT ON YOUTH

At the request of the President and with the approval of the Auxiliary Board of Directors, "Accent on Youth" was stressed throughout the year. To highlight this emphasis, a special Committee on Children and Youth was appointed and asked to supervise the new action program to join with other

women's organizations to combat provocative violence in television and motion pictures. Excellent cooperation was received from such national groups as PTA, General Federation of Women's Clubs, YWCA, and the auxiliaries of the Student AMA, National Medical Association and American Veterinary Medical Association. Wide publicity was given to the Auxiliary's efforts, with about 500 news releases distributed. County organizations and individual members engaged in letter-writing campaigns to broadcasters, advertisers and station and theatre managers, making their views known. Through the combined efforts of many people, there is an apparent change for the better in programs which are viewed by children and young people, and, to assure the continuation of this vital activity, the Auxiliary House of Delegates adopted a resolution on July 16, 1969, supporting the action of the Board in recommending the program and urging that it become an ongoing project of the Auxiliary.

Tangible proof of the Auxiliary's interest in youth was a record-breaking contribution to AMA-ERF of $428,875.77, an increase of 10 percent over that of the preceding year. In addition, $10,647 was contributed by auxiliaries and individuals in memory of Mrs. C. C. Long, to be used for a suitable memorial to her long-standing interest both in AMA-ERF and in young people. A new project at the Annual Convention was a booth for the sale of nationally sponsored articles -- one at Auxiliary headquarters and one in the AMA exhibit area -- bringing in $1,170, which will be included in the 1969-1970 totals.

Because of continued concern over the nationwide shortage of health manpower, the ad hoc committee appointed in 1967 to conduct an in-depth study of Auxiliary activity in this field was continued through 1968-1969. With the assistance of AMA staff, questionnaires were prepared and distributed to county auxiliaries and results analyzed which indicated the following conclusions:

- -- More than two-thirds of the national auxiliary membership, located in more than one-half of the county auxiliaries, are involved in some sort of health career activity, either recruitment or financial support.
- -- On any given day, from 1800 to 2000 persons are in training for a health career as a result of financial support by an auxiliary.
- -- Approximately a quarter of a million dollars of "new" money for loans and scholarships is raised annually by county auxiliaries. Added to money already on loan, this makes approximately $650,000 available for this purpose annually.

As a result of the health manpower study, the Auxiliary Board has authorized the Health Careers Committee to draw up a five-year plan against which national, state and county auxiliaries may gauge their efforts. Further, local auxiliaries will be encouraged to reevaluate their grant and loan procedures, and student selection procedures, and to work toward the goal of improving Auxiliary leadership in health careers through involvement with state and local councils. Another result of the Committee's work has been that the Auxiliary health careers chairman now meets with the AMA Health Manpower Council, an arrangement which should prove mutually beneficial.

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Meanwhile, the ongoing Health Careers Committee has completed quick reference charts for each state, showing training available for all health careers, and has undertaken a survey of the number of high school graduates going into such training. It has been found that only about 40 percent of those needed to combat the health manpower shortage are actually being recruited, despite the fact that auxiliaries sponsor 2,161 clubs and conducted 575 health career days to interest young people in entering the health field.

To assist in the health education of young people and their parents, three new package programs were developed during the year on the subjects of "Sex Education," "Alcohol," and "Drug Abuse," making a total of ten such programs now available on request by auxiliaries from the national headquarters. These programs are planned for presentation to the public, either by the Auxiliary alone or in cooperation with other interested organizations, and form a very potent force by which to disseminate correct information on subjects of vital community interest.

Recognition was given at the 1969 convention to three county auxiliaries active in safety programs for young people. Honolulu County, Hawaii, received the Emergency Health Services Award from HEW for its achievements in alerting the public to dangers of accidental poisoning. St. Clair County, Illinois, was also cited for its program of bicycle safety for school children. The National Safety Council gave a special award to the Oklahoma County, Oklahoma, auxiliary for training 2,000 teenagers to be safe baby-sitters.

OTHER ACTIVITIES

During the year, the international health activities of the Auxiliary were carefully studied and a few revisions in emphasis made. Because of difficulties in packing and transporting, the collection of pharmaceuticals was discontinued as a national project, although counties and states were instructed that this could be continued as a local project if approved by the medical society. Other international health activities continued unchanged.

The AMA Councils on Legislative Activities and Mental Health have had chairmen of corresponding Auxiliary committees attend their meetings and a member of the Auxiliary's Community Health Committee has served on the advisory committee to the Rural Health Council. The Legislation Committee has urged members to "be informed, inform others, and become involved," a slogan which was carried out as our members worked as individuals during the political campaigns of 1968 and as our local units assisted their medical societies in legislative efforts throughout the year. Priority program for the Mental Health Committee has been a study of adolescents and young adults, resulting in educational programs in the community and action programs locally as Auxiliary members cooperated with other organizations in assistance to mentally retarded or emotionally disturbed young people. A survey conducted by the Committee on Home Centered Health Care showed increased activity by auxiliaries primarily as catalysts and instigators in starting needed health care services for the homebound and elderly.

MEETINGS AND COMMUNICATIONS

The annual fall conference for state presidents and presidents-elects this year featured a short version of the AMA course in public speaking, designed to help state leaders be more effective spokesmen for medicine. Four regional workshops were held, partially financed by a grant from AMA. Included in the workshops were the presidents-elect and chairmen of AMA-ERF, health careers, community health, mental health, and safety-disaster preparedness from each state auxiliary. For the first time a member of the AMA Board of Trustees participated in the discussion at each workshop session. These regional workshops were followed by workshops for county leaders in many states, thus completing the chain from national to state to county.

Six issues of MD's Wife, the Auxiliary magazine, were sent to every Auxiliary member and three issues of the Direct Line newsletter were printed for the guidance of state and county leaders. Through these two publications information from national headquarters is made available on an almost monthly basis.

RECOGNITION

Recognition came to the Auxiliary in many ways. Feature stories on Auxiliary activities appeared in JAMA, The AMA News, PR Doctor, The 535 Reporter, "Performance," published by the President's Committee for Employment of the Handicapped, and the Gazette of the Australian Medical Association. For the second year, Auxiliary items were displayed at the Conference of the Junior Leagues of America.

In addition to sending official representatives to the meetings of 46 state auxiliaries and to 11 AMA-sponsored conferences, members of the national board were invited to 14 regional, national and international gatherings of other organizations.

In March, the President, Mrs. Long, joined representatives of five national organizations -- National Education Association, General Federation of Women's Clubs, American Farm Bureau Women's Committee, Association of Junior Leagues of America, and National Secretaries Association -- in a three-week tour of France as guests of the French Government, visiting centers and making contact with leaders of French women's groups.

MEMBERSHIP

At the close of the fiscal year, June 30, 1969, membership was at an all-time high -- 91,167. However, even this total is only a little more than half that of dues-paying AMA members. If the Auxiliary's record for 1968-1969 was established with only half our potential membership, what strides could be taken on behalf of the medical profession and the public good with all eligible women enrolled. This is our goal for the future.

(Mrs. John M. Chenault, President
April 22, 1969 to July 16, 1969)

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H. INTERNS AND RESIDENTS
(Reference Committee C, page 287)

HOUSE ACTION: ADOPTED

The Board of Trustees for some time has been concerned about the need for bringing more interns and residents into the membership of the AMA. The concern of the Board was further stimulated by the recent action of the House of Delegates when it adopted Resolution 107 (A-69) which called on the AMA to bring about a unification of the medical profession by increasing AMA membership among those physicians who are presently non-members. The Board's response to this Resolution will be submitted at a later time inasmuch as this matter is still under consideration.

With regard to interns and residents, however, the Board of Trustees has supported the concept of promoting the Active membership in the AMA of interns and residents. To accomplish this objective, the Board has requested staff to investigate methods for its implementation.

As a first step, the Board of Trustees recommends that the House of Delegates strongly urge the state and county medical societies to take action to make available to interns and residents active membership or its equivalent.

I. REPORT OF THE COMMITTEE ON PLANNING AND DEVELOPMENT
(Reference Committee I, page 316)

HOUSE ACTION: REPORT I REFERRED TO AD HOC COMMITTEE ON LONG RANGE PLANNING AND DEVELOPMENT, AND THE FOLLOWING THREE RECOMMENDATIONS ADOPTED:

(1) That a permanent Committee on Long Range Planning and Development be appointed.

(2) That following this session of the House of Delegates an Ad Hoc Committee on Long Range Planning and Development be appointed to consist of nine members to be appointed as follows: One member from the Board of Trustees appointed by the Chairman of the Board; five members of the House of Delegates to be appointed by the Speaker of the House of Delegates; one member from the Student American Medical Association to be appointed by the President of that Association; and two members from the American Medical Association membership at large appointed by the Speaker of the House of Delegates with the desire that there be representation from state associations in this group. This Ad Hoc Committee to have the following charge:

(a) To receive the Report of the Committee on Planning and Development (Himler Report) and the Minority Report (John H. Budd, M. D.) as well as all the reviews and correspondence received by the Association concerning this subject, also including the transcript of the proceedings of Reference Committee I when that document becomes available;

(b) To study and make recommendations concerning the structuring of and the charge to the permanent Committee on Long Range Planning and Development and to report these recommendations to this House of Delegates at the Annual Convention in 1970, it being understood that this Ad Hoc Committee will serve until a permanent committee is constituted.

(3) That this House of Delegates can better act on the specific recommendations of the Report of the Committee on Planning and Development and the Minority Report with the benefit of individual resolutions to be submitted by the component and constituent state associations or societies. Therefore, the two reports shall be transmitted to the constituent state societies for such specific action by their governing bodies as they deem warranted, it being understood that the resolutions so generated and all recommendations made in the Reports of the Committee on Planning and Development will be considered by the appropriate Reference Committee at the Annual Convention in 1970.

REPORT I:

At the 1969 Annual Convention the Board reported to the House of Delegates that it had received the report of its Committee on Planning and Development and had appointed a committee to review the report in detail and submit recommendations to the Board.

The Board wishes to compliment the members of the Committee on Planning and Development on its handling of an extremely complicated assignment. The breadth and knowledge, understanding, and insight regarding the environment of medicine are evident in this detailed report. The import of this environment on the future practice of medicine is clearly spelled out in the recommendations. The Committee Report and the Minority Report represent the thinking of responsible men. The Board believes that both reports are important basic documents for future planning.

The Review Committee carefully studied the report and then requested comments from those committees and councils of the AMA whose responsibilities include a significant planning component. When these were received, the Board Committee again reviewed the basic document. The Report of the Committee on Planning and Development includes a wide diversity of assumptions, conclusions and recommendations. Many of the recommendations either have been or are about to be implemented. Several suggestions are subject to honest differences of opinion -- a few hypotheses may be under discussion for many years. Therefore, the Board of Trustees herewith recommends that it be given serious study and, at this time, be received for information.

The Board of Trustees believes that this Committee has completed its mission and expresses its appreciation for the Committee's splendid contribution.

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At the meeting of the House of Delegates in New York, July 13-17, 1969, the House adopted the following recommendation:

> "That the Board of Trustees be requested to (1) develop program priorities, (2) outline specific techniques of resolving the problems caused by these priority programs, and (3) report to the House of Delegates at each semi-annual session on progress being made."

At the Clinical Convention in Denver, November 30-December 3, the Board will present another report outlining the progress it has made in developing program priorities and the actions it contemplates to enhance and intensify planning programs.

REPORT OF THE COMMITTEE ON PLANNING AND DEVELOPMENT:

In November 1965, the Board of Trustees of the American Medical Association established a Study Committee on Planning and Development which was given the following tasks:

(1) To review and study current planning procedures and techniques in the AMA for planning and development; and

(2) To study and recommend new mechanisms and organization arrangements to achieve more effective planning and development for the future.

The Study Committee, having completed its investigations, summarized its recommendations as follows:

(1) The AMA can improve its effectiveness by placing more emphasis on planning.

(2) The responsibility for planning should not be separated from the responsibility for managing the affairs of the Association.

(3) The planning process must be tailored to fit the uniqueness of the AMA.

(4) The House of Delegates, the Board of Trustees, all the councils and committees, and the Executive Vice President and his staff must make a significant commitment of time and other resources in order to make the Association's planning more productive.

(5) A concerted effort should be made to blend into the Association's planning efforts the knowledge and insights of many disciplines including medicine, sociology, economics, law, and any others which would bring more enlightenment to bear on the problems facing the Association.

(6) The Association must recognize that its present organizational structure does present severe limitations and may have to be modified at some future time.

The Study Committee went on to recommend that "the AMA establish a permanent Committee on Planning and Development," and suggested the objectives of the proposed committee and how it might set about achieving the purposes for which it was to be created.

To implement the recommendations in the report of the Study Committee, the House of Delegates, on the advice of the Board of Trustees, approved the establishment of a Committee on Planning and Development. In due course, the Board of Trustees appointed the committee and gave it the following charge:

(1) To study and make recommendations concerning the long range objectives of the Association and the resources, programs, and organizational structure by which the Association attempts to reach them.

(2) To serve as a focal point for the planning activities of the Association and stimulate and coordinate planning activities throughout the Association.

(3) To study, or cause to be studied, medicine and the environment in which the Association must function and transmit the conclusion of these studies, in the form of recommendations, to the Board of Trustees for distribution to appropriate decision making centers throughout the Association, particularly the House of Delegates.

INITIAL STEPS

The first meeting, held on January 26, 1968, was primarily organizational. The Committee reviewed the injunction it had received from the House of Delegates and the Board of Trustees and, after recovering from the shock of realizing the magnitude of the responsibility, attempted to break the task down into manageable parts.

It was agreed that the first step would be to scrutinize the environment in which medicine is now practiced, to identify current problems, and to analyze the reasons for their development. In addition to providing historical perspective, the analysis was to be the substrate for short-term policy recommendations.

Beyond this, the Committee thought it important to identify current trends by studying the forces that are influencing the practice of medicine. The evaluation of these trends in terms of their direction, vigor, and likelihood of enduring was to provide the basis for predicting the future form of medical practice and the social, economic, political, scientific, and technological climate in which it would probably be conducted. The Committee also expected to use this study to develop recommendations on how these trends could be channeled, modified, supported or opposed in the best interest of the public and the member physicians of the Association.

Finally a study of the structure and function of the AMA was to indicate how well the organization is adapted to its presumptive future environment and what modifications, if any, will be needed to prepare it to be effective under the conditions that are anticipated.

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(Board of Trustees)

From the sum of all the preceding observations, long-term recommendations on policy and organization were to be formulated.

The most pressing problems that medicine and the Association face are social, economic, legislative, and legal in nature. The Committee therefore decided to direct its attention primarily to these areas. Relatively little attention was given to the scientific and educational activities of the AMA except as they affect these more urgent considerations. However, the scientific and educational functions of the AMA are of secondary importance only in terms of immediacy, and they may well be the subjects of future reports.

As a first step, the Committee familiarized itself in detail with the structure of the AMA and the operation of its administration and its councils, commissions and committees. Much written material was made available by staff, of which the Review Committee reports of 1967 were particularly useful. To supplement this information, meetings were held with the Executive Vice President, the Assistant Executive Vice President, and the heads of the major divisions. The Committee's purpose was to elicit from each what he believed the long range objectives of his jurisdiction to be, and what obstacles he saw to their attainment, either within or outside of the organization.

As a last preliminary step, the Committee met with a Committee of the Board of Trustees, composed of Gerald D. Dorman, M. D., Chairman, Joseph B. Copeland, M. D., and Burtis E. Montgomery, M. D. The meeting was most helpful in further refining the charge of the Committee and outlining the scope of its endeavors.

BASIC CONSIDERATIONS

A few fundamental assumptions, decisions, and policy determinations were necessary to channel investigation and discussion along productive lines. It is generally agreed that, since medicine is a service profession, it cannot thrive and prosper unless the needs of the public for health services are fully met. Although recognition of this principle is more or less implicit in the "American Medical Association--Purposes and Responsibilities," it is not clearly stated. People must be made aware that the medical profession recognizes a community of interests with them in maintaining the public health at the highest level attainable.

The Committee therefore RECOMMENDS:

(1) That the AMA adopt the following as a statement of the primary purpose and responsibility of the Association and the medical profession:

> "To endeavor, by all appropriate means, to make health services of high quality available to all individuals, in a dignified and acceptable manner, regardless of their social class, ethnic origin, ability to pay for services, or the source of the payment."

(2) The adoption of the following as a corollary or, rewritten, as a separate policy statement:

> "The American Medical Association has the duty to guide and assist the medical profession in the attainment of this objective."

On adoption, these statements should be widely publicized.

(Board of Trustees)

The AMA has a second obligation which is somewhat more subtle and therefore harder to define. We are experiencing a soaring demand for health services as a result of better public education and more adequate funding for health care from insurance and governmental sources. This trend is augmented by the increasing complexity of medical science and by our adoption of progressively more stringent standards in judging the quality of professional services. It seems almost certain that unless some fundamental changes are made in the current system of delivering health care, the demand will outpace our ability to meet it, regardless of efforts to train additional personnel or build more facilities. Therefore, if the total health establishment is to meet the requirements and expectations of the public, it becomes mandatory that the individual professionals and the institutions that render health services be more closely organized and at a higher level than is now the case.

Some services require sophisticated equipment that is found only in hospitals. Many types of care necessitate a team approach that the solo practitioner and his consultants cannot readily provide. Considerations of convenience, economy, and comprehensiveness will tend to force physicians into one or more formal types of organization. This may require attending physicians to share authority and responsibility with other individuals and even institutions, thereby diminishing their own. Partial transference will not only raise the question of where the ultimate authority to determine patient care lies, but will also tend to weaken and depersonalize the relationships between physicians and their patients.

Given present social values, the encroachment on physician-patient relationships will not be massive at first, since that would be resented by the public and the medical profession alike. Nevertheless, some degree of curtailment of the time-honored privileges, prerogatives, and authorities of physicians are already upon us and further encroachments seem inevitable if the public is to get the health services it needs at a price that it is able, or willing, to pay. To add to this picture, there are already indications that rising costs may bring about efforts on the part of government to regulate or limit physicians' fees, in an ill-advised effort to achieve economy.

It is generally agreed that independence in thought and action and a high degree of intellectual development are essential characteristics for those who aspire to be competent physicians. People of this caliber are likely to seek professions that, in addition to intellectual and personal satisfaction, promise freedom from regimentation, reasonably high standards of living, and adequate compensation. The study of medicine is a long and difficult discipline which must compete with less demanding professions for a limited number of qualified prospects. It can continue to do so successfully only if, in addition to the great personal satisfaction of medical practice, the social, financial, and intellectual rewards are sufficiently attractive.

The AMA must therefore be continually solicitous about the setting in which medicine is practiced and must attempt to maintain conditions that will attract the best qualified and most highly motivated individuals to the profession. Every effort should be made to keep regulation, restriction and regimentation to the absolute minimum compatible with the Association's avowed purpose of helping to deliver health services of high quality to all who need them. One way in which the Association can move toward this goal is to encourage and actively participate in devising practice patterns and delivery systems that are efficient, economical and non-restrictive for both the provider and the consumer.

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The Committee therefore RECOMMENDS:

That, while the AMA must be prepared to accept some circumscription of the traditional privileges and freedoms of physicians, the following policy be adopted:

"That the American Medical Association recognize the need for new and improved methods of delivering health services, that it encourage and participate in efforts to develop them, and

"That, in the interest of attracting the most highly qualified candidates to the field of medicine, it simultaneously make every effort to maintain and create incentives in medical practice. Among these incentives are minimal regimentation, a multiplicity of practice options, and freedom of choice for both physicians and patients."

Adherence to these principles is not only in the enlightened self-interest of the medical profession, but is in the public interest as well. All other policy decisions of the Association should be made in the light of these concepts.

At this point, two other decisions or assumptions had to be made, since they are fundamental to further recommendations made in this report. The first of these was the adoption of a definition of the term "health" since that definition will establish the dimensions of the health care field in which the Association will function. Many were considered and the one most in keeping with enlightened social and medical philosophy, in the Committee's opinion, was that of the World Health Organization.

The Committee therefore RECOMMENDS:

That the AMA officially adopt the following World Health Organization definition of health:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Given this interpretation, health services involve all aspects of man's ecology and their spectrum becomes much more extensive than the mere provision of medical services. The question then arises: How large a role should the AMA claim in planning for the future and in developing systems for the achievement of the goals in health care that were postulated earlier? The Association can follow one of three courses. It can limit its efforts and interest to matters that are purely medical and exhibit no concern for the other elements that enter into the attainment of the optimum degree of public health, such as education, housing, environmental control, transportation, civil rights, and the alleviation of poverty. Another alternative would be for the AMA to concentrate primarily on the medical aspects of health care but to show a continuing interest in the above non-medical components of health services. The final course would be for the AMA to claim an active role in the planning and development of all health plans and programs in all their ramifications.

Clearly, the orderly and effective provision of health services in the future and the planning and implementation of health care programs will call for multidisciplinary action and an unprecedented degree of cooperation among the health professions. The AMA has neither the facilities nor the personnel to undertake a regulatory and planning function on this scale. Even if it did, it does not have the authority to put the policies it might develop into effect, nor does any other single group, profession or association.

Nevertheless, there is now an almost total lack of leadership in devising methods for improving the utilization of our existing resources of personnel, equipment, and funds. The equally important problem of how to provide a progressively increasing range of services as limitations and shortages are overcome is also being neglected, pending the slow and painful organization of comprehensive areawide planning agencies.

Public health officials have attempted to fill this leadership vacuum, with but limited success. Restraints on their authority and scope of activity may have precluded their arriving at solutions for issues of such protean nature. In any event, both the interests of the public and those of the medical profession now require that the AMA and its constituent societies become actively involved in an endeavor to bring order and continuity to this presently chaotic field.

The Committee therefore RECOMMENDS:

That AMA adopt an active role and take the initiative in developing all plans and programs for health care in all their ramifications and that it encourage and assist state and county medical societies to do the same at their respective levels.

The last recommendation, although necessary at this point, is, of course, a generalization. The specifics of how it may be implemented will be suggested in succeeding sections. The foregoing portion of this report outlines, in very general terms, the range of interests and the scope of activities the AMA should assume to play an effective part both in the revolution that is currently sweeping medicine and in the era of systematic progress that, hopefully, will follow.

EVALUATION OF CURRENT TRENDS

In order to evaluate the trends that are now affecting medical practice and those that may affect it in the future, it is necessary to understand the public's attitude toward government and toward social programs supported by tax funds.

Perhaps the most obvious and striking change in public psychology since the end of World War II, and more particularly in the past decade, has been a great increase in expectation. The people expect better housing, education, environmental conditions, transportation, and health services. The problems involved in improving facilities and services in these categories are so complex and interrelated that simultaneous solutions covering broad geographic areas are often needed. In addition, since the programs must be massive, the costs are correspondingly great. As a result, local voluntary agencies, professional associations, management, labor, and all other groups and organizations comprising the

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private sector discovered that they have neither the funds nor the authority to plan and implement the p ams that are required if public aspirations are to be met. Local and municipal governments found themselves similarly limited and turned to their states for financial support. The latter, hard pressed as they are for funds, have sought help from the federal government.

In response to these appeals from lower echelons of government and inspired by the public clamor for better living conditions, more and better services, and greater security, Congress created a number of social welfare programs. There are those who will argue that the demand for these was not spontaneous but was deliberately aroused and nurtured by those in government whose political philosophies incline toward the creation of a paternalistic, or even a socialist, state. There may be some truth in this belief, but it is idle to speculate on where the rise in expectations originated. The fact is that the public appetite has been whetted and, more significantly, that the majority of the people look to government for its satisfaction. They will support, or at least not oppose, the expenditure of large sums of tax money on broad programs for social welfare. As time goes on, this attitude will become progressively more important as a determinant of public policy. The mere existence of the poverty program and of new and expanded grants-in-aid for transportation, housing, education, research, hospital construction, and health services represents a concrete though unexpressed decision on the part of the federal government to intervene more directly in the lives of Americans by guaranteeing them many services and commodities that they hitherto were expected to provide for themselves. Although the involvement of the United States in extra-territorial military operations, foreign aid, and other commitments of money and manpower have limited the scope of some of these plans, the limitation is likely to be temporary. The principle has taken root, and as this country's external obligations diminish or its exuberant economy yields greater tax income, old programs will be expanded and new ones will be established.

This trend will be curbed only by the refusal of a sufficiently large portion of the population to be taxed for services they do not individually need. However, since most of the social legislation enacted to date has been poverty oriented and represents aid to the needy and underprivileged, this type of resistance is only now becoming evident. The short term endpoint of federal, state and local government activity in the area of social welfare is unpredictable. Nevertheless, it is safe to say that unless the private sector can propose effective solutions to existing problems, the next decade will see us moving in the direction of vastly broadened assumption of authority and responsibility by government, with a concomitant increase in public dependence on assistance programs.

Ironically, the organization necessary to satisfy the newly aroused public impatience for better living conditions, more government guarantees, and greater security is almost totally lacking. Most federal government programs of recent vintage, since they were created in response to pressure or crisis, were hastily enacted with insufficient regard for their cost or their feasibility in terms of facilities, administrative mechanisms, and professional manpower. In addition, partly because differences in local conditions, needs, and facilities dictated that planning begin on a local level, partly out of deference to states' rights, and partly because central administration of massive new programs was not immediately practical, recent social welfare laws have been limited by Congress to the provision of grants-in-aid or matching funds. Implementation of the

programs has been left to the states within fairly loose frameworks of conditions, standards, and criteria. Usually, to stimulate the states into prompt compliance, the laws set time limitations on program activation. Most states, anxious not to lose their share of federal largesse, passed hasty, and often ill-conceived, implementing legislation and then placed their reliance on local and municipal governments to put the programs into operation. The resulting confusion has seriously impaired the new programs and has brought about frictions and damaging waste of limited human and financial resources. In the general confusion, state and local legislators, administrators, and a new corps of government advisors have busily elaborated a great variety of favorite theories, plans and procedures, which, when translated into action, have proved to be costly and ineffective.

If our present social and political climate had to be described in a few words, it would be characterized by high aspirations, poor organization for achieving them, great but finite national wealth, high and rapidly rising costs, and an almost total absence of the comprehension needed to solve complex and interdigitating social problems. Nevertheless, those problems must be overcome, and the new laws, despite their glaring deficiencies, constitute at least a primordial soup, containing all the ingredients necessary for the generation of viable programs if only the proper catalysts can be found. Those catalysts are leadership and cooperation.

Clearly, the problems in the field of health alone, in their entirety, are beyond the influence and competence of the AMA to solve without assistance. Nevertheless, if the AMA were to take the initiative in devising plans for the improved organization and delivery of health services, it would not only be contributing to the attainment of its stated objectives relating to public health, but would also be leading the way to effective action in other fields. Specific recommendations to that end will be made later in this report.

RECENT LEGISLATION: EFFECTS ON HEALTH CARE AND IMPLICATIONS FOR THE MEDICAL PROFESSION

Having considered the general characteristics of social welfare legislation, let us turn to the examination of recent laws that have profound implications specifically for the practice of medicine.

Public Law 89-97 established Medicare and Medicaid. It has since been amended only in relatively unimportant details. Title 18 of the law establishes hospital and health service benefits for those over 65 years of age. Title 19 provides federal matching funds to encourage the states to create programs for the ultimate provision of a broad spectrum of health services to the indigent.

In its entirety, PL 89-97 has already had a protean effect on medical practice although its full impact is not yet generally appreciated.

Public Law 89-239, the so-called "Heart Disease, Cancer, and Stroke" law, is concerned with hastening the diffusion of the knowledge gained from abstract and clinical research from the medical centers to the practitioners who are in intimate and daily contact with patients.

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Public Law 89-749, the "Partnership for Health Amendments to the Public Health Service Act," was subsequently amended by PL 90-174. The law is directed toward creating agencies for areawide, comprehensive health planning at the local, regional, and state levels. It is now only in its early organizational phases but will increase in importance as planning agencies are activated.

It is beyond the scope of this report to go into the details of these laws since they constitute a study in themselves. Suffice it to say, however, that, either implicitly or as they have been implemented, they firmly establish the following concepts as public policy:

(1) Every citizen has the right to the health services he needs.

(2) The services he receives must be of high quality and readily available.

(3) The responsibility for the quality and availability rests with the agency administering the program.

(4) Health services of high quality are defined as services that are "comprehensive," "patient-oriented," or represent a "continuum of services," in contradistinction to "episodic," or "disease-oriented," as our present system is alleged to be.

(5) Government, when necessary, will pay for health services either from the premiums of social insurance as it does in Medicare, or from general tax funds, as it does in the Medicaid program.

If we examine these concepts, each of them brings a number of questions and problems in its wake.

ABRUPTLY INCREASED DEMAND FOR HEALTH SERVICES

The thesis that every human being has a right to all needed health services is disarmingly simple and is now generally accepted. The fact remains that in the past one either paid for medical services or received them from government. In the latter case, the indignities of welfare processing and the frequently low quality of care were powerful deterrents to utilization. These deterrents have almost disappeared and, while no one mourns their passing, it is evident that their removal, coupled with more widespread health education, is creating an insatiable demand for health services, far in excess of that experienced when self-pay, insurance, or welfare allowances were the only sources of reimbursement for them.

SHORTAGES IN ALL CATEGORIES OF HEALTH SERVICE

The increase in demand has been more than the health professions and the voluntary, proprietary, and government hospital systems could meet. A dismaying shortage of medical and paramedical personnel has become increasingly apparent.

Absolute Shortage of Physicians: The overall scarcity can be alleviated by increasing training capacity and efforts are being made to do that. The AMA has

very properly supported greater registration at existing medical schools and the founding of new ones. This encouragement, designed to increase the output of physicians, should, of course, continue. The Association should also continue to explore the possibilities of shortening the total duration of medical education by a judicious combination of college and medical school curricula, lengthening of the academic year at the expense of vacation time, and specializing undergraduate education to correspond more closely to the specific field chosen by the student.

In the area of graduate education, consideration should be given to the shortening of residency requirements for specialty board certification since there is reason to believe that the abbreviation need not adversely affect the quality of training.

Area Specific Shortages of Physicians and Other Health Professionals -- The Slums: If across-the-board scarcity were the full extent of the manpower problem, its solution would be relatively simple by the use of the above expedients, although there would necessarily be a few years of lag time before the effect of increasing training capacity became appreciable. Unfortunately, it is evident that there will be a continuing shortage of health care personnel for some segments of the population regardless of the total supply. The poor and underprivileged who inhabit the urban slums and ghettos are most deprived of essential health services and are least likely to receive adequate care in the near future.

It would be too facile to assume that they lack health care simply because they cannot pay physicians and other health professionals, and that the latter, for that reason, do not establish practices in their communities. If that were true, government subsidy of their health care would even now be mitigating the shortage. The poverty pockets are unattractive to health professionals for other reasons. They are characterized by a high degree of racial tension, by lack of respect for private property, and by periodic outbursts of violence. To complete the picture, the few physicians who practice in such localities are subject to abnormally heavy workloads, poor compensation for the services they render, inadequate hospital facilities, and lack of assistance. Under these circumstances, the penalties of practice far outweigh the few rewards, and it is small wonder that there is an intolerable shortage of health manpower in these neighborhoods.

But the deficiencies of care for the underprivileged are not the most important reason for their generally poor state of health. Poor nutrition, inadequate housing, lack of education with its attendant joblessness, and the frustrations of adverse discrimination and segregation are probably much more important as causative agents. The correction of these inequities is a social rather than a medical problem. It depends on ethnic and racial adjustments which will require almost infinite cooperation, patience, and mutual understanding. Unfortunately, these commodities, like everything else, are currently in short supply. The final remedy for the health care ills of the ghettos will be the elimination of the influences that make them what they are. Although the medical profession has neither the capacity nor the responsibility to resolve these larger issues, it must be prepared to take an active part in doing so. The deficiencies, however, are too pressing to await the beneficial effects of long term planning, education, and racial and ethnic accommodation. Substantial numbers of health personnel are needed urgently.

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Clinics financed by the Office of Economic Opportunity have as yet done little to meet this need. Relatively few groups have been established and, if complaints from a number of local medical societies are accurate, not all of these are in the deprived areas for which this type of federal financial support was intended.

Interestingly enough, there is no unanimity of opinion that the OEO concept of hospital-based multispecialty clinics is the answer to the health care problems of the slums. The National Medical Association, comprised largely of Negro physicians, many of whom have an intimate knowledge of the people and the unique needs and characteristics of the poverty areas, does not believe that it is. Health services, if they are to be effective, must not only be available, they must be acceptable to those for whom they are intended. There is some question whether the medical schools and centers that dominate the OEO clinics are attuned to the nuances of the manner in which health services must be offered in poor communities. The cultural determinants of the utilization of health services are poorly understood by most medical center faculties and staffs. The NMA makes the point that more of the care should be rendered by physicians who have their origin and roots in the underprivileged areas and represent predominant ethnic or racial groups. This would not only result in better mutual understanding between patients and physicians but would also permit the self-sustaining to seek their health services from the same source and under the same conditions as do the indigent.

Historically, the health needs of the ghettos have been left to the voluntary and municipal hospitals and government at various levels to meet, while private practice excluded itself as a delivery mechanism. The belief has been growing among legislators and public officials that if hospital-based, closed panel clinics are most effective in meeting the requirements of the poor, they are equally applicable to other segments of the population. The obvious fallacy of this belief does not diminish the danger it poses to private solo and group practice as government pays an ever increasing portion of the national bill for health services.

It is therefore essential that the medical profession at least attempt to meet the medical care needs of the ghettos in the context of individual or private group practice with freedom of choice for both physicians and patients. If such an attempt is to be successful, financial assistance must be secured for physicians who are willing to establish group practices in these areas and who present organizational plans that assure a high quality, variety, and continuity of care. Such assistance, if not available from the Office of Economic Opportunity with its known penchant for hospital-based practice, might be available under the provisions of PL 89-754, which amends the National Housing Act to permit the Secretary of Housing and Urban Development to insure mortgages for the construction of facilities for medical practice groups.

Community leaders will have to cooperate by providing police protection necessary to permit the free movement of personnel. They may also be called on to devise financial incentives of various types to attract physicians to their areas.

If no physicians can be found who are willing to devote their full time to practice in underprivileged areas, there may be some who would practice in groups on a part-time, rotating basis given the proper incentives and technical assistance in structuring and financing their groups.

None of these expedients will fully rectify present conditions, but a beginning must be made. It must be recognized that from a purely administrative point of view closed-panel, prepaid practice offers advantages to government. This type of practice may become the major or sole delivery system for government-supported programs if the privately practicing sector of the medical profession does not rise to the occasion by providing demonstrably superior care to the underprivileged. The proliferation of such programs would subject medicine to ever increasing regimentation and government control.

It should be noted that only a very small percentage of medical students are drawn from low income families and the underprivileged areas. It might be a practical expedient to select properly motivated, intelligent individuals from these backgrounds and finance their medical education, in the hope that they would return to practice medicine in the areas from which they came. Another, and less attractive possibility would be to require such physicians to practice in certain areas in facilities provided for them for a specified period of time, as a quid pro quo for the assistance they have received. This is commonly done in poor countries, in Latin America and elsewhere where the purely voluntary distribution of physicians would leave large gaps in medical services.

Area Specific Shortages of Physicians and Other Health Professionals -- Rural Communities: The problems of the rural communities have some similarity to those of the poverty pockets. Again, heavy patient loads and poor reimbursement are often factors. In addition, the rural environment is unattractive to most young physicians and their families. They find it deficient in opportunity to engage in social and cultural activities, to educate their children, and to find entertainment. Rural practice generally does not afford the physician either the time or the facilities to continue his own professional education, and young physicians, in choosing a site to practice, are reluctant to forego the intellectual stimulation they experienced at the medical centers in which they trained. The relative importance of these factors varies with the individual and the location but it is evident that as the older MD's die in rural communities, they are replaced with great difficulty or not at all.

In this situation, again, some answers may be found in the development of inducements to attract physicians to the rural areas. Similar efforts, usually made by the communities themselves, have not been notably successful in the past but it is entirely possible that with state and local medical society assistance, more effective programs for recruitment can be devised. This is important because, while rapid transportation of patients to urban centers may compensate for some of the deficiencies of rural health care, there is ultimately no substitute for the day-by-day services rendered by the local physician.

The Committee therefore RECOMMENDS:

(1) That an appropriate committee or division of the Association secure data from all the state medical societies on the adequacy of health services and the manner in which they are being provided in their rural and underprivileged areas, and the practice mechanism, if any, that are being considered or developed to correct existing deficiencies. Based on this information, the same committee should devise delivery systems consonant with the Association's principles and incentives for physicians to settle in medically deprived localities.

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(2) That the Association, in conjunction with state and county medical societies, establish a service of consultation and assistance for such physicians to facilitate the planning and financing of their projects.

(3) That, in those instances in which physicians cannot be found to develop health care facilities with the capability of providing needed services, the AMA urge, encourage, and assist the state and local medical societies to do so on an operational basis.

(4) That the Association study the possibility of establishing a corporation for this purpose, with subsidiary corporations at state and local levels. All such corporations should be legally empowered to receive payments for services rendered and would apply surplus income over expenditures to activities designed to improve health care in their areas, both quantitatively and qualitatively.

(5) That the AMA and the constituent and component medical societies seek the active involvement of medical centers and voluntary hospitals in health service projects for the medically underprivileged.

The Committee emphasizes that the provision of health services in rural areas and in poverty zones must not be abandoned to the government by default.

SHORTAGES OF SPECIFIC CATEGORIES OF HEALTH PERSONNEL BY PROFESSION AND SPECIALTY

To consider further the matter of medical manpower, the short supply of generalists or family physicians represents another major deficiency. Again, new incentives must be created to reverse the inexorable diminution of those who, in addition to providing basic care, serve the important function of coordinating medical services for their patients. Not the least of these new attractions would be the assurance of a higher professional standing than these physicians have enjoyed in the past and the admission of generalists into hospital practice on an equal prestige footing with the specialists. The Association has moved in this direction by recognizing family practice as a specialty. This action, coupled with widespread establishment of general practice sections in hospitals, could slow or reverse the trend away from general practice. These questions have been discussed at such length in medical circles that they hardly require further elaboration in this report.

The Association's public pronouncements on manpower deficiencies to date have emphasized the general shortage of health personnel and have highlighted suggestions and efforts to increase training facilities and enrollment. This is an oversimplification since these measures alone will not suffice to overcome current deficits and meet new demands. When this fact becomes apparent, the AMA will again be criticized for having failed to recognize the true dimensions of the problem.

The Committee therefore RECOMMENDS:

(1) That the AMA, through its Council on Health Manpower, in conjunction with other professional, educational, and lay associations, continue to explore and develop expedients to overcome health manpower shortages.

(2) That the Association, in its future declarations and activities directed toward the alleviation of shortages in health services and personnel, underscore the fact that these shortages are not due merely to an insufficient number of health professionals across-the-board, and emphasize that maldistribution of practitioners geographically, by profession, and by specialty is an equally important factor in depriving communities of an adequate supply and spectrum of health services.

(3) That the Association publicize the reasons for the maldistribution, as outlined in this section, and stress that the voluntary correction of these deficiencies requires public cooperation and community action in addition to the measures taken by the health professions.

The limitations of the service capacity of the health professions will be a matter of increasing concern for the public as well as the professions. Overcoming relative and absolute manpower shortages will take time, possibly a decade or more. During this time, the demand for health services will multiply as the population grows, urbanization and personal incomes increase, the proportion of the aged rises, health education is more widely disseminated, and more government funds are allocated for health programs. This trend will aggravate the present disproportion between the supply of health professionals and the increasing demand for their services. Any reasonable device must therefore be explored to conserve the time of overworked physicians. One expedient would be to limit the services they perform to those that require the exercise of their special skills.

Use of "Doctors' Assistants" to augment Medical Service Capacity: One proposal designed to stretch the service capacity of the medical profession with the present supply of physicians has been that less highly trained individuals be specifically educated and utilized to perform routine examinations and treatments. Several experiments in the training and use of doctors' assistants are now in progress. The University of Colorado is conducting a project for training registered nurses to do some procedures in pediatric practice, particularly well-baby and routine care. The plan operating at Duke University is intended to train modern and improved versions of army medical corpsmen. In a number of areas, proposals have been made to revive the use of nurse-midwives for uncomplicated obstetrics. Many pursuasive arguments have been advanced in support of utilizing personnel with a medium level of training to relieve the pressures on more highly skilled physicians and thereby meet the demand for services. To a limited degree, and in chosen localities, this device may indeed be necessary and useful. The entire concept, however, is heavily booby-trapped and before it is enthusiastically adopted by the medical profession, some caveats are in order.

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Physicians who are too busy to render complete medical care to their patients may well be too busy to supervise the services rendered by their assistants. This could result in a significant deterioration of services. Furthermore, since the legal responsibility for patients rests with their physicians, the use of assistants on a large scale opens a wide and unappetizing vista of ever increasing malpractice litigation. Another and rather obvious disadvantage of employing assistants in this new and expanded sense is that it would further depersonalize medical care precisely when the profession, to preserve some of the positive values of current medical practice methods, is endeavoring to strengthen the personal relationship between physicians and their patients.

This expedient, if generally adopted, would be applied to a great number of specialties and would result in the creation of a number of sub-professions which would be a nightmare to license, limit, audit and supervise. Understandably, but inevitably, the new assistant groups would seek to widen the permissible scope of their services and to increase their responsibility, authority, remuneration, and independence of action. This could seriously compromise physicians' responsibility for the care of their patients, and materially increase the cost of that care. The medical profession must not fall into the error of accepting the principle of creating corps of "doctors' assistants" except with stringent safeguards and provision for their close supervision.

The Committee recognizes that the productivity of physicians must be increased if shortages in health care are to be overcome, and that one method of doing so is to utilize the services of doctors' assistants. While not wishing to discourage the adoption of this general principle, the Committee reemphasizes the need for appropriate guidelines and safeguards.

The Committee therefore RECOMMENDS:

(1) That an appropriate committee of the AMA immediately begin to formulate a policy on doctors' assistants, particularly with regard to their responsibilities, limitations on their practice, and supervision of their services by qualified physicians.

(2) That the AMA reaffirm the principle that the basic responsibility for the care and welfare of patients lies with their physicians of record and that that responsibility cannot and should not be delegated.

(3) That the Association's Law Division assist the state medical societies in identifying and avoiding any legal hazards that may accompany the employment of doctors' assistants.

DELIVERY SYSTEMS FOR HEALTH CARE

Partly because of manpower deficits and partly because of the rapidly rising costs of health care, the Department of Health, Education, and Welfare has exhibited a keen interest in delivery mechanisms for health services. A National Center for Health Service Research and Development has been created in the department. The Center, not yet in full operation, will conduct field studies to

evaluate programs in being, develop pilot projects and demonstration programs, and gather data on all known methods of providing health services. Ultimately its recommendations will probably establish HEW policy on the programs under its jurisdiction. Ideally, the center will accumulate detailed information on the effectiveness, cost, and acceptability by the public of various health service mechanisms and make objective recommendations based on that information. Indications are that the major focus of its interest will be group practice.

In many ways that need not be enumerated here, group practice, as compared to solo practice, has substantial advantages for both physicians and patients. As a result, the precentages of physicians engaged in private, fee-for-service, group practice has been rising steadily. Most groups are of the multispecialty type and offer a reasonably broad range of services. Less commonly, they are composed of physicians in a single specialty. Characteristically, they are reimbursed on a fee-for-service basis and all the members are partners, which gives them a direct stake in maintaining high standards.

The other main type is the so-called closed panel group which accepts patients for all the care they may need on a prepaid, capitation basis rather than fee-for-service. This requires the interposition of an insurance carrier between the patients and the providers of service. In some instances, the physicians are partners in the group but the majority are employed on either salary or per-session payments.

The major exponents of this arrangement are the Health Insurance Plan of Greater New York in the east, and Kaiser-Permanente Plan on the west coast. In addition to the advantages of group practice in general, both have claimed lower hospital utilization and morbidity rates than are experienced in insured groups that have a reimbursement type of health insurance and pay fee-for-service. They attribute these claims to more effective preventive care and treatment, but such claims, of course, are almost impossible to substantiate. It can be argued, for instance, that low rates of hospital admission and short duration of stay may well represent inadequate rather than optimum utilization. Morbidity rates are difficult to compare because of the differences inherent in the two systems. The patients of a prepayment group are largely members of a consumer organization of one type or another. In the majority of instances, the contract is negotiated between an insurance company distinct from the medical group and a labor union or other consumer agency. The patients resulting from this type of selection often have group characteristics that invalidate comparison with the randomly selected clientele of fee-for-service individual or private group practice. In addition, the differences in the manner in which the two systems render services and the tendency of patients of a prepayment group to seek the services of a personal physician outside the group for grave illnesses makes the comparison of statistics very misleading.

Aside from these considerations, closed panel, prepaid practice has several definite disadvantages for patients. Once families or individuals have enrolled in a plan that provides this type of care, they have lost the right to choose their own physician. In theory, they can select any member of the group, but the actual choice is almost nil because of the relatively small numbers of physicians in the groups and their limited availability. The patient's freedom to join another group in the same plan is hypothetical rather than actual since

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distance and convenience almost forbid such transfers. Those patients who want treatment or consultation outside the plan must pay a penalty for doing so since there is no provision for reimbursing them for their expenditures.

Whatever the reasons, insurance programs based on closed panel practice have not been remotely comparable in growth to those that pay fee-for-service benefits and allow free choice of physician, in spite of the fact that the former offer a complete spectrum of care while the latter have varying limitations, exclusions and co-pay features. There must therefore be some element in closed panel practice that militates against its general and enthusiastic acceptance by the public.

The Committee does not propose to advocate any particular type of practice. It is disquieting, however, to learn that, after establishing a center supposedly intended to evaluate the various systems, high officials of HEW have already reached their own conclusions and openly favor prepaid health care delivered by closed panel groups. They are probably influenced by the ease with which the distribution of personnel and the range of services can be controlled in closed panel practice. In addition, cost control, via negotiation for capitation rates, is certainly simpler and more predictable than it is with the usual, customary, prevailing, and reasonable method of reimbursement, (hereafter abbreviated to UCFR). In spite of the simplicity in negotiating and predicting costs in the prepaid group practice system, however, the cost economies such groups claim have yet to be proven. Whatever the reasons, the attitude of the officials of HEW is the antithesis of the impartial analysis and objective decision that were hoped for and are necessary to determine the relative merits of the different practice mechanisms. This type of prejudice could not only result in costly and harmful errors in the administration of tax supported programs, but could affect the private sector adversely.

The House of Delegates, at the 1968 Annual Convention, recognized this and adopted a resolution that "The AMA strongly disapproves the provision of funds by the federal government for subsidizing any one form of organization of medical practice." Unfortunately, the same resolution went on to state, "Resolved, that the AMA continue to espouse the private, fee-for-service practice of medicine." It is hardly logical for the Association to call for objective experimentation in the organization of medical services and in the same breadth to express its preference for private, fee-for-service practice. It is equally inconsistent to call the Department of HEW to task for giving preferential support to one form of medical practice and simultaneously express the Association's prejudice for another.

It is well to remember that the Association represents members who are engaged in all types of medical practice and that they must be represented impartially. Furthermore, there are many possible variations and combinations of solo practice, fee-for-service group practice, prepaid capitation practice and even physician employment that may be useful in providing care under certain circumstances. Combinations of fee-for-service payment and prepayment are also possible. It is well know, for instance, that one of the major obstacles to the development of voluntary insurance coverage for out-of-hospital services has been the prohibitively high cost of processing large numbers of small claims. In many cases the processing cost is almost equal to the payment, which almost prevents such services from being insurable and which may in part be responsible for the high cost of Medicare. One possibility for overcoming this disadvantage is to

establish a prepaid pool in which physicians, individually or in groups, could draw for certain types of individual services, thereby eliminating the costly processing of small claims. Fee-for-service payments could be retained for larger and more readily identifiable items of care. Similarly, it is possible that pediatricians would accept capitation fees for well-baby care while retaining fee-for-service for the balance of their practice. The Committee does not wish to suggest specific types of organization or payment. It merely wishes to point out that there are many possible combinations and permutations that may be useful in the future and that the Association should not be on record as being opposed to any of them until they have been fairly tried.

The immediate needs to be met are enormous and are creating proportionate pressures. The virtually uncontrollable rise in the public's bill for health care will dictate the most stringent evaluations of cost effectiveness. Under these circumstances, all varieties of organization for health care and many methods of payment will be put to the test of competition regardless of the position the Association may take. Rather than support particular kinds of organization and payment for health services and oppose others, the AMA should devote its energies to establishing the criteria by which they are judged. These standards should transcend the mere logistics of delivery and the cost of care. They should include considerations of the quality of care, the dignity of the circumstances under which it its provided, and the choice of options that the plan allows for providers and consumers.

The Committee therefore RECOMMENDS:

(1) That the Association take no public position for or against private solo practice, private group practice, closed panel group practice, fee-for-service payment, or prepayment by capitation.

(2) That an appropriate committee of the AMA be charged with the task of establishing the basic criteria which any proposed system of delivery of health services or mechanism for payment must satisfy to be acceptable.

(3) That the Association, in all public statements, emphasize the concept that differences in education, culture and income levels create problems that may neccesitate different systems of delivering medical care for different population groups.

(4) That the state and local medical societies be encouraged and assisted in devising and proposing practice expedients suited to their localities and their problems.

(5) That the Association, in conjunction with the state and county medical societies, establish a consultation and assistance service for physicians or groups of physicians who wish to develop organizations or programs for the rendering of health services.

(6) That the AMA endeavor to be informed of the pilot projects that are proposed by other sources and that it request the Department of HEW to discuss those projects with the Association before they are put into effect.

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(7) That the Association seek to insure that the value judgments made by the Department of HEW on plans, programs, pilot projects and payment mechanisms are firmly based on the criteria and standards the AMA has developed for that purpose.

MEDICAL SOCIETY NEGOTIATION OF CONDITIONS, REGULATIONS AND FEES IN GOVERNMENT PROGRAMS

Another manifestation of the government's interest in costs has been a careful scrutiny of professional fees, particularly those of physicians. The acceptance by government of the usual, customary, prevailing, and reasonable (UCPR) principle of payment for the Medicare program was encouraging as an indicator that there would be no direct attempt to dictate physicians' fees beyond keeping reimbursement in line with current cost levels. It should be borne in mind, however, that the adoption of the UCPR concept is provisional rather than final and that it has yet to prove itself as an economical method of payment for health services. Physicians' fees have been rising and, in the past few years, they have done so at a rate exceeding the rise in the various cost indices. There has also been an appreciable increase in physicians' incomes since 1966 while, during the same time, the medical profession has been unable to bring about a material expansion of its capacity to deliver health services. In the face of the unexpectedly high cost of new health service programs and on the basis of these superficial observations, the right of physicians to augmented incomes is being questioned in many quarters.

Aside from rising fee levels, which are now showing signs of levelling off, there are two major factors that brought about increases in physician income. The first of these was the abandonment by government of the charity and "welfare discount" concepts in the provision of health care to the indigent. Quite correctly, the decision was made that cut-rate or charitable services did not result in a high quality of care for the medically needy, and the principle of payment at the "going rate" was therefore established. As a result, many physicians are now being reimbursed for services they previously rendered gratis, while others are being paid at a higher rate.

The second factor contributing to the rise in physician income is the upsurge in demand that has been created by expanded government funding of health care for the indigent. Although the capacity of the medical profession as a whole to meet this demand may have been insufficient, many physicians did accept heavier work loads which increased their incomes correspondingly.

The Committee does not wish to justify the income and fee increments in this report, but it is important to recognize that rising costs and fees have already been responsible for one congressional investigation and are causing rumblings from consumer groups, labor unions, and government agencies that fee-for-service and UCPR merely enrich physicians and encourage the continuous escalation of charges without corresponding improvements in services. If, therefore, these methods of payment are to survive, it is imperative that the medical profession be able to demonstrate that fee levels are reasonable and that they are not permitted to increase without good cause. In order to do this, the medical societies at all levels must have access to data that are unbiased, accurate and beyond challenge.

The Committee heartily supports the UCPR concept and urges that the AMA and the state and local medical societies do everything in their power to widen its application. Nevertheless, there are many programs which are still based on negotiated fee schedules such as some state plans implementing Title 19 and most Workmen's Compensation programs. The possibility cannot be overlooked that the government may turn from the UCPR concept at some future date in spite of the efforts of the medical profession. The societies must therefore be prepared to achieve usual and customary fees by negotiation as well as to negotiate the conditions, regulations, and procedures that apply to physicians participating in government programs.

There are two essentials to effective negotiation. The first is a complete and accurate body of information on all aspects of program operation. The second is a corps of seasoned and knowledgeable negotiators.

It is understood that fee negotiations do not fall within the province of the AMA since most of these take place at the state or, rarely, at the county level. On the other hand, the Association could very well serve a useful function at the federal level by negotiating all other aspects of tax-supported health programs. It must, therefore, have access to data. In addition, most state and local societies are hampered in their discussions with government by lack of knowledge of conditions and developments in other areas. Many of them do not have effective machinery for gathering information or have not yet recognized the importance of that function. They would derive great benefits from analyses and recommendations made by the AMA, based on data which the Association in any case requires for its own purposes.

The Committee therefore RECOMMENDS that the Association:

(1) Urge state medical associations to undertake various studies, including surveys of prevailing medical fees.

(2) Develop a uniform methodology for conducting such studies to the end that the data from the various states and localities be comparable.

(3) Serve as a clearing house for the material thus obtained and, after analysis, redistribute the data to the state medical associations with suggestions and conclusions.

(4) Urge the state medical associations to designate negotiators who are qualified to deal energetically with government agencies on all matters pertaining to tax-supported programs. Such individuals or groups should be formally appointed and the government jurisdiction involved should be notified that all negotiations will be conducted by them.

COST CONTROL OF HEALTH CARE: UTILIZATION AND MONITORING OF PROFESSIONAL FEES

One other aspect of physicians' fees deserves consideration. Over the past two or three years, Association spokesmen have admitted that the medical profession has a responsibility in helping to keep the costs of health services within

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reasonable limits. They accepted for the profession not only a responsibility for the overall control of fee levels but also for furthering the optimum utilization of facilities and ancillary personnel as a curb on hospital costs. With regard to the latter, the medical associations can assume only an educational function. The direct control of hospital utilization must devolve on appropriate professional groups within the hospitals themselves since such policing is beyond the scope and authority of medical societies. This makes utilization control no less a medical function; it merely places supervision and authority where they can be effectively exerted.

In accepting the responsibility for curbing costs by keeping fees within reasonable limits, our spokesmen were wise but, under the circumstances, over-optimistic. It must be remembered that medical societies have absolutely no jurisdiction over the charges made by their members. Medical society grievance committees, in adjudicating fee disputes between physicians and third parties, act on the premise that they are merely limiting the financial obligation of the insuror, rather than setting a value on a physician's service or a ceiling on his charges. When hearing disputes on fees between individuals and their physicians, such committees either rely on the exercise of moral suasion or they require preliminary agreement by both parties to accept the outcome of arbitration. In no case do grievance committees or the societies they represent have the legal power to require a physician to reduce his charges. As far as tax-supported programs are concerned, there are other means that can be used to control fees, such as the withholding of payment for services by the paying agency either on its own decision or on the recommendation of the medical society concerned. In some instances, physicians have been excluded from programs they were allegedly abusing or have been required to seek authorization prior to treatment. Again, this is done on the authority of the program administrator, with or without the advice and consent of the medical society of the area.

The medical profession must now decide whether it is prepared to meet the obligation it has accepted for cost control through the monitoring and containment of fee levels. If the answer to that question is in the affirmative, a choice must be made between relying on the powers of program administrators for enforcement and seeking direct authority for the medical societies at state and county levels.

The Committee is of the opinion that fee policing or, indeed, any other supervision of physicians is best kept in the medical societies. Peer judgments are much more likely to be just and equitable in these matters than are decisions made by outside agencies. At the same time, if the societies elect to make only the judgments and, by agreement, leave enforcement to government agencies, they may at some future time be excluded from both functions.

Again, the monitoring of fees does not fall within the province of the AMA but the Association should advise the state and county medical societies to assume that function and should assist them in securing the necessary powers.

The Committee therefore RECOMMENDS:

(1) That the AMA urge state and county medical societies to assume the functions of monitoring fees and containing the costs of health care.

(2) That the Association, in cooperation with the constituent societies, determine what powers the state and local societies require to serve these functions and how those powers can be best obtained.

AUDIT AND POSTGRADUATE STUDY

The medical profession has accepted other obligations in the operation of tax-supported programs, particularly Titles 18 and 19 of PL 89-97. Written into this law are requirements for medical audit to assure the government that it is paying for services of acceptable quality. In-hospital audits are being conducted by the hospital professional staff and are apparently encountering no major difficulties since there are no problems of authority involved. However, it should be noted that the science or art of evaluating medical services on a large scale is in its infancy, to say the least. The peer judgment method, when limited to a few randomly selected cases, is crude, time-consuming and relatively uninformative. The conclusions drawn from a few well publicized studies of this type in the early 1960's demonstrate their inaccuracy and the facility with which improper selection can distort the findings.

If in-hospital audit of medical services by the peer judgment method is to be effective and if it is not to require a prohibitive expenditure of physicians' time, mechanical or electronic means of pre-selection must be developed so that auditors are given high-yield batches of cases to review. Both the pre-selection methods and the audit criteria must be uniform through several counties, a region or even a state, so that meaningful comparisons can be made. It would even be advantageous to develop them on a nationwide basis.

If in-hospital audit of medical services is in its infancy, the audit of office services is barely embryonic. Nevertheless, partly as an outgrowth of the distorted studies previously alluded to, the public has developed a lack of confidence in the quality of medical care. In-hospital audits may ultimately allay their fears concerning the care they receive in these institutions but, since office services, unlike hospital services, are completely unsupervised, demands are being made in some localities for evaluation of the quality of office practice.

In New York City, for instance, the administrators of the Medicaid Program are conducting on-site surveys of some physicians, particularly those who bill in excess of certain amounts for services rendered to assistance recipients. The basis of this particular selection is that the volume of services rendered precludes, or may preclude, their being of high quality. There is already clear evidence, however, that the administrators intend to extend this procedure to the maximum degree possible. Although the medical societies have protested this activity on grounds that will be developed in this report, it is continuing and is being enforced by the city's power to withhold payment or to disqualify individual physicians from Medicaid practice. The situation in New York is as yet unique but it does serve as an example of what may happen in government programs.

On the same subject of office audit, the Committee reviewed with great interest the report entitled "Continuing Medical Education -- a New Emphasis," emanating from the Association's Division of Medical Education. The Committee does not wish to review that report which, incidentally, is well worth reading, but a few of the findings are germaine to this discussion.

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The educational process described in the report is ingenious and stimulating but of even greater interest is the motivation of the physicians who participated and the implications that motivation has for the quality of care.

Essentially, the physicians of Utah were given a mechanism whereby they could evaluate their skills and self-analyze their educational deficiencies. On the basis of their analyses, they were given an opportunity and a time-economical method to update their skills in a priority sequence.

What is of the utmost significance is the fact that on the initial contact 476 physicians responded out of a possible 907 for a response rate of over 50 percent. Many of the non-respondents were specialists who already had facilities available for the continuation of their medical education. Surely this pilot project indicates that much of the problem of continuing medical education can be solved on a voluntary basis if the proper programs are developed.

The great advantage of the voluntary approach is that the individual physician is likely to spend his study time in the fields that have the greatest importance to his own practice and in which he may need additional education most urgently.

If we compare this to the external-audit-by-officialdom approach, it becomes obvious that the latter is punitive and regulatory in nature. Under these circumstances, the best that can be expected of physicians is minimum compliance and thus, in a very real sense of the word, the external audit if self-defeating. It is therefore in the interest of physicians and patients alike that efforts to perfect and widen the application of voluntary self-audit and postgraduate study be accelerated and that, to the extent possible, government health officials be convinced that the objectives they hope to attain by instituting their own audits are better achieved by voluntary means.

In spite of these arguments, it seems necessary to assume that the demand for the evaluation of the quality of office medical and surgical procedures will increase, especially as government programs and insurance plans cover more of these services. Even management and those unions that purchase health insurance for their members are beginning to demand proof of the quality of the care for which they are paying with their premiums.

In their present state of under-development, however, externally conducted office audits can do little but hamper physicians in their work and yield data that are impression or surmise at best. Methods of evaluation must therefore be developed that are sparing of physicians' time and that produce factual and useful conclusions. It is also important that the legality of such audits with regard to the privacy of the patients' records be determined.

The Committee therefore RECOMMENDS that the AMA:

(1) Endorse the principle of voluntary, life-long postgraduate study for all physicians and continue and accelerate the development of programs and incentives for such study.

(2) Through the state medical societies, investigate the current status of in-hospital audit methods and make a similar investigation of the state of development of the evaluation of office services.

(Board of Trustees)

(3) Encourage and assist the state medical societies and state departments of health and welfare to develop uniform and effective methods of audit for both office and in-hospital services, based on electronic data processing, to the maximum possible extent.

(4) Request the Law Division to clarify the extent to which a physician's responsibility for the privacy of his patient's records will permit him to cooperate in an audit of his office practice.

SPECIAL REQUIREMENTS TO PARTICIPATE IN GOVERNMENT PROGRAMS -- LICENSURE

If we assume for a moment that excellent evaluation methods have been developed, what, then, do we do with physicians who are practicing demonstrably poor medicine? To revert to New York City, such cases, with their documentation, are being referred to the county medical societies for action. Those societies, however, have no jurisdiction over the quality of medicine practiced by their members, their qualifications, or their efforts to keep their skills current. They can admonish but not act.

This lack of specific authority has led the New York State Department of Health to extrapolate its legal responsibility for the quality and availability of health services into a right to demand qualifications of specialists and postgraduate study requirements of generalists who wish to render services to Medicaid patients. The requirements themselves are not unreasonable but they raise the difficult and important question of whether a physician requires a second license, other than that granted by the usual state licensing agency, to render services to patients under tax-supported programs.

The mere existence of a double standard is undesirable and it seems logical that, if the quality of practice in a state is poor among an appreciable number of physicians, the state's requirements for licensure and practice are inadequate and should be tightened. Once the determination has been made that this is the case, the drafting of new standards would best be accomplished by the cooperative efforts of the Board of Regents, the State Department of Health, and the State Medical Association.

The true extent of this problem of quality, if it is a problem, has never been assessed. Certainly it is not very great with the specialists. Although their associations impose no postgraduate study requirements on them, their certification requires a certain level of initial training and the regulations of the hospitals in which they must practice insure at least a degree of exposure to the advances in their field.

The generalist, on the other hand, can be licensed in most states with little graduate training and if he is not a member of a general practice academy or a hospital staff member he may never attend another conference, seminar, or lecture in his life. Again, the Committee has no concrete evidence that this happens to any great degree and the general practice academies, as they expand their memberships, are making rapid strides toward making postgraduate study for generalists, on a voluntary basis, more universal.

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In spite of the fact that deficiencies in the quality of medical care have not been demonstrated or documented, various recommendations have been made for both specialists and generalists to insure that they are maintaining their skills. These include compulsory postgraduate study, periodic reexamination, recertification and relicensure.

To a degree, most of these proposals are over-reactive and although the Committee does not oppose their general intent, their heedless application may have grave consequences. The questions must be asked whether these expedients would be effective; how much hardship they would create for the hardest working and most needed segments of the profession; what general and regional shortages of medical manpower they would cause; and if they are necessary, by whom should they be promulgated and enforced?

The Committee finds it difficult to advocate or support compulsory requirements until the voluntary alternatives have failed. Yet it is aware that public and governmental pressures are already being exerted for compulsory requirements, at least as far as tax-supported programs are concerned. State medical societies have generally taken little action in this regard. The Oregon Medical Association has adopted an interesting and perhaps unique "shape up or ship out" policy on postgraduate study that may well be effective there but that would be subjected to almost immediate legal challenge in many other states.

In general, rather than accept a double standard for licensure, it would seem preferable to revise the state education laws or, better yet, to develop a national professional education law that would modernize and update undergraduate, graduate and postgraduate requirements.

The Committee therefore RECOMMENDS:

(1) That the AMA encourage and assist all state medical associations to devise programs for voluntary postgraduate study designed to maintain medical education at an optimum level and to be least disruptive to the provision of medical services.

(2) That the Association obtain information from each state medical society as to whether special requirements have been imposed on physicians who render services to patients under the provisions of tax-supported programs and obtain the specifics of what those requirements are.

(3) That in those states where the health or welfare departments have imposed special requirements on physicians to participate in their programs, the medical society reject those requirements and that, if the need for such regulation can be demonstrated, the state medical society, education department, and health department cooperatively develop standards to be incorporated into the education law and enforced on all physicians of that state, thereby eliminating double standards for medical practice and restoring the licensing authority to the proper agency.

(Board of Trustees)

HOSPITAL BED SHORTAGES; UTILIZATION;
PHYSICIAN-HOSPITAL RELATIONSHIPS

Before the enactment of PL 89-97, one-third or more of this country's entire bed capacity was obsolescent. The chronically underfinanced voluntary hospitals were forced to postpone capital improvements and construction to meet steadily rising operational costs. Rapid advances in medical technology brought the obsolescence rate to a point where the entire national hospital plant was in a state of gradual but steady deterioration and shortages of hospital beds became progressively more acute and more widespread.

Although the implementation of Medicare and Medicaid did not increase hospital utilization as much as had been feared, it did augment the demand considerably. This, coupled with grave deficiencies in extended care facilities and a consequent misuse of hospital beds, has further aggravated hospital bed shortages. It is questionable that construction of hospitals and extended care facilities will catch up with these deficiencies in the next five or ten years.

To minimize the effect of the short supply of beds, the Medicare Law requires utilization review procedures in all approved hospitals. The problems inherent in utilization review are not as great as those in medical audit, but the same general comments apply. The methods adopted by the hospitals lack uniformity and the data adduced in the hospitals, cities, regions, and states are not comparable. The shortages of beds in all categories, however, is an enormous incentive to physicians and hospitals alike to achieve optimum utilization. Until those shortages are eased, the misuse of hospital facilities is not likely to be tolerated.

There are some aspects of hospital utilization, nevertheless, which still merit study. As extended care beds and home care personnel become more available, the choice of the correct facility will become an important factor in proper utilization, and guidelines should be developed to assist physicians in making their choice. The use of x-ray departments and laboratories on a more or less continuous basis should be explored with the object of cutting down preoperative waiting time and eliminating the week end hiatus syndrome. The improved use of OPD facilities both for preoperative work-up and to avoid admissions is another example that comes to mind.

A thorough discussion of utilization is beyond the scope of this report but the Committee notes that physicians, as individuals, have a major responsibility and role in achieving the best possible utilization of hospital facilities, a responsibility they are rapidly learning to meet. Many medical societies have studied utilization problems in some detail and are ready to assist and cooperate with hospitals if they find the welcome mat out. The achievement of goals in utilization will require the efforts of all three groups and the establishment of the necessary relationships is the responsibility of all three.

The lack of an adequate number of hospital beds has also had a profound effect on the relationships between physicians and their hospitals as well as the relationships between salaried and voluntary staff members. As teaching programs are expanded, the salaried staff grows in size and influence while more and more beds are preempted for teaching purposes. Accommodations available for patients of voluntary staff physicians have dwindled progressively and

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the waiting period for admission of such patients is now six weeks or more in some cities. Since the availability of hospital beds is a matter of survival for private practitioners, this situation has given rise to much rancor.

Admittedly, there are pressing problems on the academic side as well and it would seem that both groups have a great stake in reconciling their differences. Actually, in most hospitals major disagreements still exist. The recommendation has often been made that all patients be part of the teaching program and that hospitals and physicians work together to eliminate the legal and social barriers that may exist. Yet the teachers wish to retain control of their services and the private attendings their authority over the care of their patients and, except in a very few hospitals, no solutions have been forthcoming.

In addition to these sources of friction, the distribution of funds earned for services rendered to patients for whom there is government reimbursement available has created ethical, legal, financial, and organizational problems. These questions have too many implications and ramifications to be considered thoroughly in this report. The Committee merely wishes to note that the House of Delegates, in adopting Resolution 40 in November 1967, recognized the existence of these trouble spots in hospital staff relations and laid down guidelines intended to eliminate those having to do with the distribution of income. The guidelines are insufficient to solve even this one facet of the total problem but they are a beginning and can be further broadened and refined.

The "town and gown" stress syndrome warrants much more than mere academic interest. Its importance grows as hospitals expand, merge, and reorganize and as hospital care patterns are modified and staffs are reconstructed. The medical associations have no direct authority over hospitals and, generally speaking, the attending physicians at each institution must work out their own formula for their relationships with each other and with their hospital. The hospital associations are similarly limited in their authority over member hospitals. Nevertheless, in some areas the medical societies and the corresponding hospital associations have been able to agree on some basic principles that apply to these staff situations and are gradually prevailing on hospital administrations to accept them. This is a slow and roundabout process but it seems to be the only way to regularize these complex relationships and restore peace and stability to hospital staff functions.

The Committee therefore RECOMMENDS:

(1) That the Association secure data from state and county medical societies on problems in physician-hospital relationships in their areas and the measures, if any, that are being taken to solve them.

(2) That, on the basis of these data, the Association identify the basic principles that apply to staff-hospital relationships and encourage state and county medical societies to do the same.

(3) That the Association and each state and county medical society request its counterpart in the hospital association structure to assist in developing guidelines and urge their member associations and hospitals to implement them.

EFFECTS OF MEDICARE AND MEDICAID
ON VOLUNTARY HEALTH INSURANCE

No discussion of PL 89-97 and its impact on medical practice would be complete without an analysis of its effect on voluntary health insurance and the voluntary carriers. One aspect of this relates to the manner in which the carriers are functioning as intermediaries in Part B of Title 18.

Following the enactment of PL 89-97, the medical profession, through the Association, strongly supported the use of the Blue Shield Plans in the administration of the medical portion of Title 18 and, where possible, that of Title 19 as well. Although the Blues were not designated the sole administrators of Title 18, they did succeed in being selected as intermediaries in the majority of cases.

It is interesting and informative to speculate on precisely why physicians were so anxious to have the Blue Plans administer the Title 18 and Title 19 programs. One reason was that the Blue Shield Plans were existing, functioning entities with a known capacity for program administration. Another was that their requirements, forms and procedures were familiar to the physicians who had supported their programs through the years. Most physicians believed that the employment of the Blue Plans in an administrative capacity would lessen the confusion and delays that might be experienced in the transition period during which beneficiaries were being transferred from their old coverage or being enrolled anew. By this time, the profession had expressed a strong preference for payment on the basis of UCPR fees. The National Association of Blue Shield Plans was already advocating payment on this basis for its national accounts and urging the individual plans to put it into effect in their other underwriting. This conformity of views also had its effect in pursuading physicians to support utilization of the Blue Shield Plans wherever possible in the operation of federal health programs.

The final, and perhaps most significant factor in the adoption of this policy by the profession, was the belief that the Blue Plans were receptive to the thinking and wishes of physicians since, after all, the medical profession had majority representation on the boards of directors of most plans. Physicians have always had an almost atavistic distrust and fear of government intrusion into any aspect of medical practice. Perhaps subconsciously they hoped that the Blue Shield Plans would be an effective buffer between them and government.

These hopes of the medical profession were unrealistic to some extent and, as a result, they were not fulfilled. Since the Blue Shield Plans are employed as intermediaries, rather than carriers, they administer but have no fundamental role in policy making. While the Blue Plans and other intermediaries do have elaborate committee structures to advise the government, in the final analysis all policy decisions are made by the Social Security Administration and the Department of Health, Education, and Welfare. The influence that the medical societies hoped to exercise over the Title 18 and Title 19 programs, through their close association with the Blue Shield Plans, has therefore proved to be illusory.

Program administration by intermediaries is itself subject to certain inherent disadvantages. On a national scale it is cumbersome, since the Social

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Security Administration must relate and adapt to a large number of carriers which vary greatly in their methods, capacities, and sophistication of equipment. In addition, the SSA, after raising Part B premiums by 33-1/3 percent on one occasion, recently averted another increase only by making several administrative adjustments. Although the SSA has publicly announced its satisfaction with the performance of the intermediaries, many in government, for these and other reasons, consider this type of operation to be ineffective.

The health insurance companies are dissatisfied with the difficulties and restrictions that the intermediary variety of administration has imposed on them and they have been pressing for a true carrier relationship with the program. They believe that this would simplify their operations and normalize their relationships with paying agencies, subscribers, and physicians. The Department of Health, Education, and Welfare has so far resisted making this change and there is mounting speculation that, at some time in the not too distant future, the intermediaries may be eliminated and the entire operation shifted to Baltimore.

The Committee feels that the elimination of the voluntary and commercial carriers would be unfortunate and recommends that the Association exert what influence it can for their retention. Nevertheless, it must be borne in mind that in their present role they have limited decision-making capacity and cannot negotiate directly with providers of services or their organizations. Present attempts by medical societies to modify the Title 18 program are therefore indirect, unwieldy, and generally unsatisfactory. In addition, if government should decide to take over the operation of the Title 18 program entirely, the Association would find itself without any established channel of communication with the administrators of Medicare and possibly other future federal programs. It has become clear that what Medicine hoped to use as a buffer between itself and government has become an insulator. The Committee is of the opinion that such insulation is undesirable and that all medical societies should seek to establish and maintain open, direct channels of communications with the agencies that set policy for government health programs.

Public Law 89-97 is also having a major effect on voluntary health insurance programs, which is of interest and significance to the Association. Although the concept of limiting health insurance to catastrophic coverage has disappeared almost entirely from voluntary health insurance, Blue Shield programs still have substantial limitations of benefits and often fall far short of providing full reimbursement for medical care costs. Through Medicare, the elderly now enjoy, or can enjoy, a wider spectrum of benefits and a higher level of reimbursement than are normally available through voluntary programs. Medicaid, in spite of exclusions, restrictions placed on federal contributions, and frequently substandard reimbursement for suppliers, still requires that the indigent ultimately be given a complete range of supplies and services at no cost to them.

Since public and private programs exist side by side, comparisons are inevitable. They have not been flattering to the plans offered by voluntary carriers and have led to demands by both labor and management that the plans greatly increase their benefits. Unfortunately, the voluntary segment of the health insurance industry is being called on to match the generosity of the federal, state, and local governments at the very time that health care costs

are rising most steeply and public resistance to premium increases is at a maximum. Caught between these two pressures, the Blue Plans will continue to run behind public expectation, which will augment the clamor for more government supported programs. If the populace is not offered voluntary coverage that is reasonably comprehensive at premium rates that are not excessive, they will turn to government administered, tax financed programs. Even if their benefits are provided predominantly through prepayment programs which limit their choice and prohibit a person-to-person relationship with their physicians, they will sacrifice these features to minimize or eliminate out-of-pocket payment. This is a challenge the voluntary health insurors must meet and they are hampered in their efforts by behavior patterns they have established. In the past, Blue Shield Plans have been generally unimaginative in devising new benefits and have extended their coverage into new areas of health service only under consumer pressure. Policies have too often been tailored to the premiums that could be charged without regard to whether they met basic minimum requirements. Such marketing practices are no longer appropriate in dealing with sophisticated, well-informed and critical consumer groups, but they are being abandoned slowly and reluctantly.

The National Association of Blue Shield Plans (NABSP) apparently recognized the threat posed by these deficiencies. In October 1968, at a special meeting, its membership standards were made more stringent by requiring its member plans to make paid-in-full programs, based on usual, customary, and prevailing rates, available to their subscribers. This is an encouraging step toward the goal of more complete reimbursement of subscribers for their health care expenditures. It should logically be followed by efforts to move the individual plans toward upgrading their benefits in terms of the range of services they cover. The Association, through its recently formed liaison committee with the NABSP, should encourage and stimulate further progress along these lines.

The reason for the creation of the Association's liaison committee with the NABSP calls for one more comment. For a variety of reasons, some Blue Shield Plans have been showing a tendency to deal directly with the physicians in their area and to circumvent the medical societies that represent those physicians. This tendency found expression in the policy which was adopted at the 1967 annual meeting of the NABSP and which led to the formation of the liaison committee. The Committee is of the opinion that, at this time, when the entire system of providing and paying for health services is under critical public appraisal, the relationships between the medical profession and the Blue Shield and Blue Cross Plans should be close, cordial, and cooperative. In most Blue Shield Plans, the medical profession has majority representation on the board of directors. These board members are direct links between the plans and the societies that correspond to them. The medical societies would do well to reexamine their representatives at this time to insure the effective exercise of their policies and their influence.

As far as Blue Cross is concerned, the influence of the medical profession is considerably less pronounced. Nevertheless, an effective strengthening of ties between the medical societies and their corresponding Blue Cross Plans is desirable at all levels. The Committee knows of no liaison groups with the Blue Cross national organization that would correspond to that with the NABSP. Since many of the Association's concerns and interests in health care are directly related to the financing of hospital services, the establishment of such a commitee would seem to be indicated.

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To summarize this topic, the Blue Shield Plans are changing in their fundamental nature in response to pressures from government, from consumers and from the Blue Cross Plans with which they are associated. Their dependence on the medical profession has diminished, and they are generally less responsive to the opinions and the guidance of the medical societies. The loosening of ties is further aggravated by the long tenure of most of the medical members of the boards of directors who, having outgrown their society ties, no longer reflect current medical policy and often fail to alert their medical societies to changes in Blue Shield operations and their significance. The stresses to which our health care system is currently being subjected call for new and imaginative approaches to the utilization and distribution of our total pool of resources in terms of manpower, facilities and money, if voluntary systems are to survive. Blue Cross, Blue Shield, and the Association all have a vital interest in voluntarism in health care. That joint interest calls for them to close ranks and coordinate their efforts and their planning.

The Committee therefore RECOMMENDS:

(1) That the Association, through its current liaison with the NABSP, seek to obtain continuous and current information on the Medicare Program; that it secure data on the development of additional benefits, new fields of coverage, and minimum standards of benefits in voluntary plans; and that, through the NABSP, it stimulate the Blue Shield Plans to greater efforts in upgrading their programs.

(2) That a similar liaison committee be developed in conjunction with the Blue Cross National Association for similar purposes.

(3) That the AMA advise state and county medical societies to take similar action at their respective levels and to review their representation on the boards of directors of their local Blue Plans to be sure that their representatives are individuals who are currently active in society affairs and familiar with society policy.

(4) That the Association seek a formal and direct channel of communication with the Department of Health, Education, and Welfare, with the object of developing its own capacity for modifying existing and new programs when such modification is indicated, rather than relying solely on the NABSP for this purpose.

PRIORITIES OF HEALTH SERVICES

In earlier portions of this report, reference was made to an increasing demand for "comprehensive" or "patient-oriented" health care. The parameters of such care have been described only in generalities and nowhere has the Committee been able to find an authoritative definition of the word "comprehensive" as it applies to health services. Since the principle of comprehensive care has been generally accepted, it is important to determine precisely what services represent minimum acceptable and optimum levels. If the resources are available to

supply all services representing optimum care simultaneously and immediately, there is no major problem. If, on the other hand, those resources are not on hand, it becomes necessary to evaluate all services in terms of their importance, urgency, and cost effectiveness, and to establish minimum standards and priorities on that basis.

The following is a partial, cumulative list of services advanced as essential elements of optimum health care, culled from a number of sources:

(1) Necessary care for all acute illnesses, somatic or mental, of high quality, immediate availability, and rendered in a suitably equipped facility.

(2) The same care for chronic illness without limitation of time or cost.

(3) A program for the continuous monitoring of health, growth, and development from birth to adult life.

(4) Periodic, regular health inventory of adults to prevent disease or detect it in its early stages.

(5) Periodic and regular evaluation of mental health.

(6) A formal program of health counselling to function in conjunction with 3, 4 and 5 above.

(7) Disease and accident prevention programs.

(8) Occupational counselling based on appraisals of the individual's background, attitudes, aptitudes, and aspirations.

(9) Social service counselling for domestic, behavioral and environmental problems.

(10) A healthful environment in terms of housing, control of air and water pollution, sanitation, noise abatement, transportation, education and civil rights.

(11) Central maintenance of complete and readily retrievable data on each individual.

HEALTH BILL OF RIGHTS

It seems almost self-evident that a program for more or less complete health services as described above is not immediately possible, even for selected population groups. The Committee therefore recognizes a need for the identification of both short-term and long-term goals in health care for all individuals, possibly in the form of a "Health Bill of Rights." Such a statement, coupled with accurate data on existing human and material resources, would be of inestimable value in planning public programs that are realizable, effective and make most advantageous use of money, facilities and manpower. The statement would also serve as a yardstick to measure the adequacy and the progress of voluntary health insurance programs.

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The Committee therefore RECOMMENDS that:

(1) An appropriate committee or division of the Association gather information from the state medical societies on the availability of physicians, ancillary personnel, hospital beds in all categories, laboratories, public health nurses, social service workers, and all other types of health professionals.

(2) The Association promulgate a "Health Bill of Rights" to identify the services that comprise comprehensive health care.

(3) On the basis of the data obtained from the state medical societies, the Association establish minimum standards for health care and a system of priorities for the provision of services beyond those minima, thus creating both an immediate and a long range schedule for their attainment.

(4) The Bill of Rights, the data and the standards and priorities receive wide publicity.

HEART DISEASE, CANCER, AND STROKE -- PL 89-239

Public Law 89-239, known as the Heart Disease, Cancer, and Stroke legislation, established and funded regional medical programs. On a nationwide basis, these programs are off to a patchy start. In some sections of the country, medical educators are actively perfecting methods of rapidly disseminating the information derived from research with the object of reducing the time between the discovery or development of new principles, theories and techniques and their clinical application. Even this early in their development, these local programs promise to become the most important single vehicle for the coordinated instruction of practicing physicians through radio, television, and mail or direct testing and education sessions. Many such programs have created channels of intercommunication to supplement or enhance the scientific content of their material and improve their didactic methods.

In other areas, progress has been disappointly slow. This has in part been due to the fact that some medical school deans, exercising a disproportionate degree of control over the Regional Medical Programs, have been reluctant to allow projects in postgraduate education to dilute the purity of their graduate teaching and research efforts.

In spite of the unevenness of its growth and development, the program as a who' has great potential and it merits the continued interest and support of the Association and the constituent and component medical societies.

PARTNERSHIP FOR HEALTH -- PL 89-749

One more item of recent health legislation deserves comment here since it may eventually have a profound influence on medical practice. Public Law 89-749 provides federal matching funds for the development and operation of Health Planning Commissions under which the state and regional agencies for comprehensive areawide health planning will function. In some areas, where good relationships

prevail among local government, the health professions, voluntary health agencies, community groups, and the regional hospital planning council, their organization is proceeding briskly. In other regions, planning agencies are not being formed because of bickering among these groups, each anxious to secure the planning function as its own exclusive property.

In many localities, officials of the various departments involved in the provision of health services are not accustomed to dealing with professional societies, the voluntary health agencies, and community groups. Some see community-based planning agencies as a threat to their own authority and their empires. The local government, in these instances, attempts to gain control of the planning council and exercises its veto power over other proposals for agencies with wide community representation.

It appears to be the intent of the law that consumers, or the public, play a substantial role in planning for their own health care. The law specifies, in rather loose terminology, that either the directors of the planning agency or its advisory council must have at least 51 percent consumer representation. Many consumer and community groups do not yet have individuals to represent them who are experienced, well informed, and have the vision to look beyond immediate factional interests. Such representation takes time to develop and its lack will delay the achievement of effective planning. Nevertheless, the intent of the law is clear and these groups should be incorporated into the planning commissions and encouraged and assisted in every way.

It is hardly necessary to add that the voluntary health agencies and the professional societies can contribute much specialized knowledge and expertise in planning for health. They should be amply represented on the executive bodies of the regional health planning councils.

As presently projected, the planning councils will have no direct authority. They will merely study, plan, and advise. Since they will be planning for health in the broadest possible sense, they will be faced with an awesome array of problems. The programs and plans they develop to solve these will depend for implementation on the administrations, government agencies, and officials of several jurisdictions, who may or may not cooperate with the planning body or each other. It appears likely that the early stages of the comprehensive areawide health planning councils will show some degree of confusion, disorganization and ineffectiveness, both in planning and execution. Nevertheless, as the population density increases, coherent environmental planning is becoming an absolute necessity and some means will have to be found to minimize dissension and either encourage or require the various legitimately interested groups to cooperate with one another in the general interest. The only body with the requisite authority to do this under the provisions of PL 89-749 is the state health planning commission. Many such commissions have refrained from exercising that authority to the detriment of their programs.

To date, PL 89-749 has had little effect on the public or the health professions since the programs are not well advanced. The Committee is of the opinion, however, that this law will have the most far-reaching consequences as the planning councils mature and reach their full power. Planning agencies are generally ineffective unless they have the authority to impose their programs on those who must put them into effect. That was the experience with

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many regional hospital planning councils which, originally limited to advising officials and departments of government, were given direct control over hospital modernization and construction. The areawide comprehensive health planning councils will probably go through the same evolutionary process. If they do, in all likelihood they will absorb the regional hospital planning councils and the regional medical programs. Public Law 89-749 would then become the umbrella law under which all health services would be planned, programmed and coordinated. The implications of this law to the health profession is clear.

The concepts underlying areawide comprehensive health planning are too well known and accepted to require discussion in this report. The Committee does, however, wish to direct the Association's attention to the manner in which the medical profession, through the medical societies and the AMA, should relate to the planning councils and the planning effort. There are several points to be made:

(1) The medical societies at all levels should support the concept of PL 89-749 and aid in every way possible to establish properly constituted planning agencies.

(2) The medical societies should actively support and promote the establishment of areawide comprehensive health planning agencies, at local levels, that have broad community representation on their boards of directors, in contradistinction to their advisory committees or councils. It is inadvisable to permit local governments, composed as they are of elected and appointed officials of varying capability and tenure, to dominate or control health planning.

(3) State and county medical societies should seek or, if necessary, demand their proper representation on the executive bodies of the planning councils. The societies should not accept a purely advisory function.

(4) To this end, the state medical societies should make every effort to inform physicians and county medical societies of the details of PL 89-749, the role they should seek in areawide planning, and their legal recourse if they are not accorded proper representation.

The Committee therefore RECOMMENDS:

(1) That the Association request the state medical societies to submit information on the status of comprehensive areawide planning in their states and the problems that are being encountered.

(2) That this information be analyzed, summarized, and redistributed to the state societies, together with the suggestions made in the preceding paragraphs and a resume, prepared by the Law Division, of the provisions in the law that are pertinent to those suggestions.

(3) That the implementation of comprehensive areawide health planning be reviewed periodically and that the state and county medical societies be advised of the problems and pitfalls in this difficult but important area of endeavor.

PART II

THE NATURE OF THE AMA LONG TERM RECOMMENDATIONS

An analysis of the structure of the AMA and an evaluation of how suitable that structure is to effect the most rapid and complete attainment of the Association's objectives can best be made in the light of a projection of future conditions. Recommendations regarding organization or reorganization must be based on the accurate identification and assessment of the trends, forces, and agencies with which the Association will have to deal effectively if it is to achieve its goals.

SUMMARY OF PROBABLE FUTURE ENVIRONMENT

The prediction of future conditions requires a summary and partial repetition of a number of observations, opinions, and value judgments that have already appeared in this report.

It seems safe to predict that the cost of health services, both per unit and overall, will continue to rise, although not as spectacularly as they have in the past few years. The need and effective demand for services will also multiply and, although the capacity of the health establishment to provide services will expand considerably, it will continue to run behind public expectations and requirements. The interaction of increasing costs, growing demand, and scarcity of services will inevitably result in greater government expenditures for health care programs, as well as for capital construction and modernization of facilities. As these sums constitute a progressively larger portion of the budget, they will insure continuing legislative and administrative scrutiny of costs, delivery systems, and the distribution of facilities and personnel. In the private sector these same trends, plus mounting consumer pressure for a more complete spectrum of coverage, will necessitate substantial premium increases; and will also be an invitation to government investigation, intervention, and control. These problem areas are not amenable to immediate or complete solution and since they have awakened individual and group consumer interest, they will create growing pressure for government financing and for public control of health services, facilities, and planning. Much attention will be paid to the mechanics of delivering health services, the manner in which health professionals are paid, and the levels of their reimbursement.

It is a matter of record that the Department of Health, Education, and Welfare is strongly in favor of some type of compulsory federal program for financing health services. Although the chief exponent of that policy is no longer Secretary of the Department, it would be naive to expect a complete turnabout in philosophy, or to underestimate the forces that will be exerted to bring about a compulsory, federal health insurance system. While cutbacks in the federal budget can be expected to limit the expansion of health care programs of the Medicaid or assistance type, at least for the immediate future, there is no reason why the Department of HEW could not promote a contributory program, once its internal problems with the administration of Medicare and Medicaid have been contained.

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In view of the outcome of the 1968 presidential election, it would be foolhardy to venture an opinion on how rapidly government at the federal, state, and local level will increase its financial, organizational, and administrative involvement in the delivery of health services. It would be equally foolhardy, however, to expect a complete reversal of the trend, rather than a mere slowing of the pace.

The ultimate fate of public, or consumer, participation in health care planning, as embodied in the Partnership for Health Amendments, is also difficult to foretell at this early date. There is growing evidence, however, that government health agencies will resist more than token involvement of the public in planning, as they have resisted that of organized medicine. It begins to appear that the so-called Areawide Comprehensive Health Planning agencies will be mere reshufflings of the same groups and individuals who are now influential with government health and hospital administrative authorities. If the communities and the medical profession permit this to happen, planning for health services may be dominated or completely controlled by government health agencies and officials. As a consequence, strong pressure would be exerted for the expansion of prepaid group practice while private solo and group practice, based as they are on fee-for-service payments, would become the targets for regulation and fee control. The importance of properly balanced representation of all competent and interested segments of the population on comprehensive health planning bodies is quite clear, since only such broadly based organizations will permit the various health service delivery systems to prove their worth in competition with one another. Specific recommendations on this matter will be made in a later portion of this report. At this time, the Committee merely wishes to identify a trend which may affect the course of medical practice in the future.

It is worth noting that government officials in the health field are frequently unresponsive to the policies, opinions, and advice of organized medicine. Whether or not they succeed in dominating health planning councils, their attitudes and recommendations will be given much weight in the framing of legislation relating to health services. Organized medicine, to counter or contain their effect, will find it necessary to devise ways of exercising its own influence in the formative stages of health legislation. In addition, since health and welfare officials administer government programs, medical societies, at their respective levels, must develop a capacity for prevailing on them to modify their administrative policies and regulations when such modification is indicated.

HOW A PROFESSIONAL ASSOCIATION CAN EXERT INFLUENCE ON LEGISLATION AND ADMINISTRATION

At this juncture, it is pertinent to consider how influence can be brought to bear by an organization such as ours, the points at which it can be applied, and the conditions necessary for it to produce the desired results. It is clear that no medical society or other professional association can be a prime mover in the socio-economics of the health service system, since it can neither legislate in this field nor administer government programs. The Association can therefore expect to exert an effect directly proportional to its capacity for influencing legislation on the one hand, and the administration of existing programs on the other.

INITIATION OR MODIFICATION OF HEALTH LEGISLATION

With regard to health legislation, there are three useful modalities for the application of the medical profession's influence. The first of these is the persuasion of legislators to adopt one particular course or abandon another. Persuasion is usually exerted through the instrumentality of legislative counsel or what is more vulgarly and colloquially known as a lobby. The results achieved by this means depend on the soundness of the Association's recommendations, the persuasiveness and validity of its supporting arguments, and the probable impact of the proposed action on public welfare and public opinion. In addition, the outcome depends on the prestige of the organization and the degree of friendship and respect its representative enjoys among influential legislators. Generally, when the issues in question are highly controversial, persuasion, in its pure form, is ineffective and either gives way or shades off into the second modality, political pressure. This can take two forms, the first of which is direct political action intended to affect the outcome of elections for public office. In theory, such action is effective because it can exert a favorable or unfavorable influence on the political careers of individual legislators. The actual impact of political action on legislation is extremely difficult to assess but it must be proportionate to the legislators' appraisal of the weight of support or opposition they may expect as a result of the positions they take on the organization's requests and recommendations. Although political action of this type is neither appropriate nor legal for a tax exempt association such as the AMA, it is both proper and legal for separate organizations of physicians such as the national and state PAC groups.

Political pressure can also be generated by arousing substantial public, i.e., voter, support for one or more of the Association's policies and clearly demonstrating the strength of that support to legislators and public officials.

This leads to the third and final modality, public relations, which is not only a principal endeavor in itself but is also a powerful support mechanism for persuasion and political pressure. Ideally, PR programs should create the general belief that the objectives of the Association are unselfish and in the best interest of the public. They should also establish the Association's competence in general and, more specifically, on the issue immediately in question. To the extent that PR programs achieve these goals and enhance the legislators' appraisal of the Association's motivations and effectiveness, they are capable of affecting legislation relating to health care. In addition, insofar as public relations efforts engender popular support for a specific measure advanced or supported by the Association, they augment the effects of persuasion and political pressure for its adoption.

MODIFICATION OF PROGRAM ADMINISTRATION

If we turn from legislation to a consideration of how the administration of existing government health programs can be changed or modified, we find that at least one new modality must be added to the Association's armamentarium.

The administrators of public programs are usually health or welfare officials who are appointed rather than elected, and who are therefore not amenable to direct political pressure. It is true that this type of influence can be

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brought to bear on the elected officials who determine or have ultimate authority over program operation, but experience has shown that it is extremely difficult to achieve desired modifications by this means. Except under very special circumstances, political pressure is not effective in the general area of program administration.

Public Relations measures are also of limited value in this particular application. On issues of great importance that are easy to explain to the lay public and that command good coverage by the news and information media, it is possible to raise enough public support to cause appointed officials to modify their regulations, either spontaneously or at the behest of the administration that controls them. Such issues are exceptional, however, and public relations therefore constitutes a weak device for bringing about modifications in government health programs.

Persuasion is the last of our previously discussed three mechanisms and in this area of endeavor it is the poorest instrument of all. Because of the very nature of their motivations, interests, and objectives, there is almost invariably some degree of friction and antagonism between health and welfare officials and the medical societies that correspond to their jurisdictions. With few exceptions program administrators have proven to be refractory to the arguments, advice, and even to the demands of organized medicine.

Thus, all the mechanisms that are useful in exerting influence over legislation are of limited efficacy, or completely ineffective, when applied to the modification of program operation. A new dimension must therefore be added to medical society activities in their relationships with the administrative branches of government. That dimension is negotiation.

Negotiation applies to all aspects of program operation including not only professional fees but also the rules, regulations, and procedures that establish the conditions under which physicians render their services. Several factors determine the success of the medical societies in negotiating agreements. The terms and conditions they seek must be justifiable and reasonable as far as fees are concerned, and they must be consistent with the public interest and the interests of the beneficiaries with regard to regulations and procedures. Another extremely important determinant is timing. Administrative modifications must be sought early in the development of a program, preferably before it is put into effect. Ideally the request for such changes should also be made at a time when their implementation is not politically embarrassing to the administration in power.

Even if they meet all these conditions, however, the medical societies' arguments and requests are rarely accorded serious consideration unless the negotiators can deal from a position of strength. One possible source of that strength is manifest public sympathy for the Association's position. Such support is only rarely attainable because the issues at stake are often technical in nature and of no immediate interest to the public. The principal and basic source of strength for negotiators lies in their being able to demonstrate that they have the backing of the majority of the members they represent and that, on their recommendation, those members will refrain from participating in the program, thereby impairing its usefulness or defeating its purpose. It is both

distasteful and self-defeating, however, for a medical society to use threat as a weapon when dealing with matters that impinge directly on the public health and Welfare. Recent rounds of wage discussions and strikes among civil service workers, particularly in the State of New York, have made it evident that in the public or private domain, negotiations based on the threat of public inconvenience or peril are intolerable. It would certainly be useless, as well as contrary to the medical profession's traditions, for physicians or their representatives to adopt the trade union "bargaining" approach.

This does not mean, however, that negotiation is useless as a means of promoting or securing suitable conditions and reimbursement for physicians. It merely means that we must find an alternative to force or pressure to reinforce our claims. The only logical alternative is to establish a climate in which medical associations and government agencies may agree to negotiate with mutual respect and a recognition of the community of their goals. Government has a powerful incentive to establish a smooth and cooperative relationship with the medical profession since physicians are required to implement all health programs and control the utilization of facilities and non-medical health personnel. There is therefore no reason why government should raise obstacles to negotiation once it is convinced that the societies, with the full backing of their members, are prepared to negotiate seriously on the basis of accepted principles and sound data. If this type of relationship is to be established successfully, it will be necessary for the medical societies to create and train groups for that purpose and for counterpart groups or agencies to be formed by government. These must then meet to lay down the principles, ground rules and procedures that will govern their relationship and to define their objectives. The process will take time and it is for that reason that the Committee has emphasized the importance of organizing teams and the urgency of making a beginning.

Physicians sometime have difficulty in understanding why, if the usual, customary, prevailing and reasonable concept is preserved, there should be a need for negotiation. Nevertheless, the fact that they shy away from the term "prevailing" and prefer to omit it from their writings and discussion indicates that there is either a conscious or instinctive recognition that the prevailing fee is actually an unpublished maximum fee schedule which can be set at any percentage of customary fees. It therefore follows that at some time negotiations to set the percentile of prevailing fees will become necessary. The parting remarks of the outgoing Secretary of Health, Education, and Welfare substantiate this belief. If existing medical societies fail to prepare themselves for negotiation, other groups will inevitably take over that function and thereby undermine the societies' membership and influence.

Obviously, the need at the AMA level is not nearly as acute as it is in the lower echelons of medical society organization, but even nationally it is quite conceivable that the Association will find it necessary to make agreements with government on the operation of health programs. That necessity should be anticipated and provided for.

LEGISLATION: ESSENTIAL CONDITIONS FOR SUCCESSFUL PUBLIC RELATIONS AND LEGISLATIVE PROGRAMS

Having examined the general mechanics of exerting influence on legislation, the major area in which the Association must function, let us consider how our

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public relations and legislative experts must be armed and what must be the characteristics of the policies and programs they are required to promote.

The most important single requirement is that the organization they represent be respected for its motivations and purposes. This can happen only if the AMA has a general policy or avowed purpose that is clearly stated, is understood by legislators and the public alike, and is demonstrably in the public interest. The Committee proposed the adoption of such a statement in the first section of this report, i.e.:

> "To endeavor, by all appropriate means, to make health services of high quality available to all individuals, in a dignified and acceptable manner, regardless of their ability to pay for those services, the source of the payment, their social status, or their ethnic origin. The American Medical Association has the duty to guide and assist the medical profession in the attainment of this objective."

The adoption of this or a similar statement is the first step toward an action program for the Association. Subsequent policies on more specific issues must also have certain characteristics if they are to be successfully promoted. They should be innovative to the greatest extent possible and should be directed toward solving problems and correcting deficiencies in health care that have been identified by the Association itself. They must be based on objective analyses of factual information rather than be subjective and emotional responses to proposals made by officials or legislators. All policy statements must be consistent with one another and with the objectives set forth in the statement of the Association's purposes.

Even if the policies meet all these criteria, however, they will not necessarily be received favorably by legislators. Since it is important to the AMA's public stature that it be associated with as few failures as possible, each of its statements, policies, and actions in the field of health service legislation should be judged by the following four tests:

(1) Is it in the public interest or interpretable as such?

(2) Is it politically advantageous, or at least innocuous, for the legislators to adopt?

(3) Will it have public support or, if controversial, is it likely to have the support of a majority of politically influential groups?

(4) Is is consistent with the previous policies and pronouncements of the Association on the same or similar issues?

The relative weight ascribed to these tests will vary with the issue in question but all are operative to some degree. It is true that from time to time the Association may be impelled to propose a course of action that, while in the public interest, does not qualify for support by the other three criteria. This should be done only in those instances when, after careful deliberation, the importance of the matter seems to justify taking a calculated risk.

It is instructive to examine the AMA's course of action on Medicare in the light of these observations. The Association's opposition was more emotional than objective and was at least partially predicated on an underestimation of the problems faced by the elderly in the financing of health care. In spite of its honest motivation, the Association's position was easily distorted to give the impression that physicians were opposed to the provision of needed aid to the elderly for selfish reasons, obviously not in the public interest. In addition, the AMA's policy did not have the support of a majority of the populace and would therefore have been a liability for any legislator to espouse. About the only criterion it did meet was that of consistency with earlier positions on the same subject.

This is not to say that the policy of the Association at that time was necessarily wrong in the light of the few facts that were then available or that it should not have been adopted. It is merely to point out that failure was predictable. In retrospect, a more useful and practical approach might have been to investigate more thoroughly, accept the principle involved, as we ultimately did, and then act to modify the program as innovators rather than critics and opponents. Since the formulation of sound policy by the organization is the very essence of successful legislative activity, let us now examine the structure of the Association to determine how well it is suited for this function.

STRUCTURE OF THE ASSOCIATION

The AMA is a rather loose federation of fifty state medical societies and the medical societies of the District of Columbia, U. S. Virgin Islands, Canal Zone, and the Associated Commonwealth of Puerto Rico. These societies are known as the constituent or state associations. They are assigned one or more delegates to the House of Delegates of the AMA in proportion to the size of their memberships. In addition, Scientific Sections of the Association are allotted one delegate each, as are the Armed Services, the Public Health Service, and the Veterans Administration. These members of the House are voting delegates. Other ex-officio members have voice but no vote.

THE HOUSE OF DELEGATES

The House of Delegates is the final authority on all actions and policies of the Association. When it is in session, it acts on all resolutions introduced by member delegates, reports of the Board of Trustees and Standing Committees of the House. Finally, the House of Delegates elects the Officers and Trustees of the AMA. This body is therefore the supreme authority and, if it met continuously, would exclusively govern all of the organization's policies and functions. Since it is not in continuous session, however, it is the major rather than the sole determinant of AMA policy.

The House of Delegates meets twice a year in working sessions of approximately three days, during which time it decides the Association's responses to the important issues and situations it faces. In spite of meticulous advance preparation by staff and an excellent reference committee system, this is too short a time for it to digest, evaluate and act on myriad complex matters, most of which vitally affect the health of the public and the practice of medicine. In the time available, individual members cannot consider each issue that comes

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before the House in the depth that its importance may require. At the best a delegate can attend one or two reference committee hearings and can therefore become thoroughly informed on only a portion of the issues on which he will be required to vote. The effect of this on the quality of policy making is obvious.

The AMA's essentially political and democratic nature also has an influence on the actions of the House. Aside from staff and appointed committee members, the Association consists of office holders who are elected to represent the entire membership and take action in their name. The delegates are elected by their own state associations, while the Officers and Trustees are elected by the House of Delegates.

If delegates deviate too frequently from positions taken by their state associations, they are likely to lose their support at home and fail to be re-elected. In addition, if they oppose the majority in the House too often, especially on certain vital issues, they may incur the penalty of being denied further advancement in the Association. In either case, they lose the opportunity of continued or increased participation in a field of activity that is of profound interest to them, to which they have devoted much time and believe they can make significant contributions. Under these conditions, they may be swayed to vote as they are mandated or to be influenced by the majority opinion against their personal judgment.

To fully appreciate the factors that shape the policies adopted by the House of Delegates, it is also necessary to understand the characteristics of the delegates themselves, insofar as a complex group such as this can be considered to have group characteristics. In general, most of them have successful practices with patients derived from the middle and upper income brackets. The majority tend to be conservative in their political and social philosophies and, almost without exception, are deeply concerned with preserving the traditions of their profession and their time-honored relationships with their patients. They therefore resent criticism of present methods of rendering medical care and programs that permit individuals or agencies to intrude between them and their patients.

These characteristics must be equated with current trends if the reactions of the delegates are to be fully understood. The public and the various legislatures, spurred by the enormous strains created by the disparity between limited health facilities and personnel and unprecedented increases in demand, are inclined to place great emphasis on such considerations as cost, quality of services, and the logistics of delivery. They are attempting to control these factors by intervening more frequently and more directly in the planning and regulation of health care, often to the exclusion of medical and other health professional associations.

Under these circumstances, issues in the socio-economics of health care and the organization of delivery systems for health services have a high emotional content for the delegates. The House has on occasion reacted to matters of this nature in a reflex fashion, rather than deliberately, with considered and dispassionate judgment. As a result, positions have been assumed that were inconsistent with the medical profession's overall objectives and that were widely misinterpreted as being a guild type of response motivated by selfish interests. The adoption of such policies traumatizes the Association's public relations and dilutes the effect of its legislative activities. The periodic occurrence of this type of reaction, however, is almost inevitable, given the composition of the House and the nature of its operation.

THE BOARD OF TRUSTEES

In order that the Association may function between the sessions of the House of Delegates, a fifteen member Board of Trustees is given interim powers. Twelve Trustees are elected by the House of Delegates, in annual groups of four, for three year terms. The other three voting members are the President, the President-Elect, and the Immediate Past President.

By the nature of its powers and responsibilities, the Board of Trustees exerts a second and potent influence on the formulation of policy, in spite of the fact that its decisions are technically subject to ultimate ratification by the House. The Board meets periodically to act for the AMA on routine matters and on special call of the chairman to decide more urgent and immediate questions. As background, the Trustees have a constant flow of information and reports from the councils, committees, commissions, and divisions, and they usually have sufficient time for thorough exploration of issues before taking action. In this they have some advantage over the House of Delegates in policy making.

The Trustees, however, share the general characteristics of the delegates as far as political and social philosophy are concerned. In addition, the Board, in its interregnum, cannot help but consider and be influenced by the probable attitude of the House of Delegates on its actions. This concern is reinforced by the political reality that twelve of the Trustees, or as many as are eligible, are re-elected by the House, on the nomination of the delegations from their home state societies.

A final determinant of the nature of the Board's action and policies lies in the internal relationships and balances of power among the individual Trustees. These, of course, are impossible to categorize or measure, but the extent of their effect becomes apparent from time to time.

THE PRESIDENT

The office of the President is a third source of policy determination for the Association. Since the President is elected for a term of one year, it is rare for him to make a major change in the organization's directions and goals, though he could conceivably do so by exerting enough leadship to prevail on the Trustees and the House of Delegates. On the other hand, the President is generally considered to be the spokesman for the Association and although by custom and tacit agreement he usually adheres to the positions taken by the House and the Board of Trustees, he is under no compulsion to do so. He is subject to no external influence and, since he is a free agent in enunciating his own beliefs and principles, he can exert an appreciable effect on the Association's policy from the public relations standpoint, especially if he departs from previous positions the AMA has taken. Finally, of course, the President does have the additional influence of being one member of the fifteen member Board of Trustees.

THE EXECUTIVE STAFF

It is traditional for executives of an organization such as ours to disavow any desire to play a role in policy making. There is, however, no question that the Executive Vice President and, to a lesser extent, the Assistant Executive Vice President, can have a profound influence on the process. The magnitude

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of that influence depends on the motivations of the individuals, the nature of their relationships with each other and with the Officers, Trustees, and the House of Delegates, their leadership qualities, and their aggressiveness. Since they usually have tenure over a number of years, they have the opportunity to be influential in decision making without overtly over-stepping their authority. Again, the precise determination of the importance and effect of so impalpable force is impossible, but no student of the AMA's history can doubt its existence and potential.

It is evident, therefore, that the AMA's policies come into being as the result of a constant interplay of the authorities and decisions of four separate groups or individuals, rather than from a single source. This decentralization of function introduces an element of uncertainty and inconsistency into the Association's position statements.

Many statements about the Association, emanating from the news media, labor unions, economists, and even some physicians, attest to a belief that the AMA places the financial welfare of its members above the interests of the public. Similarly these same sources have branded the AMA as reactionary and of having purely guild objectives. Ill-founded though they are, the mere existence of such attitudes hampers the organization in the attainment of its legitimate goals. At this point therefore it is appropriate to decide whether the AMA can reverse these public opinions and meet its obligations to its members and the public as it is presently organized, or whether it must undergo a fundamental alteration in structure.

MANAGEMENT SURVEY

The Committee was aware of the management survey being conducted by the firm of Cresap, McCormick and Paget. At the time of this writing, its preliminary report has just been distributed.

As anticipated, the report does not call for a fundamental or drastic reorganization of the Association. It is interesting to note, however, that the survey team, as the Committee has done, identifies the weaknesses inherent in a division of responsibility and authority in policy making and programming. The report emphasizes the necessity for centralized planning in accordance with established priorities, again a matter of major concern to the Committee. Finally, the definitions of the Association's aims and objectives, as developed in the preliminary report, are in general agreement with the Committee's own thinking and recommendations.

The Committee does not at this time wish to comment further on the preliminary survey report. Knowing that a professional management study was in the process, and assuming that the consultants would concern themselves chiefly with the administrative branch of the Association, our group saw no reason to evolve its own recommendations on internal administrative balances. It preferred to place emphasis on the Association's external relationships with various segments of the public and with the constituent and component medical associations.

Furthermore, since both the current management survey group and the previous survey committees of the Board of Trustees have devoted considerable attention to the number of councils, commissions, and committees and the duplication

of some of their activities, the Committee on Planning and Development refrained from going over that ground again. This report and the management study report therefore have different orientations but, in the few areas in which they overlap, there is no fundamental conflict in the recommendations made.

CONSIDERATIONS FOR AND AGAINST STRUCTURAL REORGANIZATION OF THE AMA

The diminution of effectiveness imposed by the Association's democratic and political nature was discussed earlier in this report. Any plan for reorganization designed to eliminate these deficiencies, however, would of necessity curtail or eliminate the autonomy of constituent associations, proportional representation and majority rule in the House of Delegates, and the privilege of free expression in an open forum. These positive values, which are basic elements of the Association's present structure, would be difficult or impossible to duplicate in any other system. The Committee is of the opinion that it is important that they be preserved. It therefore seems necessary to accept some of the penalties of our present organization and to minimize them, insofar as possible, by improved operations and more effective working relations with the constituent medical associations. This does not preclude the adoption of the recommendations of the management survey team or rearrangements of the administrative staff and reallocations of responsibility.

The Committee therefore RECOMMENDS:

> That the present structure of the Association be retained and that it be strengthened by improvements and modifications in its function.

CHANGES IN ASSOCIATION ATTITUDE

Improvements in the AMA's performance will require that it alter its approach to the public and to its constituent associations. At the risk of being repetitous, the Committee would again emphasize that the Association must abandon its public and exclusive support for existing delivery systems and avoid use of the terms "private practice," "fee-for-service payment," and "free choice." The Committee is keenly aware of the virtues of many of our present methods of practice but their importance has not yet been proven to the public. Arguments directed toward establishing what has become almost a medical mystique fall on deaf ears in an era when a substantial number of our population depend on government assistance to buy health services and must, with the benefits provided, compete with other segments of society for services that are costly and in short supply. Until and unless the Association addresses itself publicly, actively, and objectively to the resolution of the very concrete problems that exist in health care, its attempts to justify present delivery systems and payment mechanisms will be incomprehensible both to the public and government and will be interpreted as self-seeking on the part of the profession. The Association can and should strive to preserve those features of medical practice that it considers important, but the justification for so doing must be based on proofs of value that are meaningful to the lay public. To this end, it has already been recommended that the Association actively identify problem areas in health care and make positive and realistic recommendations for the achievement of immediate and long range improvements.

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THE ASSOCIATION'S ATTITUDE TOWARD
THE CONSTITUENT ASSOCIATIONS

Within the limitations of the AMA's Constitution, Bylaws, and ethics, the state medical associations are completely autonomous. This autonomy, coupled with the fact that the members of the House of Delegates, which is the ruling body of the organization, are elected by the constituent societies, has made the AMA hesitant in offering positive action programs and suggestions on reorganization to the states. Nevertheless, the state associations do need expansion and reorganization along lines that will be developed later in this report and the AMA must assume the leadership in bringing it about.

The recommendation has appeared repeatedly in this report that the Association gather data from the state and county societies on one aspect or another of health care with the purpose of identifying problems and formulating recommendations for their solution. The point has been made that all medical society activities, at the national, state, and local level, are dependent on accurate information and statistics on all factors influencing health care. At the 1968 Clinical Convention, the House adopted a resolution mandating the Board of Trustees to expedite and expand programs, and where necessary, to create new ones to analyze health care costs and expenditures and to disseminate the data so collected. This was directed at administrative costs, only one small facet of the total problem, but it did represent the recognition by the House of the Association's need for data.

Studies of the type called for in the resolution can be accomplished in one of two ways. They can be purchased from management consultant organizations on a fee-for-service basis, or they can be self-conducted. For the general purposes of the AMA, the management consultant route is excessively costly and is of limited value because studies conducted in this manner are directed toward a single issue and, even then, are episodic rather than continuous. The only advantage offered by survey team studies is that they are deemed to be objective and uninfluenced by the interests of the profession. They certainly can begin to provide the constant, current, and comprehensive substrate of information that the Association requires. The second alternative is for the AMA itself to conduct one or more studies from headquarters. Since it is not presently organized to do so, it would have to establish a data center and send out research teams to individual states and regions. Either the costs of such an endeavor would be prohibitive or it would fall short of its purpose.

The most effective and least costly means of accumulating data on a continuous basis would be to utilize the personnel and facilities of the state and county medical societies which would have to be organized for that purpose. This would not be as difficult as it might seem at first glance. State and local medical societies have demonstrated a growing awareness of the necessity for involving themselves more deeply in the investigation and planning of health care. It is significant that some of the larger medical societies have already formed divisions for research into the fundamental problems of the socio-economics of medicine, medical education, and environmental factors that affect health. The current climate will probably make medical societies at lower echelons receptive to the concept of investing significant amounts of money and time for this type of social research, especially if their efforts are coordinated through a central agency. Those states that have too small a membership to do this alone could join forces on a regional basis to achieve these ends.

In any event, properly organized, the societies would form a nationwide network devoted to data accumulation and analysis. The Association's function should be to promote the formation of these resources and to establish uniform standards as to the manner in which data are accumulated, reported, and forwarded. Even those county and state societies that are most jealous of the prerogatives and autonomy will recognize the advantages offered by this course of action and will not consider it an invasion of their rights.

An obvious corollary to this thesis is that the AMA must become more aggressive in its leadership and work actively to create and coordinate the facilities and capabilities of these units of organized medicine so that they may serve a group function while retaining their individual identities and purposes. In essence, the AMA must become a much tighter and more effective federation than it has been hitherto and the stimulus for such reorganization must be applied from above downward.

The Committee therefore RECOMMENDS:

(1) That an immediate survey be conducted of the state medical societies and, through them, of the component county medical societies to determine what arrangements they have made, if any, for the regular collection of data on the socio-economics of health care.

(2) That, on the basis of the information received, the AMA develop tables of organization for research divisions at the state levels and methods of participation for county societies that are in keeping with their resources. The planning should be developed along lines that are compatible with the concept of a tight federation of societies and are least disruptive to research divisions that are already in existence.

(3) That the plans and tables of organization in their initial form be circularized among the state and county medical societies with the reasons for their development and strong recommendations for affirmative action.

(4) That the Association hold a series of working meetings with state and county medical society executives, individually or in groups, to further refine the organizational patterns and procedures that will best serve them in this collective endeavor.

The mere possession of information is not tantamount to wisdom, however. When this reorganization is accomplished or while it is being carried out, the AMA must establish an internal mechanism for analyzing data, identifying problems, and recommending policy. The Board of Trustees could be responsible for this function, although it is doubtful that the Board could, with all its other duties, devote enough time to it. The Committee is of the opinion that a planning council, divided into committees for the various fields of inquiry, would

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suit the purpose better. The planning council would be required to report and make recommendations to the Board of Trustees and the House of Delegates.

The Committee therefore RECOMMENDS:

That on implementation of the program for organization and reorganization, a planning council with appropriate subcommittees be formed for the purpose of processing data and formulating policy recommendations for the consideration of the Board of Trustees and the House of Delegates.

ACADEMY OF THE PROFESSIONS

If all the recommendations in the foregoing portion of this report were implemented successfully, the AMA would find itself in a greatly improved position to discharge its responsibilities. It would be possible, therefore, and might be prudent to conclude the report at this point. The Committee, However, is influenced by the knowledge that, even with the proposed improvements in communication and function, the Association would continue to suffer from an adverse public appraisal that would hamper its efforts and might take years of assiduous public relations to overcome. In addition, since the Association represents a single health profession, it would prove unequal to the task of formulating policies and programs for the multiple disciplines involved in health care as the Committee has defined it. The AMA could therefore still not assume the role that was claimed for it in the planning and development of health services:

> "That the AMA adopt an active role and take the initiative in developing all plans and programs for health care in all their ramifications, and that it encourage and assist the state and county medical societies to do the same at their respective levels."

If the Association were to attempt to meet the above objectives as a single organization, the data and deductions arising from its self-conducted studies, although they might be entirely accurate and objective, would still, in the public eye, bear the stigmata of professional prejudice and self-seeking. The volume and range of the data would be limited in spite of the participation and cooperation of the constituent and component societies, unless a prohibitively large and costly surveying agency were established. Finally, as a result of the complexities of modern health care, the policies evolved would, of necessity, require a number of professions, disciplines, and agencies for their implementation. These groups would be unlikely to accept or take affirmative action on policies they had no part in developing. The AMA has recognized the advantages of coordinating its efforts with those of other professional associations but has not been able to bring those associations under the umbrella of its leadership. The liaison committees and other arrangements that it has created to improve communications and bring about cooperation with other professional organizations have been unsatisfactory at best and have not resulted in the necessary multiprofessional approach to the direction of health care. It is quite apparent that no single professional group can influence the public or government on any

aspect of health services, not even on those that most vitally affect it individually. The health professional organizations together, on the other hand, could have a very weighty influence. It therefore seems logical for them to unite in a formal organization to play their part in the planning, legislation, and delivery of health services, a goal they cannot achieve individually.

The Committee therefore RECOMMENDS:

That the AMA sponsor, promote the formation of, and participate in, a "National Academy of the Health Professions for Research and Policy."

The concept of pooling the resources of several organizations to serve functions that are useful to them all is certainly not new. The joining together of individual agencies into a single entity to lend their collective weight to their programs, statements, and opinions is also well established. In commerce and industry, a number of foundations have been formed for just such purposes. The proposed academy would be a similar organization for the health professions.

The Committee is aware that the health scene is already overcrowded with advisory councils, commissions, panels, task forces, academies and ad hoc committees. These have a variety of sponsorships and are usually composed of eminent individuals, expert in one aspect or another of health care. These serve without pay and meet from time to time to ponder, discuss, and ultimately to report to and advise the agency or department of government that created their group. The overlap of interest of these groups, the discontinuity of their efforts, and the limited time their non-paid experts can devote to them all militate against their being productive. The net yield of this type of activity in terms of useful policy and direction is difficult to assess, but it seems fair to say that it is disproportionately small when compared to the time and effort involved. The Committee emphatically does not wish to add yet another voice to the babel of confusion that is already arising from these bodies. Instead, it wishes to propose a continuing, viable organization, geared to the collection, storage, and retrieval of data and their conversion into useful, effective programs and recommendations for the improvement of health and health services. For this purpose, the academy must have certain specific characteristics and relationships with its sponsors. The following organizational stucture is offered to illustrate some of these characteristics and relationships rather than as a direct recommendation, since the Committee is aware that there are many other possibilities. If and when the Academy concept is adopted, its sponsors will undoubtedly expect to develop the specific details of an organization that best meets their requirements.

One Possible Structure for the Academy

(1) That it be a non-profit membership corporation with the sponsoring professional associations as members;

(2) That the member organizations be limited to (a) national associations in the fields of medicine, nursing, dentistry, osteopathy, medical education, hospital administration, health and hospital insurance; (b) national associations representing

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ancillary workers, such as optometrists, psychologists, pharmacists, and laboratory and x-ray technicians; and (c) national public health agencies.

(3) That the academy have a board of directors numbering approximately forty or fifty members, drawn from the participating organizations partly on the basis of their membership. It is obvious, however, that the number of members alone is not a sufficient criterion to determine representation since the different health professions do not exert the same influence over the planning, delivery, and cost of health care. It will therefore be necessary to apply an additional weight or factor to the various organizations in determining their representation on the board of directors. This may well be the subject of negotiation.

(4) That initially the directors be appointed by their respective member professional associations for terms of one, two, and three years, so that the board will ultimately consist of three classes of directors, each serving terms of three years.

(5) That tenure on the board of directors be limited to three terms or 10 years.

(6) That the board of directors elect a chairman from among its members triennially and that he be paid a salary commensurate with the claims made on his time and effort.

(7) That a voting member group be organized for the purpose of electing directors once the first, appointed directors have served their terms. The voting member group should be composed of sixty to seventy-five individuals, thirty-five to fifty of them to be distributed among the sponsoring agencies in a proportionate manner, with the remaining number to be chosen from interested branches of government and appropriate individuals from the public at large.

(8) That each year a slate of nominees for directors be proposed by a nominating committee of the board of directors and that further nominations, if any, be made from the floor at the annual meeting by any single member of the voting member group.

(9) That the directors not be employees, active officers, or trustees of their own professional associations.

(10) That the academy retain an executive officer and indicated supportive staff on a full-time salaried basis.

(11) That there be the usual division of function and responsibility between the executive officer and the board of directors.

To repeat, the preceding description is intended to convey the broad organizational outlines of the proposed academy. More specific details can be worked out by the sponsoring associations, once they have accepted the general concept and agreed to participate. It should be noted, however, that the type of organization recommended is designed to preclude domination of the academy by one or

more of its member associations. It eliminates the possibility of interlocking directorates and, in general, divorces the academy completely from the politics of its parent societies. This is an essential condition without which the academy could not command the prestige and public confidence it must have to serve the purposes for which it is founded.

PURPOSES AND FUNCTION

The academy shall collect data relating to health care on a continuous basis and make provision for their efficient storage and retrieval. It shall analyze the import of those data, suggest policy, and make recommendations on all aspects of health care as broadly defined by the Committee. To accomplish this, it shall identify weaknesses and deficiences in health services and relate them to available funds, facilities, and personnel to develop specific, practical solutions on a priority basis. Its report shall be made to the parent organizations and all appropriate public and governmental agencies. They shall be made public and require only the prior approval of the board of directors of the Academy.

SCOPE OF ACTIVITY

The following is a partial list of the academy's areas of interest, research, and study:

(1) Distribution of health care personnel---deficiencies in number and type by area.

(2) Distribution and adequacy of health care facilities by area, to include hospitals, hospital based or free standing clinics, extended care facilities, home care services, and clinical laboratory services.

(3) Costs, to include medical and other professional fees by area or region, hospital and extended care facility rates, charges for other services, drugs, and sick room supplies.

(4) Available health insurance programs, cash or service indemnity, scope of benefits, completeness of coverage, cost.

(5) Delivery mechanisms by area, private solo practice, fee-for-service group practice, prepaid group practice, hospital practice in-hospital and clinic, full or part-time.

(6) Morbidity and mortality statistics by area or region.

(7) Professional education and training at the undergraduate, graduate, and postgraduate levels.

The above list is obviously incomplete but it does serve to indicate the range and type of investigation the accademy will be required to undertake and the problems with which it must be equipped to deal.

STAFFING THE ACADEMY

The organization of the working echelons must be left to the executive officer and the board of directors to determine, but a few comments are pertinent

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at this point. Earlier in this report it was recommended that the Association encourage and assist constituent and component medical societies to organize divisions for socio-economic studies at their respective levels. It was suggested that when the size of component societies did not warrant such a department, the division be based on a region or a district branch, rather than individual counties. The function of these divisions would be to accumulate the information previously outlined, in a uniform manner, preferably suitable for central electronic data processing. The formation of these divisions would meet the immediate need of the AMA and the societies at the state and local levels for current data and would be worthwhile on that score alone.

If the academy's other member professional associations could be motivated to form similar local and state bodies in their own fields, the health professions would have at their disposal a complete data harvesting network, with horizontal and vertical channels of coordination and communication. The academy could then serve as an apical nerve center, equipped to analyze the data it receives, synthesize policy, and redisseminate processed information for the benefit of its sub-groups. The divisions would remain with their respective societies at least until the academy is well established and has proved its viability. At that time, any duplication of function would be eliminated by transferring individuals, or even entire divisions, from the professional societies to the academy, with corresponding adjustments in financial contributions.

FUNDING THE ACADEMY

The funding of the academy should be the responsibility of the participating associations. Their initial investment should be proportionate to their representation on the board of directors and should not be large since, at the beginning, the academy staff will reply on the mechanisms established by the member organizations for data accumulation. Some investment will be required for data processing equipment, and assessments of member organizations will be necessary to defray continuing expenses.

The availability of federal grants for establishing the academy should be investigated, but at no time should such grants constitute a major portion of the academy's income. Once the academy is formed and is functioning satisfactorily, it may be allowed to undertake limited research projects on a grant or fee-for-service basis, provided that such activities do not interfere with the fulfillment of its primary functions or conflict with its basic purposes.

THE ACADEMY---PROS AND CONS

Disadvantages

(1) It will be difficult and time consuming to bring the associations representing different disciplines together in this type of cooperative effort. This is undeniable and, if the academy were the sole thrust of the Committee's recommendations, the entire concept would be unsatisfactory. While the process of organizing the academy is in process, however, the Committee would expect that by implementing its short-term proposals, the AMA and the state and county medical societies will improve their own functions sufficiently to meet their interim needs.

(2) The AMA would relinquish its control over policy making. Such loss of authority is imaginary rather than real. To begin with, policy formed by the academy, based on valid data, and developed in a continuous and logical manner, should almost invariably be acceptable to the House of Delegates and the Board of Trustees. In addition, since the AMA's structure would remain intact, its control over internal policy formulation would be undiminished and it would retain the right to reject any or all of the academy's recommendations.

(3) By adopting the academy concept, the AMA would admit to inadequacy in the field of health care planning. It is the Committee's opinion that, far from detracting, the Association would add to its stature by assuming the initiative in establishing a truly competent research and development organization among the health professions.

Advantages

(1) The academy would bring together all or most of the disciplines involved in the delivery of health services and thereby make coordinated and effective planning possible.

(2) The academy would free the framers of policy recommendations from political repercussions in their own professional associations. It will therefore be free of the stigma of trade unionism and its recommendations will be more acceptable to the public than those made individually by the member associations.

(3) The present political structure of the AMA and all other member associations will be preserved intact and hopefully improved. Should the proposed academy fall short of its objectives, there would be no disruption of continuity or function among its sponsors.

(4) The academy would not interfere with continuing legislative or public relations activities by the AMA or any of the member organizations.

(5) The academy would not interfere with continued political action by any organization of health care professionals.

SUMMARY

It may seem visionary and impractical to expect professional organizations to unite in a venture of this sort since their past history does not indicate a pervasive spirit of cooperation among them. On the other hand, it is time that all professional societies realize that they have new and important functions to serve in an increasingly complex environment. They will be required to render services to their members in terms of informing them of current trends, advising them on the courses of action they should take, and representing them in negotiations with insurance carriers, consumer groups, government, and a number of other agencies. To be effective in this, they must enjoy the best possible public image, be meticulously informed on all aspects of health care, and have the complete support and confidence of their members. The joint type of organization proposed herein will contribute toward the realization of all these conditions.

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The alternative to the formation of an Academy of Health Professions is the continuation of the present and demonstrably futile endeavors of individual associations to secure data, formulate policy, and gain acceptance of that policy by government and the consumer public. There is little reason to expect this type of activity to be more successful in the future than it has been in the past.

The health professions have much to contribute to health planning that is currently being lost. This is not only an immediate detriment to planning but, by diminishing the stature and influence of the professional associations, it deprives the public of their future advice and assistance. The pooled expertise and planning capacity of the health professions is a public asset that should not be allowed to go to waste. The Committee believes that the proposals contained herein will facilitate the full development of that potential.

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COMMITTEE MEMBERSHIP:

George Himler, M. D., Chairman
George F. Brockman, III, M. D.
John H. Budd, M. D.
G. Baker Hubbard, M. D.
John H. Knowles, M. D.
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MINORITY REPORT

COMMITTEE ON PLANNING AND DEVELOPMENT

Submitted by John H. Budd, M. D.

As a member of the AMA Committee on Planning and Development, I am deeply concerned with the Committee Report in its present form. Many of the viewpoints expressed and the recommendations advanced differ, sometimes sharply, from my own and from what I consider to be the sentiments of the House of Delegates. I therefore feel impelled to make my reactions and opinions known.

The Committee Report is extremely important. Some of its proposals would lead, if adopted, to far-reaching and epochal changes in the philosophy, policy, responsibility, scope of activity and commitment of AMA.

I also find a good deal of the basic tone unacceptable to me, and, I expect, to the House of Delegates, notably the air of apology and self-denunciation which pervades some of the Report.

After receiving the final edited version of the Report, and prior to its submission to the Board of Trustees, I sent to the Committee Chairman an annotated critique of the document, which he graciously acknowledged, and from which he stated he adopted a number of my suggestions. I also wrote to the Board of Trustees, urging that precipitate action be avoided and that the Report be returned to the Committee for reconsideration and revision.

In support of the latter recommendation I offered a partial list of passages which I considered unacceptable to my own philosophy and which I believe the House of Delegates should weigh very seriously. These passages still appear in what I understand to be the final edited version and I am troubled.

Among the points of disagreement and the declarations which I am disinclined to support, and which prompt this Minority Report, are the following:

(1) Page 105, third paragraph et seq. "Further encroachments (On the time honored privileges, prerogatives and authorities of physicians) seem inevitable if the public is to get the health services it needs at a price that it is able, or willing to pay."

Comment: the "soaring demand for health services" and the reasons for it, as well as the predictions of demand outstripping capabilities, rising costs, depersonalization of physician-patient relationship are thoughtfully and accurately expounded; likewise the need to attract into medicine the best qualified individuals in increasing numbers. However, on page 106, first recommendation, first paragraph, et seq., I see no need for supporting further restriction of traditional privileges and freedom; in the first recommendation, third paragraph, instead of the term "minimal regimentation" I prefer "maximum professional independence and freedom of choice" for both physicians and patients. Regimentation in any degree is not an incentive.

(2) Page 106, second recommendation. The WHO definition of health as it pertains to the field of medicine and the responsibility of the physician is extremely broad. It is, of course, Utopian and thus doubtless desirable, but "complete social well being" which involves satisfaction in financial, political, esthetic, climatic, transportational, recreational and endless other areas seems to me beyond the responsibility, expertise and limits of time and physical capability of the medical profession.

Assuming responsibility for conditions which appear well beyond the influence and control of AMA is to invite more criticism of the medical profession when their impossibility of attainment becomes evident.

(3) Page 107, third paragraph. I do not like the suggestion that "restraints on the authority and scope of activity of public health officials" precluded their success and leadership in the planning and implementation of health care programs, thus implying that their authority and scope of activity be extended (while those of physicians will, as warned, be abridged).

A major contribution of AMA in "bringing order to this chaotic field" would be to encourage prudence in political promises, careful selection of achievable priorities in health goals, and restraint in committing taxpayers' money.

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(4) Page 108, line ten of second paragraph. "...They will support, or at least not oppose, the expenditure of large sums of tax money on broad programs for social welfare."

I believe the enthusiasm for such expenditures is cooling, and will continue to wane. Rejection of proposed levies for school bonds, police and fire department salary increases and similar worthy purposes is increasingly common.

(5) Page 110, paragraph under heading "Abruptly Increased Demand for Health Services." "In the past one either paid for medical services or received them from government." This is neither a factual or fair statement. The alternatives to paying for medical services have not been limited to governmental bounty. True, government to some extent (and often in inadequate and penurious degree) financed some care but much has been furnished by the personal benevolence of physicians and other philanthropic individuals. It should also be remembered that government does not provide "medical services"; it only exacts taxes to pay for such care.

(6) Page 113, third paragraph. That the shortage of physicians in rural communities is real and serious is agreed but I do not believe that "heavy patient loads and poor reimbursement," especially the latter, are substantial reasons for the shortage in these communities and I think such reference is unjust and may offend many such practitioners.

(7) Page 114, last paragraph. This section, regarding manpower deficiencies is well done; the points made are good. I suggest that it should be expanded to make clear the fact that the basic shortage is in the number of physicians providing direct patient care because of the many who are attracted into (a) research, and (b) education, (both admittedly vitally necessary, always alluring, exalting and intellectually rewarding, free of the obligation and inconvenience of dealing directly with sick people, and now more adequately reimbursed), (c) administrative medicine (insurance, industry, hospital operation, etc.) with paid vacations, sabbaticals, retirement pensions, etc. and (d) the government, including of course those appropriated by the military services.

Much capricious, arbitrary and unfair criticism has been directed at AMA as being responsible for the shortage of physicians. The reasons just recited are beyond the influence and control of AMA and this fact should be brought to public attention.

(8) Page 118, third paragraph. In all places from here on where "usual, customary, prevailing and reasonable" are referred to, especially where AMA policy is concerned, the phrase should read only "usual, customary and reasonable" even though, by implication, the "prevailing" concept is included over the objection of a number of state delegations, including Ohio's.

(9) Page 118, fourth paragraph. I am unable to agree that it is illogical for AMA to "call for objective experimentation in the organization of medical services and in the same breath express its preference for private, fee-for-service practice." I do not believe it inconsistent

to call HEW to task for giving preferential financial support and subsidy to one form of medical practice and simultaneously express the Association's partiality for another. There is a difference, in my judgment, between providing funds (from taxpayers) to subsidize one form of organization for medical practice (HEW action) and expressing a preference (AMA action) while still advocating objective investigation and experimentation.

(10) Page 119, item one of recommendation. That other systems of practice are in some circumstances acceptable, appropriate, advisable, or even necessary, is undeniable, but private practice should not be disparaged nor its support abandoned.

I would be pleased to see the paragraph restated -- "That the Association seek as its goal the highest quality of patient care, the most effective use and broadest availability of the science and art of medicine, and that the Association advocates factual investigation and objective experimentation in new methods of delivery of health care, while still maintaining faith and trust in the private practice of medicine and pride in its accomplishments."

(11) Page 120, first paragraph. "...There has been an appreciable increase in physicians' incomes since 1966 while, during the same time, the medical profession has been unable to bring about a material expansion of its capacity to deliver health services."

One of the reasons for increased income is indeed increased productivity and output by physicians working longer hours. It is true that use of automation, data processing, computer techniques in history recording and differential diagnosis, etc., are only beginning and offer great possibilities; however, I consider gratuitous support of the frequently unwarranted criticism of physicians' incomes unnecessary and offensive.

(12) Page 122, second paragraph. "...medical societies have absolutely no jurisdiction over the charges made by their members."

Medical societies have indeed rather severe jurisdiction over charges made by members when excessive. Peer review, honestly used, is a potent instrument and grossly excessive fees may be considered unethical, and thus the offending member may be subject to discipline by censure, suspension or expulsion. Though not legal power, this is effective if used. Furthermore, in Ohio at least (and maybe in other states as well), violation of the ethics of a professional society by a member can result in withdrawal of the offender's license by the State Board. This is legal power.

(13) Pages 124-125, under Recommendation items two, three and four. The merits, legality, feasibility and attainable benefits of audit of physicians' office performance are complex questions. I am well aware of the risks, and sometimes the existence of incompetence, negligence, exploitation, over-utilization, mal-utilization and other defects and deficiencies in the office, and it is true that the policing procedures usually present in the hospital are missing

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in the office. Whether proposals for office audit are the most effective and least harmful I am not prepared to say. My only plea in this complex problem is for caution and dispassionate judgment.

(14) Page 129, fourth paragraph. The distrust and fear of government intrusion into medical practice, described as "atavistic" is indeed well founded and as justifiable as most primitive instincts. When politicians' promises become impossible to fulfill, the medical profession is usually held to blame. The current vilification of physicians generally for those Medicare inequities, costs and abuses for which the medical profession has little or no responsibility is disheartening.

(15) Page 135, third paragraph. I do not approve the 51 percent consumer representation included in PL 89-749 and I agree with the well-stated reasons in this paragraph. However, I would delete the last sentence beginning "Nevertheless, the intent of the law is clear ..." Compliance with the law is proper but offering gratuitous endorsement is unnecessary.

(16) Page 136, second paragraph, items one through four. I would prefer the following construction:

(1) Medical societies at all levels should support the concept of PL 89-749 and the establishment of properly constituted planning agencies, provided,

(a) the areawide comprehensive health planning agencies at local levels have broad community representation on their boards of directors, in contradistinction to their advisory committees and councils. It is inadvisable to permit local governments, composed as they are, of elected and appointed officials of varying capability and tenure to dominate or control health planning.

(b) that medical societies have proper representation on the executive bodies of the planning councils. The societies should not accept a purely advisory function.

(2) "To this end..." this paragraph (original item 4) to be retained as in the text.

(17) Page 139, third paragraph. Rather than "create the general belief," which sounds like promoting deception, I prefer "make it clear" as a more positive and accurate statement.

(18) Page 143, first paragraph. "The Association's opposition to Medicare was more emotional than objective ...."

I consider this a shocking denunciation. The accuracy and objectivity of AMA's arguments in opposition to Medicare are clear to me. AMA warned of abuses, over-utilization, costs exceeding estimates, misunderstandings, inequities and failures which are now very evident. Most testimony before the House of Delegates 1965 Annual Convention was in fact more objective than emotional. All AMA testimony before Congressional Committees was consistently objective.

(19) Page 144, paragraph 4, line 4. I deem this an unjust appraisal of the physicians who comprise the House of Delegates. Having successful practices, with patients derived mostly from middle and upper income brackets (though this is frequently not the case), being conservative in political and social philosophies, and being concerned with preserving the traditions of their profession and their time-honored relationships with their patients are not derogatory qualities and I do not believe they preclude objective judgment by honorable men. Criticism, to be sure, is offensive when unwarranted, but I don't think most physicians are resentful of legitimate criticism.

This list is partial, and represents a sampling. My purpose is not to destroy a comprehensive document of good intent, or to malign a committee on which it was a privilege to serve. My criticisms are intended to be constructive.

There is merit in much of the Report's commentary, and in many of its analyses and recommendations. To point out just a few, the depiction of the present social and political climate, (page 109, second paragraph), exposition of the varying non-medical reasons for poor health of the under-privileged (page 111, last paragraph), and evaluation of delivery systems of health care, including closed panel groups, are perceptive, relevant and accurate.

The document deserves fair hearing and calm judgment. In my opinion it needs modification; precipitate action should be avoided.

I hope that my dissenting opinions will be given serious consideration, my suggested changes adopted, and my motives understood.

J. LABELING OF PRESCRIPTIONS
(RESOLUTIONS 55 AND 99, A-69)
(Reference Committee B, page 281)

HOUSE ACTION: ADOPTED

In July 1969, the House of Delegates adopted Resolutions 55 and 99 on the labeling of prescriptions and referred them to the Board and its Council on Legislative Activities.

The Council on Legislative Activities submitted to the Board, and the Board approved, a legislative proposal which would "amend the Federal Food, Drug and Cosmetic Act, as amended, to require that the label of drug containers, as dispensed to the patient, bear the established or trade name, the quantity and strength of the drug dispensed."

The AMA bill (copy follows) will be channeled through the proper Division and Department for introduction at an appropriate time into the Congress.

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(2) REPORT I OF BOARD OF TRUSTEES
REPORT OF COMMITTEE ON
PLANNING AND DEVELOPMENT
AND MINORITY REPORT

RESOLUTION 13 - MINORITY REPORT - AMA
COMMITTEE ON PLANNING AND DEVELOPMENT

Resolution 13 requests that the Minority Report of the Committee on Planning and Development (John H. Budd, M. D.) be received on the same basis as the Report of the Committee on Planning and Development. Since your Reference Committee did in fact so receive this report and does in fact so treat the Minority Report in subsequent recommendations in this Reference Committee Report:

RECOMMENDATION:

Mr. Speaker, your Committee now recommends the adoption of Resolution 13. (see page 237)

Report I of the Board of Trustees, including the Report of the Committee on Planning and Development (Himler Report) and the Minority Report of the Committee on Planning and Development (John H. Budd, M. D.), recommends that the Report of the Committee on Planning and Development be given serious study and be received for information.

The Report of the Committee on Planning and Development offers 18 groups of recommendations totaling 57 in number. The Minority Report offers 19 recommendations and suggests that this is only a partial list.

Your Reference Committee received sincere, concerned and thoughtful testimony from more than forty speakers representing most of our state and territorial constituent and component societies, many of whom made multiple suggestions of both approval and disapproval of these varied recommendations.

Your Reference Committee wishes to offer its highest commendation to those dedicated members of the Committee on Planning and Development for the scholarly task performed in structuring this report, as well as the Minority Report, and for the more than 17 months of monumental effort which it represents.

These reports respond appropriately to the charge by the Board of Trustees when this Committee was appointed, which was as follows:

(1) To study and make recommendations concerning the long range objectives of the Association and the resources, programs and organizational structure by which the Association attempts to reach them.

(2) To serve as a focal point for the planning activities of the Association and stimulate and coordinate planning activities throughout the Association.

(3) To study, or caused to be studied, medicine and the environment in which the Association must function and transmit the conclusion of these studies, in the form of recommendations, to the Board of Trustees for distribution to appropriate decision making centers throughout the Association, particularly the House of Delegates.

Your Reference Committee believes the vast majority of testimony received concerned two major areas:

(1) The necessity for AMA to establish a permanent Committee on Long Range Planning and Development.

(2) The need for in-depth study by all divisions of the Association with special emphasis on the constituent and component units in the several states and county societies of the recommendations contained in both these reports, before specific motions for the implementation of these recommendations be considered by this House.

Your Reference Committee agrees with the substance of this testimony and its desire for continuing positive action by the Association in the field of long range planning and development, and therefore recommends as follows:

RECOMMENDATION NO. 1

That it be the policy of this House of Delegates that a permanent Committee on Long Range Planning and Development be appointed. Mr. Speaker, your Reference Committee recommends approval of this proposal. (see page 100)

RECOMMENDATION NO. 2

That following this session of the House of Delegates an Ad Hoc Committee on Long Range Planning and Development be appointed to consist of three members of the Board of Trustees to be appointed by the Chairman of the Board, three members of the House of Delegates to be appointed by the Speaker of the House, and one member from the Student American Medical Association to be appointed by the President of that Association, this Ad Hoc Committee to have the following charge:

(a) To receive the Report of the Committee on Planning and Development (Himler Report) and the Minority Report (John H. Budd, M. D.) as well as all the

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(Committee I)

reviews and correspondence received by the Association concerning this subject, also including the transcript of the proceedings of this Reference Committee when that document becomes available;

(b) To study and make recommendations concerning the structuring of and the charge to the permanent Committee on Long Range Planning and Development and to report these recommendations to this House of Delegates at the Annual Convention in 1970, it being understood that this Ad Hoc Committee will serve until a permanent committee is appointed.

Mr. Speaker, your Reference Committee recommends approval of this proposal. (see page 100)

RECOMMENDATION NO. 3

Your Reference Committee believes this House of Delegates can best act on the specific recommendations of the Himler Report and the Minority Report on the basis of individual resolutions to be submitted by the component and constituent state associations or societies. It therefore further recommends that these two reports be transmitted to the constituent state societies for such specific action by their governing bodies as they deem warranted, it being understood that the resolutions so generated and the applicable recommendations in the Reports will be considered by the appropriate Reference Committees at the Annual Convention. (see page 101)

DIRECTORY

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION*

1969-1970

President - Gerald D. Dorman ..... New York
President Elect - Walter C. Bornemeier ..... Chicago
Immediate Past President - Dwight L. Wilbur ..... San Francisco
Vice President - M. Louise C. Gloeckner ..... Conshohocken, Pa.
Secretary-Treasurer - Alvin J. Ingram ..... Memphis
Speaker, House of Delegates - Russell B. Roth ..... Erie, Pa.
Vice Speaker, House of Delegates - J. Frank Walker ..... Atlanta

BOARD OF TRUSTEES

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Irvin E. Hendryson, Albuquerque, New Mexico 1970
Alvin J. Ingram, Memphis, Tennessee 1970
Robert C. Long, Louisville, Kentucky 1970
John M. Chenault, Decatur, Alabama 1971
Raymond T. Holden, Washington, D. C. 1971
John R. Kernodle, Burlington, North Carolina 1971
L. O. Simenstad, Osceola, Wisconsin 1971
Burt L. Davis, Palo Alto, California 1972
Max H. Parrott, Portland, Oregon 1972
C. A. Hoffman, Huntington, West Virginia 1972
Burtis E. Montgomery, Harrisburg, Illinois, Chairman 1972
Ex Officio: Gerald D. Dorman, Walter C. Bornemeier, Dwight L. Wilbur

COUNCILS OF THE HOUSE OF DELEGATES

COUNCIL ON CONSTITUTION AND BYLAWS: Carroll L. Witten, Louisville, Ky, 1971; Thurman B. Givan, Brooklyn, NY, 1972; Robert B. Hunter, Sedro Woolley, Wash, 1973; Robert Hayo Tenery, Waxahachie, Tex, 1974; Ex Officio, without vote: Gerald D. Dorman, New York; Raymond T. Holden, Washington, DC; Russell B. Roth, Erie, PA; J. Frank Walker, Atlanta. Chmn: George D. Johnson, Spartanburg, SC, 1970. Sec: George E. Hall, JD, Chicago.

JUDICIAL COUNCIL: George W. Petznick, Shaker Heights, Ohio, 1970; Renato J. Azzari, Bronx, NY, 1971; Walter H. Judd, Washington, DC, 1973; Charles C. Smeltzer, Knoxville, Tenn, 1974. Chmn: Elmer G. Shelley, North East, Pa, 1972. Sec: Edwin J. Holman, LLB, Chicago.

COUNCIL ON MEDICAL EDUCATION: Bland W. Cannon, Memphis, 1970; James W. Haviland, Seattle, 1971; Kenneth C. Sawyer, Vice Chmn, Denver, 1971; Earle M. Chapman, Boston, 1972; Vernon E. Wilson, Columbia, Mo, 1972; Francis L. Land, Washington, DC, 1973; E. Bryce Robinson, Jr., Fairfield, Ala, 1973; William A. Sodeman, Philadelphia, 1969; Joseph M. White, Galveston, 1974. Chmn: William R. Willard, Lexington, Ky, 1970. Sec: C. H. William Ruhe, Chicago.

*All are MD's unless otherwise indicated

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constituted as a standing committee of the Council on Medical Service, a Council of the House. The functions of the Committee on Private Practice shall be:

1. To encourage and promote the private practice of medicine;

2. To develop new methods that will promote the private practice of medicine throughout medical school, graduate and postgraduate training;

3. To assist the private practitioner to improve his method of providing medical care continually including business practices and the efficient utilization of allied health personnel;

4. To publicize to patients the merits of private practice;

5. To encourage and assist the development of similar committees by state medical associations; and

6. To maintain constant liaison with other committees and councils of the AMA to achieve these objectives.

No. 13 MINORITY REPORT - AMA COMMITTEE ON PLANNING AND DEVELOPMENT

Introduced by Ohio Delegation
(Reference Committee I, page 316)

HOUSE ACTION: ADOPTED

Whereas, One of the members of the AMA Committee on Planning and Development has presented a Minority Report on the Report of the AMA Committee on Planning and Development; therefore be it

RESOLVED, That the Minority Report be received by this House on the same basis as the Report of the AMA Committee on Planning and Development.

No. 14 EXCHANGE OF PUBLIC AFFAIRS PROGRAM MATERIALS AND IDEAS

Introduced by Illinois Delegation
(Reference Committee B, page 282)

HOUSE ACTION: ADOPTED

Whereas, The American Medical Association approximately one year ago established a Public Affairs Division; and

Whereas, The Public Affairs Division is primarily charged with the responsibility for the AMA's governmental and association relationships; and

Whereas, The responsibility of this Division in part is stated as "assisting the membership in attaining legislative objectives by working with Congress and the administrative agencies; educating physicians and their wives for effective

participation in politics and the government; analyzing legislative proposals; and keeping the county and state medical societies aware of political and governmental developments"; and

Whereas, An effective nationwide public affairs program must be carefully planned, thoughtfully conceived and implemented on a national, state and local level throughout the United States; and

Whereas, Many successful public affairs programs are now actively sponsored by medical societies throughout the country; therefore be it

RESOLVED, That the American Medical Association Public Affairs Division establish in cooperation with the state medical societies a system for exchange of timely program ideas and materials; and be it further

RESOLVED, That the American Medical Association Public Affairs Division provide the necessary leadership, programming, and materials so that the objectives and responsibilities as stated may be achieved.

No. 15 EDUCATIONAL OPPORTUNITIES FOR MEDICAL STUDENTS, INTERNS AND RESIDENT PHYSICIANS

Introduced by Illinois Delegation
(Reference Committee C, page 289)

HOUSE ACTION: ADOPTED AS FOLLOWS:

Whereas, Educational opportunities are not limited to hospitals affiliated with medical schools; and

Whereas, The concentration of medical students, interns and resident physicians in university hospitals tends to captivate these trainees; and

Whereas, A wider dispersal of these trainees could enhance their educational experience; therefore be it

RESOLVED, That the Board of Trustees of the American Medical Association, through the appropriate councils and committees, study the total picture for training and education of medical students, interns and resident physicians; and be it further

RESOLVED, That the Board of Trustees exercise its influence for wider distribution of medical students, interns and resident physicians, especially in non-medical school affiliated hospitals; and be it further

RESOLVED, That such educational experience, where feasible and practical, expose these trainees to the merits of practice under a variety of environmental circumstances.

Ex. #41

A

C O N T E N T S

WITNESS	DIRECT	CROSS	REDIRECT	RECROSS	EXMR.
Wayne W. Bradley	9823	9884	9936		

EXHIBITS	IDENTIFIED	RECEIVED
Respondent's:		
RX-696(A through Q)		9841

BEFORE THE

FEDERAL TRADE COMMISSION

In the Matter of:	
THE AMERICAN MEDICAL ASSOCIATION, a corporation;	
THE CONNECTICUT STATE MEDICAL SOCIETY, a corporation;	Docket No. 9064
THE NEW HAVEN COUNTY MEDICAL ASSOCIATION, INC.	

Room 1944C
Dirksen Building
Chicago, Illinois

May 4, 1978

Met, pursuant to recess, at 9:30 a.m.

BEFORE:

ERNEST G. BARNES, Presiding Official

APPEARANCES:

L. BARRY COSTILO, DANIEL R. BARNEY and ARTHUR N. LERNER, Federal Trade Commission Washington, D.C., appeared on behalf of the Federal Trade Commission;

ROBERT E. YOULE and JACK R. BIERIG, Sidley & Austin, One First National Plaza, Room 4800, Chicago, Illinois, appeared on behalf of the American Medical Association;

LINDA RANDELL, Wiggins & Dana, 195 Church Street, New Haven, Connecticut, appeared on behalf of the Connecticut State Medical Society and the New Haven County Medical Association.

P R O C E E D I N G S

MR. YOULE: Your Honor, as our next witness the American Medical Association calls Wayne Bradley.

--

WAYNE W. BRADLEY was thereupon called as a witness for the American Medical Association and, having been first duly sworn, testified as follows:

DIRECT EXAMINATION

By Mr. Youle:

Q Will you state your full name for the record, please?

A Wayne W. Bradley.

Q Where do you reside, Mr. Bradley?

A 618 West Franklin Street, Wheaton, Illinois.

Q Are you employed?

A I'm employed by the American Medical Association.

Q What is your position at the AMA?

A I'm Director of the Division of Public Affairs.

Q Will you describe your educational background for the Court, please?

A I have a Bachelor of Journalism Degree from the University of Missouri.

Q How long have you been associated with the American Medical Association?

A This is my tenth year with the AMA.

Q Will you describe these various position which you have held at the AMA prior to becoming Director of the Public Affairs Division?

A I started in 1969 with the Washington office as Assistant Director of the Department of Congressional Relations. I later became Director of that Department. Subsequently, I became Assistant Director of the Washington office and 3½ years ago I was transferred to Chicago to my present job.

Q As Director of the Public Affairs Division, what departments of the AMA come within your area of responsibility?

A The division has a staff that was divided between Chicago and Washington. In Chicago we have a Department of Federation Communications which is responsible principally for liaison and communication between the AMA and the staffs of the state and county medical societies.as well as some specialized activities such as speech writing for our officers and trustees and arrangements for their schedule and speaker training programs. The second department is the Department of Membership Development which has the responsibility its name applies. Our third department in Chicago is the Department of Legislation

1 which is divided into two sections, federal legislation
2 and state legislation. In the Washington office we
3 have the Department of Congressional Relations which
4 is the lobbied activity of the AMA. We have --. At
5 present we have the Department of Federal Affairs
6 which is responsible for liaison and information
7 exchange with federal agencies. In the administrative
8 branch we have a Department of Communications where
9 we have writers to write for AMA publications and
10 also respond to press inquiries from the Washington
11 Press Corps and we have a small library in Washington.
12 Q Does a program entitled the Speakers Bureau
13 come within your area of responsibility?
14 A Yes, it does.
15 Q Will you describe for the Court the various
16 activities of the Speakers Bureau?
17 A Yes. Principally, this involves responding
18 to requests from a variety of non-medical audiences
19 for speakers from the AMA. We have a group of
20 physicians who have volunteered their time to speak
21 to audiences. These might be school, media, civic
22 clubs, such as Rotary or Luncheon Clubs, any variety.
23 It might be town meetings, but it's essentially the
24 speakers outside scientific and medical audiences.
25 Essentially, what we do is respond to requests. Some,

1 we assign a member of the Speakers Bureau too; some
2 we refer to a state or a county medical society and
3 ask that they try to supply a speaker. The request
4 will ask for -- usually will specify the subject they
5 want and it might be current issues or those that are
6 discussed in the media and such things as the cost
7 of medical care, Laetrile, abortion, our position on
8 these areas, and national health insurance -- issues
9 of this type.
10 Q I show you a document which has been marked
11 and previously admitted into evidence as Commission's
12 Exhibit 2586 which is entitled "An Analysis of the
13 Stertiven (phonetic) Report". Have you had a chance
14 to look this document over?
15 A Yes, I have.
16 Q I refer you to page 7 of the report and
17 specifically footnote 13 where there is a description
18 of a project request form with respect to the National
19 Speakers Bureau. Could you just briefly look that
20 over?
21 A Yes.
22 Q There is a reference in the project request
23 form to the program in which it says that: "Profession
24 spokesmen fill requests for non-scientific engagements."
25 What is meant by non-scientific engagements?

A Well, the AMA has an extensive program of meetings in the area of continuing medical education, medical aspects of sports or occupations where we discuss medical, scientific issues. This does not get involved in those. This gets involved in general meetings; as I indicated schools, civic clubs, town halls, whatever type of activity it might be. The subjects discussed are usually those that I indicated as opposed to some discussion of a particular medical technique or a new drug or that sort of thing which would take place in a medical group and be of more interest to physicians.

Q As Director of the Public Affairs Division, are you responsible for the area of the Associations Activity which can be referred to as governmental interphase?

A Yes, I am.

Q Will you describe for the Court the general activities of the AMA which come within this area?

A Yes. We divide our activities into two areas here partly because of existing federal law and partly because it's the logical way to do it. This involves the activities having to do with legislative and with the Congress on the one hand; and on the other hand, those having to do with the administrative agencies,

principally, HEW but also others that have a significant role in medicine and health such as VA and the Defense Department. One reason we divided it is because some of the activities that we are engaged in legislation fall under the purview of the lobbying act and this describes certain activities, which if you engage in these; you are required to register, which the AMA has done for many years as a lobbying organization. Certain employees, if they engage in certain defined activities, are considered lobbyists and they are registered as I was when I was a lobbyist and as I still am. Essentially, this is a very specific defined area of activity which is part of a much broader activity that we have in legislation. The most visible part of our legislative activity is testifying on legislation before committees of Congress, either testifying in person or sending statements. We will also react to proposed legislations which seek to interpret the laws passed by Congress. In the last year we testified in person or submitted statements or commented I believe about 110 times. Of these, I would say about 25 or 30 were actual witnesses before a committee of Congress and about of the total, 40 to 50 percent involved the Congress and the rest involved the regulatory agencies. We testify most

1 often because the chairman of the committee invites
2 us to testify. They have a piece of legislation under
3 consideration which will propose to do certain things,
4 provide a certain benefit, address a certain problem
5 in a certain way; and they ask us to comment on that
6 legislation as to the impact on the physician or the
7 patient who is the intended beneficiary. Frequently,
8 we are able to make suggestions in our testimony and
9 supplement that by offering specific language as
10 amendment which, frequently, they ask us to do as to
11 how a piece of legislation can be made more effective,
12 how it can do what the agency or committee wants it
13 to do and not interfere with the ability of the
14 physician to treat the patient. We testify on a wide
15 range of issues ranging from drugs to medicare and
16 medicaid, programs aimed at target populations, those
17 with mental problems, a kidney disease and so forth
18 and so forth. Following the testimony, as I indicated
19 sometimes we're asked to submit amendments which we
20 draft and do so for the subcommittee staff or commit-
21 tee staff and it is up to the lobbyist, of course, to
22 relate our position to other members who may not have
23 been there and to try to persuade them to see the
24 benefit of our suggestions and to support those
25 suggestions. In the area of the government agencies,

1 there is an entirely different situation here. There
2 is no lobbying. The law does not at this point apply
3 to administrative agencies, and it's much more an
4 information gathering and liaison activity in which our
5 staff, which numbers 33 that do this, reply to
6 requests for information from government agencies,
7 arrange meetings and conferences between experts in
8 government and experts in AMA in a certain area, be
9 it alcoholism or drug abuse or whatever the area might
10 be, medical education, mental retardation and so
11 forth. Essentially, it is an information gathering
12 and liaison activity. Now my division does not have
13 by any means the responsibility for arranging all of
14 the interphase between AMA and medicine and the
15 government because this takes place at many levels
16 at many different times -- advisory committees to
17 NIH, liaison with the officer for disease control on
18 immunization programs, and which we're asked to be
19 part of a consortium to try to get the level of
20 immunization up. All of these things can take without
21 any arrangements by us because people or experts in
22 the field tend to know each other and go to the same
23 meetings and this sort of interchange takes place
24 beyond what our assignment is, which is to relate
25 where we're asked to either by government or by AMA to

1 serve functions in there and general information
2 gathering.
3 Q What, if anything, does the Public Affairs
4 Division do in the area of relations with state
5 governmental bodies?
6 A In the federal --. In the legislative depart-
7 ments as I indicated, we have the two sections;
8 federal, and they analyze the legislation in the
9 Congress and prepare material -- I'm sorry. I neglect-
10 ed to say this. They prepare material for our Counsel
11 on Legislation which is a group of 11 physicians and
12 a dentist who recommend physicians on legislation to
13 our Board of Trustees and they also recommend draft
14 legislations which we will prepare to answer a certain
15 perceived need that we see.
16 In the area of state government, state
17 legislatures, the state section for the Department
18 on Legislation has three principle responsibilities.
19 The first is merely an information exchange, what is
20 going on in one state legislature and another in a
21 certain area, be it abortion, be it laetrile, whatever
22 the subject might be, malpractice legislation, so
23 that other state medical societies are aware of the
24 activity around the country. The second area they're
25 involved in is meetings with outside speakers for

1 state legislative personnel who areworking in this
2 area, which we present twice a year a diverse group
3 of speakers on various issues. The third area is
4 working with organizations of state legislators, the
5 National Governors Association on Model Bills. We
6 have several model bills of our own. Other groups
7 are constantly drawing up model bills, and our goal
8 here is to react in this area as we do at the Congress
9 in looking at a proposal and seeing what its effect
10 would be on the physician as he prescribes and
11 diagnosis for a patient, government, whether it be
12 federal or state officials, looking at a situation --
13 a need for a certain population to have a certain
14 program. They view all of the people in that popula-
15 tion, be it the mentally retarded or the migrate
16 worker or the battered child or whatever the case may
17 be. They view all of those people, be it a hundred
18 thousand people or ten million, as a block; and they
19 devise a program that they think will reach that
20 problem for all of those people across the country.
21 Our role has always been to relate that program to
22 the individual patient and to the doctor as he
23 treats that individual patient. In other words, if
24 you have a hundred thousand patients, you're going to
25 have a hundred thousand different personal medical

1 histories. You're going to have a hundred thousand
2 different environments that that patient comes out of,
3 and the doctor sees these patients one at a time. We
4 want to make sure in our draft legislation and our
5 testimony that the government doesn't inadvertently
6 promulgate a bill or a program or a regulation which
7 will prohibit the physician from using his own best
8 judgment in treating that individual patient so that
9 he is just so bound up by regulations and procedures
10 that it's essentially "cookbook medicine" is a term
11 we use. We want the doctor to have the freedom
12 consistent with good medical practice to be able to
13 treat a patient based on that patients' needs and to
14 take advantage of the best of a government program
15 and use whatever it might be -- whether it's a fund
16 or a research center or whatever the program might
17 be -- use that to the benefit of the patient and see
18 that it doesn't stand in the way of good care.
19 Q Mr. Bradley, how does the AMA decide which
20 bills or governmental regulations to analyze or
21 testify about?
22 A Okay. There are perhaps 2000 bills in a
23 Congress which have to do with medicine or health or
24 the general area, the environment, pollution, other
25 things which effect health. First of all, we can

1 obviously look at all those bills that are referred to
2 the health subcommittees as those we have an interest
3 in; but there are subcommittees other than the health
4 subcommittees that do get involved. So we will look
5 at the end of one session of Congress at the laws --
6 the public health laws that are expiring in the next
7 year, and obviously those will be coming up for
8 consideration. So we look especially at bills
9 introduced by leaders in the Congress which would
10 amend those -- extend the program, change them,
11 increase or decrease the authorization. The Washington
12 staff will talk to the staff of the subcommittees or
13 the committees and say, "What is your agenda for the
14 next year? What are the bills you think you're going
15 to look at and consider"; and we will get into those
16 pieces of legislation and then, as I indicated, we
17 have our own draft bills that we will bring forward
18 and try to get action on. So there is a hodgepodge of
19 reasons and sources from which we get information
20 including the daily press and the medical press and
21 so forth which is doing the same thing we are, predict-
22 ing what will come up next year.
23 Q Well, you mentioned reasons. What is the
24 general ~~purpose of~~ the AMA in engaging in this entire
25 program of governmental interphase?

1 A Well, I'd say we have several purposes. The
2 one I've outlined is to see that a government program
3 does not inhibit a physician from caring for a
4 patient in a way he thinks is best given his training
5 and experience and knowledge of the patient. Secondly,
6 we're interested in responsible government programs.
7 We have supported increased appropriations for a
8 number of federal health programs where we think they're
9 doing a good job; and it's a good judicious use of
10 federal money, limited federal dollars. We're in
11 competition in medicine when we talk about the govern-
12 ment programs. We're in competition with many other
13 demands on the government for housing, transportation,
14 defense, agriculture. There is only a limited number
15 of dollars, and we want those federal dollars to go
16 to the programs where the payoffs in the terms of the
17 public health is the biggest. So we try to balance
18 one program against another and the appropriations
19 committee and the OMB, the Office of Management and
20 Budget, have complimented us for helping set the
21 priority among a whole laundry list of federal programs,
22 by targeting those we think are most important and
23 deserve special emphasis and programs more money in
24 the succeeding year than they had the year before.
25 So there's that relationship as well as the impacts of

1 the program.

2 Q Is there any economic motivation behind the

3 AMA's program of governmental interphase?

4 A For the physician?

5 Q Yes.

6 A That's not one of the considerations that we're

7 told to take into consideration; and it's not one

8 that we do take into consideration. In fact, there's

9 very little legislation that, in our judgment would

10 have any impact on the physicians economic status.

11 Q What about something like, say the Keogh Law?

12 A Obviously, thatis one that would have an

13 impact on the physician and on his ability to provide

14 for a retirement. The impact of the Keogh Law falls

15 equally on all professions and all self-employed

16 people. While it was enacted before I cam with AMA,

17 I think one time in the time I've been with them the

18 limits of Keogh were raised; and we did support that.

19 We think as a party of equity, we thinkthe self-employed

20 person, whether he be a professional or businessman

21 or in whatever capacity, should have the benefits

22 similar to those that those of us are employed are;

23 that is, the ability to set aside money, either him-

24 self or by the employer in his behalf tax free -- to

25 provide for his own retirement. In all candor, when

1 that last Keogh change took place, we did support it,
2 but it was not a major lobbying effort on our part
3 because, frankly, we find it very difficult or we would
4 find it difficult to generate much sympathy for the
5 physician's economic status. It's well known that the
6 physician is well paid -- that he probably has the
7 highest income of any profession, according to
8 physicians I've seen, and it just is not a reasonable
9 thing for us to lobby in on behalf of the physician.
10 Q Are you familiar with a group with the AMA
11 known as the Counsel on Legislation?
12 A Yes.
13 Q Will you describe for the Court what the duties
14 of this Counsel are?
15 A Right. This organization of 11 physicians and
16 a dentist is charged with examining proposed legisla-
17 tion and recommending a position on it to the AMA
18 Board of Trustees.
19 Q Have you ever had occasion to attend any
20 meeting of the Counsel on Legislation?
21 A I attend most of their meetings.
22 Q At meetings, do the members of the Counsel
23 discuss the questions on whether or not the AMA should
24 take a position on a specific bill or regulation?
25 A That's exactly what they do.

1 Q What types of concerns in your experience have
2 been expressed at these meetings?
3 A The same concerns I indicated before that guide
4 the AMA; and it's essentially there where those concerns
5 are looked at and that is the impact of the legislation
6 on the physician -- on his ability to treat the
7 patients and the relative importance of the certain
8 program compared to other programs.
9 Q During the meetings of the Counsel which you
10 have attended, have any members ever discussed the
11 impact which a bill or regulation would have upon the
12 economic welfare of physicians?
13 A Really, if ever. It's not one of the things
14 that come up for discussion.
15 Q Are you generally familiar with the expenditures
16 of the AMA in the area of government interphase over
17 the past several years?
18 A Yes, I prepared the budget for the division.
19 Q Is the amount which is budgeted and spent by
20 the AMA of this area atypical of the year 1977?
21 A No, we have seen a gradual increase year by
22 year in recent years as the number of bills increases
23 as the number of occasions to testify -- our own
24 activity in drafting legislation -- but '77 was a
25 typical year and just one of a continual. The activity

1 doesn't vary much from year to another, whether it's
2 the first session or second session of the Congress.
3 '77 happened to be the first session.
4 There was a time when a lot of things
5 ust slid during the first session and a lot came out
6 in the second session; but this isn't true much anymore.
7 The changes in the budget procedure in Congress have
8 changed that. They have to act by May 15 on anything
9 that's going to have a substantial impact on next
10 year's budget each year.
11 Q Would the fact that 1977 was not an election
12 year cause the expenditures of the AMA in the area
13 of government interphase to be atypical?
14 A The election year -- non-election year doesn't
15 make any difference. It's the schedule of Congress
16 that determines how much activity they get into in
17 any year.
18 Q I show you now a document which has been marked
19 and previously admitted into evidence as Respondent's
20 Exhibit 696.
21 MR. LERNER: Your Honor, I would just
22 object. The document has not been admitted for
23 all purposes. It was admitted solely for the purpose
24 of cross-examination of Professor Feldstein.
25 MR. YOULE: Mr. Lerner, I did not say it

had been admitted into evidence for all purposes. I said it was admitted into evidence, and that statement is correct.

MR. LERNER: I think the record should be clarified, your Honor.

By Mr. Youle:

Q Before I was so rudely interrupted, I was asking you whether you were familiar with this document, Respondent's Exhibit 696?

A Yes.

Q Will you describe for the Court what it is?

A It is, as the introduction states, the list of statements presented to committees of Congress and to administrative agencies by the AMA during the calendar year 1977.

Q To the best of your knowledge, is this exhibit an accurate list of the various bills and statements which the AMA has been involved in for the year 1977?

A As far as I know, it is totally accurate.

Q To the best of your knowledge, is the description behind each one of the bills and regulations an accurate depiction of the AMA's position?

A Yes, it is.

MR. YOULE: Your Honor, at this time we'd like to offer this exhibit for all purposes, including

1 the truth of the statements submitted within the
2 exhibit.
3 MR. LERNER: The document wasn't listed
4 as one that was going to be offered into evidence
5 during this witness's testimony, but we have no
6 objection.
7 PRESIDING OFFICIAL BARNES: You have no
8 objection to it?
9 MR. LERNER: No, your Honor.
10 PRESIDING OFFICIAL BARNES: I'll receive
11 it. That's 696?
12 MR. YOULE: Yes, that's 696 A through Q.
13 PRESIDING OFFICIAL BARNES: I'll receive
14 Respondent's Exhibit 696 A through Q.
15 (The document marked for identification as
16 Respondent's Exhibit 696 A through Q was received in
17 evidence.)
18 By Mr. Youle:
19 Q Mr. Bradley, I think you've testified that
20 you've had an opportunity to review Professor
21 Feldstein's report in this matter which is Commission
22 Exhibit 2586; is that correct?
23 A Yes, that's correct.
24 Q Have you also had an opportunity to review the
25 transcript of Professor Feldstein's testimony as it

1 relates to the AMA's activity in the area of govern-
2 mental interphase?
3 A Yes, I have.
4 Q Mr. Bradley, on page 4 of Professor Feldstein's
5 report --
6 MR. LERNER: What page, I'm sorry.
7 MR. YOULE: Page 4, Professor Feldstein's
8 report --. Strike that, please.
9 By Mr. Youle:
10 Q It's on page 6 of the report. Professor
11 Feldstein refers to various AMA political activities
12 to provide legislative benefits. Will you comment,
13 if you can, as to what political activities, if any,
14 the AMA engages in?
15 A The AMA does not engage in political activities
16 because it's done by a separate organization, AMPAC.
17 Political is a generic term. It means many things to
18 many people; but to me political activities are those
19 covered by the Old Federal Practices Act and the
20 current Federal Election Campaign Act, which are
21 certain specified partisan activities in behalf of
22 a candidate or political party and the AMA does not
23 engage in this. We do collect money or dispense money
24 for candidates or do any of the other things that are
25 outlined in the acts I cited. This is done by political

1 action committees or by individuals, but not by the
2 AMA.
3 Q Now, I'd like to refer you to a number of
4 statements which were made by Professor Feldstein,
5 specifically on pages 4 and 5 of his report. Begin-
6 ning on the bottom of page 4, Professor Feldstein
7 states that: "The AMA has opposed the economic
8 stabilization program which places limits on physicians'
9 fees." What, in fact, has been the AMA's position,
10 if any on this matter?
11 A Well first of all he incorrectly describes
12 the program. It doesn't place limits on physicians'
13 fees. It places limits on --. As I recall, it places
14 limits on the increases in a particular fee; but it
15 didn't address the issue of physicians' income. Our
16 position in regard to the economic stabilization
17 program was one of opposition as most of the country
18 was opposed to wage and price controls refer part of
19 the economic stabilization program. In particular,
20 the controls were left on physicians, hospitals, and
21 the medical sector after they were removed from all
22 other sectors of the economy; and it was a matter of
23 equity in our opinion that it was not fair to continue
24 controls in one sector and have no control on the
25 expenses of that sector because all other parts of the

1 economy were not under control. The fact is, that
2 during the life of the Phase I, Phase II, Phase III
3 and Phase IV, the AMA urged physicians to show restraint
4 in their fee setting and their increases -- to
5 cooperate in a program because we did have a national
6 problem with inflation in all sectors. I think the
7 experience the consumer price index shows that
8 physicians did cooperate; but there was eventually
9 the situation under Phase IV, which was the last days
10 before the act expired or the authority, in which, is
11 a matter of equity. We opposed the continuation,
12 especially since it was opposed on one sector only.
13 Q Were there any other regions beyond these that
14 you've mentioned why the AMA opposed the continuation
15 of price controls with respect to the whole health
16 care field?
17 A Well, the fact is that when you control a
18 sector like that, you cause a distortion, obviously;
19 and the person who more often than not will suffer will
20 be the patient or the institution. If the --. Take
21 a hospital which was under control, if the cost of
22 utilities and malpractice and wages goes up for the
23 hospital but the cost of its charges cannot go up,
24 then obviously there is some distortion -- some
25 pressure on the quality of the product or the

1 accessibility of the project, one or the other.
2 Either they won't see patients or they will give them
3 less attention or less treatment. The same thing is
4 true in physician's offices or any other practitioner.
5 If there is a pressure in one area, then, for instance,
6 under medicaid and some states, the reimbursement rate
7 for hospitals, for physicians, for other practitioners
8 is so low as to cause the institution or practitioner
9 not to recover his overhead, the cost of doing business,
10 the cost of opening the office; or in the case of
11 hospitals, the reimbursement is so low that it uses
12 up their reserves and this is not -- in Chicago for
13 instance; under situations like this where the amount
14 of reimbursement is restricted Cook County Hospital
15 has been brought to the brink of closing several times
16 in the last few years because of inadequate reimburse-
17 ment. It's not a matter of just governments can just
18 say they're not going to reimburse and that that won't
19 have any effect in the real world of supply and
20 demand. The laws of economics come into effect; and
21 if there isn't the money to pay for the care, then
22 how can the institution provide the care? Under the
23 economic stabilization program, there were artificial
24 restraints; and the ultimate result always is that
25 the patient is not given the care or the amount of

1 care or the days of care that good medical judgment
2 would dictate or else many hospitals in Chicago, not
3 Cook County, won't take medicaid patients. They just
4 won't see them.
5 Q For example, under the Economic Stabilization
6 Program, how could patient care be affected by a
7 continuation of the limits on physicians' fees, for
8 example?
9 A Well, physicians are not stupid people as a
10 general rule; and if they see that there are artificial
11 controls and that their expenses go up and that they
12 begin to lose money on certain patients or they are
13 unable to cover their expenses and a reasonable income
14 for themselves, I could see certainly that a physician
15 would just see more patients, work an extra hour, or
16 see each patient a shorter time. There are, obviously,
17 all sorts of ways to have -- to get around a situation
18 like that; but if the doctor spends less time with
19 the patients, then I would say that the quality of
20 care would suffer.
21 Q On page 5, Professor Feldstein refers -- well,
22 states that: "AMA has opposed certain proposals for
23 National Health Insurance" -- referring to the
24 Kennedy-Korman bill -- "that would adversely affect
25 physicians who remain in fee for service practice."

1 What, in fact, has been the AMA's position
2 on the care of health insurance?
3 A Since 1970, the AMA has had its own national
4 health insurance bill which has attracted a number of
5 sponsors in the Congress. At one time over 175
6 members of the Congress cosponsored our legislation.
7 We're very proud of that fact because we think we
8 offer a bill that is reasonable, that would build on
9 the present system of private insurance through the
10 marketplace; that is, through the work places where
11 most of us have our insurance and would target the
12 federal dollars to providing health insurance. And,
13 therefore medical care to people who do not have
14 insurance now, the unemployed, the poor who are not
15 eligible for medicaid, the self-employed, either
16 through incentive or through government payment based
17 on need. We have opposed bills which would destroy
18 private insurance and provide all care through a
19 federal system such as the Kennedy-Korman bill that
20 is mentioned. The impact on physicians of the Kennedy-
21 Korman Bill not only was not a factor, butthere would
22 be virtually no impact. Senator Kennedy himself has
23 told physician audiences, "Your incomes --
24 MR. LERNER: I object, your Honor, as to
25 any of Senator Kennedy's statements to go in, the

1 effect.

2 PRESIDING OFFICIAL BARNES: It's hearsay.

3 MR. YOULE: Perhaps it would be admitted

4 for its effect upon, certainly, Mr. Bradley's staff

5 who hears these things and certainly upon physicians

6 who arelikely to take some position with respect to

7 the bill.

8 MR. LERNER: In that case, your Honor,

9 we have no objection for it to go in for that purpose.

10 THE WITNESS: Senator Kennedy spoke to

11 one national medical specialty society and said that,

12 "Your income would not be effected by the Kennedy-

13 Korman bill." The Kennedy-Korman bill would set up

14 certain national and regional budgets for different

15 types of care, hospital, institutional, long term,

16 drugs, and so forth. It would be allocated among

17 the various regions, and the physicians would be

18 reimbursed either through salary or through fee through

19 service.

20 Q Just to clarify, why has the AMA opposed the

21 Kennedy-Korman bill?

22 A We think it's the wrong way to solve the problem

23 of a limited number of people who do not now have,

24 because of economics, adequate health insurance

25 protection. We don't feel we need to federalize the

1 total medical system or the federal financing of
2 medical care in order to reach a target population;
3 and under a bill which would do that, such as Kennedy-
4 Korman, it would just wipe out private health insurance
5 which has done an excellent job, in our opinion, by and
6 large of providing health insurance. It would destroy
7 coverage for millions of workers which have been
8 arrived at through collective bargaining or as other-
9 wise an employee benefit and the system works. It
10 works very well and is regarded by most people as the
11 most effective system in the world for delivering
12 medical care, but there are gaps. That's what our
13 bill would aim out. Rather than taking a tremendous
14 amount of spending and transferring it all through the
15 federal budget, we would leave as much as we could
16 in the private sector.
17 Q On the same page of Professor Feldstein's
18 report he states that, "The AMA's approach to legisla-
19 tion on certification of physician competence has
20 been entirely consistent with the economic interests
21 of the existing members of the medical profession."
22 Can you comment on what AMA's position has been on
23 the certification of physician competence; and I would
24 refer you specifically to footnote 6 of Professor
25 Feldstein's report in which he says, "The AMA has not

supported the legislation requiring retraining or re-exmination of practicing physicians."

A In that instance, Professor Feldstein is correct. W. have not supported legislation which would require retraining or re-examination. However, we support the retraining or re-examination and continuing medical education for physicians. We feel that there are various ways that the physician's competence can be assured. They may be through retraining. They may be through continuing education courses. They may be through pure review. They may be through seminars. It may be through self-assessment tests which specialty socities have generated. There are a variety of ways. We do not feel the state of the art is so advanced that we can say that for every physician practicing in this country, this is the way to assure his competence. We say there should be assurance of competence. We support a continuing medical education in a variety of forms and accredit hundreds of programs in this area. We have the physicians' recognition award which is awarded to physicians that can demonstrate that they have achieved a certain number of hours of continuing medical education. They get an award which they can put up in their office, which we think is a public

1 notice to his patients that he has attempted to keep
2 his competence up. I think over 50,000 physicians
3 have qualified for that award. There are a variety
4 of activities in organized medicine by AMA, by the
5 National Specialty Societies, and by the states and
6 counties and by hospitals aimed at physician competence;
7 and we have not supported legislation we strongly
8 and devote a lot of our resources to assuring physician
9 competence.
10 Q Going on on the same page, Professor Feldstein
11 refers to the AMA's approach to legislation on
12 payment for physician service and organization of
13 medical care. In footnote 7 Professor Feldstein states:
14 "The AMA has, over the years, favored fee for service
15 over al ernative forms both health care delivery such
16 as health maintenance organizations and prepaid group
17 practice." Would you please comment upon what the
18 AMA's position has been on these matters?
19 A Professor Feldstein is half wrong there. We
20 do not support -- I believe is his words. We do
21 support fee for service. We also support variety
22 which would include prepaid, HMOs, clinics, salaries,
23 or whatever the physician and the patient agree on
24 as long as it's ethical, as long as the physician
25 adheres to appropriate standards of giving good care,

1 spending the necessary time. We did not favor and do
2 not favor one form over another. We don't favor
3 HMOs over fee for service. We don't favor groups over
4 solo practitioners. We feel there should be a variety,
5 that no one setting is best for all doctors, or all
6 patients; and we have physicians as members of AMA
7 from all different settings.
8 Q Professor Feldstein refers to the AMA's approach
9 to legislation on the role of auxiliary health workers
10 and states that: "The AMA consistently presses for
11 requirements that most non-physician health personnel
12 be allowed to practice only under the control of
13 physicians." What is the AMA's position on this
14 general subject and what is the purpose of that
15 position?
16 A Well, we do think that non-physicians should be
17 practicing under the control and supervision of the
18 physician and we do with regard to physicians'
19 assistants, who, by their name, are assistants to
20 physicians or physicians extendors, as they're
21 sometimes called or office nurses, the physician has
22 the responsibility, not only medically, but legally
23 for the care given to a patient; and if he has that
24 responsibility and is to be held to that responsibility,
25 we feel it only fair that others who treat a patient

1 under -- in his office or in that setting should be
2 responsible to him -- that he has the responsibility.
3 So he should have the authority. There are, however,
4 allied professions that are not under the control of
5 a physician, and we have supported this. If I may
6 refer to one instance of our testimony on a particular
7 piece of legislation which had to do with an allied
8 health personnel, there was major legislation on
9 medicare and medicaid, HR1, in which we testified
10 February 18, 1972.
11 MR. LERNER: Your Honor, if I might look
12 at the document from which the witness is reading
13 before he continues?
14 MR. YOULE: Certainly.
15 MR. LERNER: Your Honor, I would only
16 ask that the witness not be permitted to read into
17 the record from dockets or testify from documents
18 unless his recollection is exhausted; and I think
19 that should be established before he consults any
20 documents.
21 PRESIDING OFFICIAL BARNES: All right.
22 By Mr. Youle:
23 Q Would you like to explain what your familiarity
24 is with the position, both generically and with respect
25 to the specific language?

1 A Yes. This happens to be testimony from February,
2 1972; and I'm generally familiar with the legislation
3 because it was important. But in looking through this
4 statement, I found a specific paragraph which applies
5 in the case that Professor Feldstein mentioned and it
6 has to do with a proposed Section 251, Physical
7 Therapy Services under medicare and this would provide
8 coverage to beneficiaries, that is beneficiaries for
9 medicare for up to $100 per calendar year for
10 physical therapy services furnished by a licensed
11 physican therapist in his office or the patient's
12 home under physicians' prescriptions. We supported
13 this. We said we also support this modification. The
14 point is that this is an independent practitioner,
15 an allied health area, the physical therapist; and
16 we supported the payment to -- directly to this
17 therapist. However, the general requirement in all
18 therapy is that there must be a plan of therapy
19 approved by a physician and worked out perhaps in
20 cooperation with a therapist. That's an understood
21 thing here; but the payment would be independently to
22 a practitioner there because that's appropriate in
23 that case. The therapist does not function directly
24 under a physician like an office nurse giving a shot
25 or a physician's assistant giving a physical examina-

1 tion. Where it's appropriate, we do support the
2 direction and responsibility in the hands of the
3 physician.
4 Q I'd like to now refer to various portions of
5 Professor Feldstein's testimony in this manner.
6 On page 8851 of the transcript, Professor
7 Feldstein makes a reference towards, "AMA's opposition
8 toward organizations that charge one price for
9 everyone and thereby undercutting competitively the
10 physician's ability to charge higher prices to those
11 in higher income groups." As an example of this,
12 Professor Feldstein cites: "Past opposition to
13 prepaid group practices; and they're presumably
14 referring to the AMA --" current opposition or less
15 than enthusiastic support for health maintenance
16 organizations." I'd ask you, Mr. Bradley, to comment.
17 First of all, I'd like to ask you to comment again
18 with respect to the Association's position on prepaid
19 group practice and support for health maintenance
20 organizations.
21 A Prepaid group practices are not always health
22 maintenance organizations. Prepaid group practices
23 have been around for 40 years and they've -- they are,
24 in our opinion, a legitimate and ethical form of
25 medical practice provided they provide services

1 promised to the patient. We are not opposed to pre-
2 paid group practices. Not in my ten years with the
3 AMA have we -- was I ever asked to or has our position
4 ever been one of opposition to prepaid group practices.
5 MR. LERNER: I would object to the
6 admission of the witness's answer to previous questions
7 on the merits. I have no objection to Mr. Bradley's
8 going on to Section 4 issues; but I don't think it's
9 proper for any of Mr. Bradley's testimony to go into
10 the record at this point on the question of whether
11 or not AMA is opposed to health maintenance organizations
12 or prepaid group practice in terms of the merits of
13 this case, not Section 4 issues. He's only been
14 listed as a Section 4 witness, your Honor. We did not
15 know he would make any comments whatsoever on the
16 merits of the question of whether or not AMA has been
17 opposed to prepaid group practice or health maintenance
18 organizations. And that they considered them an
19 ethical form ofpractice. I don't think it would be
20 proper for his testimony to go into the record on the
21 merits of the question.
22 MR. YOULE: Your Honor, first of all let
23 me say I don't think the issue in this case is
24 whether the AMA "has opposed" anything. Mr. Bradley,
25 I assume, is talking about the Public Affairs Division

1 and its work in the government arena. To that extent,
2 I don't think we want the evidence in for any purpose
3 that Mr. Lerner would object to.
4 PRESIDING OFFICIAL BARNES: All right.
5 By Mr. Youle:
6 Q Could you continue, please. I think you were --
7 A All right. So there's prepaid group plans;
8 and then starting about in early in the 1970s there
9 was coined a term, health maintenance organization,
10 and there was a federal initiative toward funding of
11 the feasibility study and planning and initial opera-
12 tional costs of HMOs which were a particular type of
13 prepaid group plan. The administration and the
14 Congress had a variety of approaches to this legisla-
15 tion. The ranged from a proposal that would cost over
16 five billion dollars and would subsidize the operation
17 of an HMO to more modest proposals which would
18 provide funding on a limited basis to see if this new
19 HMO concept could provide care better in rural areas.
20 There was a rule set aside in the law that a certain
21 percentage of the money had to be spent for HMOs in
22 rural areas whether they could provide care better than
23 was now being provided in physician shortage areas.
24 This was set aside in the law for physician shortage
25 areas and the law said that whether half the authorized

1 number of HMOs were in operation, there would be a
2 study to see what they would provide in the way of
3 care. Are they doing better or worse, what is the
4 hospitalization rate, what is the cost, what new
5 people have been brought in the system; all of the
6 things that should be answered about this. This
7 legislation passed and was enacted into law; and we
8 did not oppose it in its final form.
9 Q Just to clarify, what was the position of the
10 AMA with respect to the first bill you mentioned that
11 would have provided various subsidies?
12 A One of the bills would have subsidized each
13 month the fee of a large group of subscribers to the
14 HMO and these were not necessarily just those eligible
15 for medicaid but it would have been others as well.
16 We felt that while it was perfectly fair for medicaid
17 enrollees to be in HMO and because the government had
18 assumed the obligation of paying for that care, for
19 the government to pay that fee we did not feel that
20 should be a subsidy for others who would get part of
21 their health insurance or health care paid for if they
22 were in an HMO but not if they were in some other
23 situation, another prepaid plan or out of the prepaid
24 field all together.
25 Q On page 9852 of the transcript, Professor

1 Feldstein refers or makes a statement to the effect
2 that: "AMA never favors or always opposes proposals
3 that seek to cover national health insurance or not
4 to have 'a means test --
5 MR. LERNER: Could you tell me what page
6 you're reading from?
7 MR. YOULE: Yes, 8852.
8 By Mr. Youle:
9 Q Can you comment upon the statement with
10 respect to AMA's position with respect to national
11 health insurance?
12 A Yes, we favor as I indicated the government.
13 We think the government has a responsibility to
14 allocate some of its resources to providing -- to
15 paying for care for people who can't afford to pay
16 for their own medical care; and we feel that --. We
17 think it should be done by buying those people a
18 health insurance policy so that they have the same
19 benefits as employed people have, the same level of
20 benefits and they're not in some two-tier system.
21 There's not second class benefits afforded to people
22 who can't afford their own medical care. Therefore,
23 we do favor that the government national health insur-
24 ance should be limited to those who have a need and
25 that it shouldn't pay for people who have other ways

1 of providing for their care.

2 Q On the same page, 8852, Professor Feldstein

3 states that: "The AMA has opposed the fee limit under

4 medicare and medicaid when they were limited or when

5 the government wanted to limit them to certain percen-

6 tiles such as the 75 percentiles." I think you've

7 touched upon this before, but could you expound and

8 answer what the AMA's position has been on these

9 questions and what was the purpose of the positions?

10 A The medicare law and the medicaid law both

11 say that the practitioners, physicians, dentists, and

12 any other, should be reimbursed on the basis of their

13 usual, customary, and reasonable fees. This is the

14 way professionals are traditionally paid in this

15 country -- their usual fee provided it's customary in

16 the community and provided it's overall reasonable;

17 and on that basis, the law was enacted. That is the

18 way we have said that the law should operate. There

19 are certain efforts by government and by insurance

20 carriers to determine what is meant by UCR. There is

21 a whole body of regulation which is drawn up to carry

22 up usual, customary, and reasonable. One of the

23 devices, is to rank all procedures by physicians in

24 a certain area, all charges for a certain procedure on

25 a scale and to say that a physician will get his usual

1 fee, whatever it is, provided it's customary. But
2 that the top 25 percent are not reasonable and so they
3 will, therefore, not pay above the 75 percentile.
4 That's the 75th percentile. To my recollection, the
5 medicare -- when I first joined AMA, the percentile
6 was about 83. I believe it's 75, and I think there's
7 been efforts and a discussion about making it 50.
8 It's a matter of conjecture among economists about
9 what is the proper percentile.
10 Q What has been the AMA's position with respect
11 to these various questions that Professor Feldstein
12 refers to where he says, "They have opposed the fee
13 limits under medicare." What is the AMA's position
14 and what is the purpose of that position?
15 A I frankly don't know what he means when he
16 states, "They have opposed the fee limits under
17 medicare and medicaid when they were limited." There
18 is no particular legislation or period mentioned here,
19 so I don't know what he means. If he's speaking about
20 UCR, that's the law; and that's the way they are
21 paid under medicare and medicaid or the way they're
22 supposed to be. In many cases, their payment is much
23 lower.
24 Q On the same page and continuing on to pages
25 8853 and 8854, Professor Feldstein refers to various

1 AMA positions with respect to the Veterans Administra-
2 tion. On the bottom of 8852 he states that: "The AMA
3 has opposed the Veterans Administration which does
4 not have or did not have a means test for its veterans."
5 Would you like to comment upon that?
6 A Well, that's wrong. The AMA in my time has
7 not opposed the Veterans Administration. We have
8 tried to work with the Veterans Administration. There
9 is no means test for disabled veterans, and we have
10 not suggested a means test in my years for a disabled
11 veteran or veterans with service-connected disabilities.
12 This, I think has clearly been the public policy in
13 this country that the government -- the Veterans
14 Administration or the old Veterans Bureau had an
15 obligation to provide care for the veterans who were
16 disabled in the course of serving in the service.
17 There is another Veterans Administration program which
18 provides care to veterans for non-service connected
19 disability. In other words, just because a person is
20 a veteran, he or she is, therefore, eligible for care
21 in a veteran's institution. However, the law -- and
22 as far as I know it's been on the books since -- or I
23 don't know how long; as long as I've been with AMA
24 and much longer than that because I can remember years
25 ago, 25 years ago that it was on the books -- and that

1 is, for the non-service connected disability the
2 veteran is opposed to certify that he cannot afford
3 that care through his own resources or his health
4 insurance or the private sector. To that extent, there
5 is a means test. I frankly don't know when that
6 came in, if it came in after World War II or when?
7 It's some years ago.
8 Q On page 8853, Professor Feldstein refers to
9 another aspect of the Veterans Administration and states
10 that: "The Veterans Administration provided medical
11 care to its members, and it started out by providing
12 hospital care and it was without a means test."
13 Professor Feldstein states in the next sentence that
14 the AMA opposed this.
15 Would you like to comment on that?
16 A Again, I don't know what he's talking about.
17 Not in the time I've been with AMA has there been any
18 question about the means test or the veterans' care
19 or the Veterans Administrations role in which we have
20 had disagreement with the VA or a different position.
21 Q On page 8854, Professor Feldstein again refers
22 to the Veterans Administration and states: "They wanted
23 to expand into the area of ambulatory care, out-patient
24 services. This would have been a competitive threat
25 to physicians in the private practice and the AMA

1 opposed that expansion in the ambulatory service and
2 also opposed the Veterans Administration's expansion
3 of their beds and their hospitals." Would you like
4 to comment on that?
5 MR. LERNER: Your Honor, I would object
6 at this point. I haven't objected up until now. I
7 think the form of the question is objectionable and
8 that he's simply being asked to comment; and I think
9 a question could be directed more specifically to the
10 witness as to the accuracy of the statements, rather
11 than to simply ask him to comment at length or to
12 ask him what AMA's position was, but not just to
13 comment -- to go through the thing page by page and
14 ask him for a comment.
15 PRESIDING OFFICIAL BARNES: I think the
16 question could be better phrased.
17 By Mr. Youle:
18 Q Is Professor Feldstein right or wrong?
19 A "The AMA opposed that extension into ambulatory
20 service and also opposed Veterans Administration's
21 expansion of their beds and their hospitals." As far
22 as I know, he's wrong. I don't know what he's talking
23 about because I do not know of any testimony that we
24 have given or any legislation we have considered,
25 number one, would do the things or that AMA opposed.

1 Again, he may be talking about 25 or 30 years ago. I
2 don't know as to that. I'm not qualified to say.
3 Q You have been with the AMA how long?
4 A This is my tenth year.
5 Q On page 8858, Professor Feldstein refers to
6 increasing the price of substitute physicians; and
7 he refers at the bottom of the page to AMA's opposition
8 of inclusion in the medicare reimbursement for
9 possible substitutes of physicians such as optometrists,
10 psychologists, and podiatrists. That would be a way
11 they would increase the price of their competitors."
12 Is Professor Feldstein correct in his statement of
13 what the AMA's position has been?
14 A I'm going to try to --
15 Q This is on the bottom of --
16 A Yes, I'm trying to see in what relationship
17 he's talking to when he talks about "in opposition of
18 inclusion of the medicare reimbursement for possible
19 substitutes of physicians, such as optometrists,
20 psychologists, and podiatrists." We have favored
21 the inclusion of psychologists and podiatrists and
22 optometrists in medicare or we haven't opposed them
23 because they are part of the health care team. Our
24 general position is that we feel they should be
25 reimbursed as independent practitioners for the

activities that they're trained to do and licensed to do upon referral from a position first makes a determination that these allied personnel can be used in treating the physician.

PRESIDING OFFICIAL BARNES: You mean treating the patient?

THE WITNESS: Treating the patients, I'm sorry.

I know of no instance in which we have said that these occupations should not be reimbursed for their appropriate role. They are not physicians; and I think it's important that we recognize here is when we say that the patient should go to a physician first and then the psychiatrist can refer him or her to a psychologist, there could be a reference to a podiatrist. There could be a reference to an optometrist for the things they're capable of doing. We have not, to my knowledge, opposed them as independent practitioners and medicare as he said. I do not think that's right.

Q On page 8860, -- we may have covered this before -- but Professor Feldstein in the second full paragraph states that: "They" -- presumably referring to the AMA -- "oppose the physicians assistant practicing in a hospital whetherit is under the super-

1 vision of the salaried physician. Then they say that
2 physician assistants can not practice as a physician
3 assistant then." Do you know if the AMA has ever taken
4 such a position?
5 A I don't understand his statement. He says
6 what they oppose is the physician assistant practicing
7 in a hospital whether it's under the supervision of a
8 salaried physician. We do not oppose the physician
9 assistant practicing in a hospital. We do say that it
10 should be under the supervision of a physician. We
11 don't oppose physician's assistants in the hospital or
12 in the doctor's office. We support it.
13 Q Does the AMA oppose physician's assistants
14 practicing under the supervision of a salaried physician
15 as opposed to a fee-for-service physician?
16 A No, no difference at all. A physician is a
17 physician.
18 PRESIDING OFFICIAL BARNES: That was fee-
19 for-service physician. I don't know if he got that.
20 By Mr. Youle:
21 Q On pages 8862 and 8863, Professor Feldstein
22 refers to various aspects of billing under medicare
23 with respect to anesthesiologists and he says, "It
24 turns out in the study I have done that anesthesiolo-
25 gists can bill for their services under part B in

1 medicare; but nurse anesthesists cannot. They must
2 be reimbursed under the hospital costs separately with
3 this part A of medicare."
4 What has the AMA's position, if any, been
5 with respect to nurse anesthesists billing their
6 services under part B of medicare?
7 A To my knowledge the issue has not come up;
8 and there was a major piece of legislation which was
9 introduced last year. It has not been enacted, yet,
10 which does go into the role of the anesthesiologist
11 and the number of patients he can supervise. It gets
12 very specific as to what the anesthesiologist can do.
13 It lists six different activities but never mentions
14 the nurse anesthesist. She's not mentioned in the
15 legislation. We did testify to what anesthesiologists
16 should do and can do and so forth; but the nurse was
17 not mentioned.
18 Q Just to clarify, has the AMA, to your knowledge,
19 ever taken a position that nurse anethesists should
20 not be able to bill for their services under part B
21 of medicare?
22 A To my knowledge we have not. To my knowledge
23 the issue has not come up.
24 Q On page 8863 Professor Feldstein I think
25 clarifies his position on this last subject and states:

1 "I believe their position -- again, presumably refer-
2 ring to the AMA -- "is that they would only favor
3 reimbursing physicians under part B of medicare so
4 they would oppose, for example, reimbursing any
5 non-physicians, nurse anethesists, optometrists,
6 pschologists, and others who would be substitutes for
7 the physician." To your knowledge has the AMA ever
8 taken such a position?
9 A No.
10 Q On page 8865 and continuing on to page 8866,
11 Professor Feldstein discusses the Hill-Burton program
12 which was a hospital instruction program to provide
13 capital subsidies to hospitals; and Professor
14 Feldstein states that: "The Hill-Burton program was
15 to provide funds for hospital instruction that modern
16 stabilization funds as well as funds for hospitals
17 in rural areas." There on in the same paragraph he
18 states: "So the more hospitals the better he" --
19 referring to the physician -- "is able to treat
20 patients, provide for services, and more able to
21 hospitalize and have more beds available."
22 Are you familiar with the AMA's position
23 on the Hill-Burton legislation?
24 A The Hill-Burton originally started right after
25 World War II; and I'm not familiar with their position

1 then but it's extended up into the first few years I
2 was with the AMA. We were supportive of the Hill-
3 Burton program. It was a program that was aimed at
4 building hospitals in areas where they were short,
5 particularly, rural areas; and we supported that in the
6 interest of having hospital care available to patients.
7 Q Was the purpose of the AMA support during this
8 period in which you referred in order to provide
9 beds for physicians to hospitalize patients in order
10 to enhance their economic welfare?
11 A No, it was to provide beds for the patients
12 so they would have good medical care.
13 Q On page 8867 Professor Feldstein speaks as
14 to the AMA's position on the nurse training legislation
15 and he states: "Here, the AMA favored the funding of
16 registered nurse education, but they favored it for
17 nureses in their position on the hearings in that
18 legislation; rather they talked about wanting funds to
19 go to nurses who went to diploma schools of nursing,
20 which are basically two year schools. They were
21 against having funds used to subsidize nurses' training
22 in a higher educational training such as a baccalaur-
23 eate degree or graduate training but only trained in
24 those categories when they go into administration or
25 teaching."

1 What has the AMA's position been in this
2 area and is, in fact, Professor Feldstein's allegation
3 correct?
4 A No. He's not correct. He's 180 degrees wrong.
5 The legislation would have differentiated several
6 years ago between diploma schools and degree schools;
7 and we opposed the difference. We said they should
8 be treated the same. He has it completely backwards.
9 We testified three times specifically on that issue
10 and in each of them -- and I have the statements -- we
11 spoke to the difference which is proposed in the
12 legislation and said that we opposed the difference,
13 that they should be treated the same.
14 Q On page 8869 of the transcript, Professor
15 Feldstein refers to -- Professor Feldstein apparently
16 hypothesizes on what AMA's position would be on an
17 issue in the area of malpractice and he states: "You
18 would predict the Association would take action to
19 lower the physician's premium in their malpractice
20 insurance." What has been the AMA's position in the
21 federal arena with respect to malpractice?
22 A In the federal arena we have said it is not --
23 it's a problem that lends itself to a solution at the
24 federal level. The principle problem --. The most
25 critical problem was that in certain states, malpractice

1 insurance companies stopped writing insurance; and it
2 was a case of availability of insurance at any cost.
3 There were a variety of legislative approaches taken
4 in the 50 states, and we worked with the state medical
5 societies to try to assure the availability of
6 insurance, if not through companies individually
7 than through what came known as a JUA, Joint, Under-
8 writing Association, in which a consortium of compani-
9 es operating in the state would furnish malpractice
10 insurance to physicians.
11 Q Was the purpose of the AMA's efforts in both
12 the federal and the state legislative arenas in order
13 to enhance the economic welfare of physicians?
14 A No, it was --. Really, if anyone were to
15 benefit from a malpractice insurance where there was
16 true malpractice that a physician who, through
17 unforeseen circumstances innocently committed mal-
18 practice or where through lack of training or judg-
19 ment committed malpractice, the beneficiary is the
20 patient -- the patient who's wronged, against whom
21 malpractice occurred.
22 Q On page 8871 Professor Feldstein discusses the
23 question of foreign medical graduates; and he states
24 that: "AMA has favored changing the preferential
25 treatment, immigration treatment of foreign medical

1 graduates."

2 Could you comment on what the position of

3 the Association has been with respect to foreign

4 medical graduates?

5 A The AMA has favored a number of things in

6 regard to foreign medical graduates but particularly

7 as to their immigration. Naturally, we favor that

8 they be properly trained and that they pass the

9 appropriate tests to demonstrate their training and

10 competency and their familiarity with English and some

11 other things like that; but in particular, there were

12 several bills which addressed the FMGs situation in

13 the last Congress, 95 and six. As the enrollment

14 and graduates of American medical schools has increased

15 dramatically, the number of residencies -- interns

16 and residencies available for graduating medical

17 students has -- have more and more been filled by

18 American School Graduates. There was a time when

19 this was not true, and we were dependent on foreign

20 medical school graduates to fill residencies. Partic-

21 ularly, they were used or they were recruited or

22 they signed up for residencies and county or city

23 hospitals giving care to indigents who were under the

24 medicaid program. They --. And Cook County, for

25 instance, which serves a large indigent population --

one total department didn't have any American graduates in residency. They were all foreign medical graduates. Now the situation changed, and the number of graduates from American schools, I believe, doubled in 20 years; and the number of residencies stayed about the same. So we have a situation here in which for American graduates to receive the residency training that they require now in order to become either specialists or generalists -- they all go through residencies -- it became apparent that there were going to be enough gradschool graduates, that we would not have to rely on foreign medical graduates. There was the bigger issue of whether it was right for America to train physicians from foreign countries which have tremendous shortages of physicians and the problem being that they would come over ostensively for training and then stay and they wouldn't go back and give care in their own countries where there's a tremendous shortage, especially in the developing countries, an unbelievable ratio of doctor to population. So it was determined by the Congress to be in the public interest and inthe interest of our obligation in the world to cut off the flow of foreign medical graduates.

Our position was that as the American graduates increased, there should be a lessening of

1 dependents. But that it should not be arbitrary.
2 Unfortunately, the Congress set an arbitrary date,
3 January 1, 1977 and said at that point no new FMGs
4 will be allowed in inresidencies. We warned them that
5 it should not be that arbitrary, that the supply was
6 not equal to the demand in America. So to make a long
7 story short, we then worked with the Congress and
8 with the executive agency and contacted the immigration,
9 the justice, and HEW who were the agencies involved
10 in getting a waiver put through so that this would not
11 go into effect right away. Of particular concern
12 in this instance where administrators of the big
13 city hospitals who were dependent upon the supply for
14 care; and residents are both providers and students.
15 While they are in a learning position, especially in
16 a community hospital, they give a tremendous amount of
17 care; and the upshot of the Congressional actions
18 which we warned against was an arbitrary cutoff and
19 would have been disruptive to the care of the people
20 who go to these hospitals where they give the care.
21 Q Well, has the AMA's position in petitioning
22 the government with respect to the question of foreign
23 medical graduates been motivated by a desire to reduce
24 the supply of physicians?
25 MR. LERNER: Your Honor, I object. The

1 question is leading. He could ask the purpose of their
2 activity and not suggest the answer?
3 PRESIDING OFFICIAL BARNES: Right.
4 MR. YOULE: If anything, I think I suggested
5 the wrong answer.
6 By Mr. Youle:
7 Q Anyway, what has been the purpose of it.
8 A The purpose of our activity in regard to
9 foreign medical graduates in regard to legislation
10 has been to give the best possible advice we could
11 to the Congress as to the course of action our national
12 policy should take as to the generation of American
13 doctors and the filling of residencies and the provid-
14 ing of care through people through those residencies.
15 Q On page 3877, Professor Feldstein refers to
16 AMA's position with respect to the funding of medical
17 schools and he states: "They favored one-time funding
18 grant for medical schools which were in financial
19 distress at the time and not to require them to increase
20 their enrollment." What was the AMA's position with
21 respect to funding grants for medical schools?
22 A Since the, I believe the early 60s, but some-
23 time in the 1960's, we have favored federal grants
24 at two medical schools; and when it was proposed that
25 there be a capitation payment on each medical school

1 for each student, we favored that. We still favor it.
2 This is a payment of -- oh, it's varied, but say
3 $2,000 each year to each medical student -- for each
4 medical student to each school so that the more
5 students they have the more money they get. Then in
6 addition, there were indeed certain grant programs.
7 One would have been a special grant program to help
8 universities set up departments of family practice,
9 a new specialty that started several years ago that's
10 opposed to generate primary care physicians and it's
11 been very successful in doing that. We did not favor
12 a requirement that a school increase its enrollment
13 because some schools were operating at their capacity
14 until they could expand their facilities. To say
15 arbitrarily, "If you can train 100 physicians in
16 your chemistry lab and anatomy lab and other facilities,
17 you ought to be able to train 200." It doesn't make
18 sense. The quality of training would suffer under a
19 required increase, and we didn't feel it was fair to
20 require -- give federal aid only if they increased.
21 We encouraged measures that would reward the schools
22 that increased their facilities and most schools have.
23 Q When Professor Feldstein says that the AMA
24 favored one-time fundings for medical schools which
25 were in financial distress at the time, does that

1 statement -- just to clarify your testimony, does that
2 statement accurately reflect the position of the
3 Association on medical school funding?
4 A Well, we favored much more than that. We
5 favored across-the-board aid; and one feature of the
6 program -- it's a very expensive, very comp hensive
7 program -- is one-time funding grants for medical
8 schools in financial distress. Much more aid when
9 to the schools under the capitation program.
10 Q On page 8878, Professor Feldstein refers to
11 the whole area of PSRO, Professional Standard Review
12 Organizations. In the last paragraph he states:
13 "The AMA opposed this legislation." Is that correct?
14 A Yes, that's correct. We opposed the legislation
15 which set up PSRO. We favor our own proposal to
16 which PSRO was based called PRO, Peer Review Organiza-
17 tion. We felt it was the preferred way to review
18 medical care. Essentially, the differences are only
19 organizational -- that care would be reviewed by
20 physicians. We offerred legislation which the Ways
21 and Means Committee asked us to draft to set up a
22 system or review under medicare and medicaid because
23 they were concerned about abuses and about the amount
24 of care and about the cost of care.
25 When it was in an appropriate setting and

1 at their request, we did draft such a bill that was
2 introduced in the Congress. It was called PRO,
3 Peer Review Organization; and it would have provided
4 that the state and county medical societies were
5 responsible for reviewing this care. We offered to
6 do this for the government under these programs and
7 see that the physicians were meeting certain standards,
8 that they were not hospitalizing patients when they
9 could be in a nursing home at less government cost,
10 that they weren't in the hospital too long. This has
11 been a traditional activity of medical society peer
12 review, both to the society and to the hospital;
13 however, Senator Bennett, then a senator, drafted
14 legislation for PSROs which would have said that
15 there must be a new organization set up consisting of
16 the same physicians that are in the medical society
17 but set up differently through a PSRO to do the same
18 kind of review that would be done under PRO. We felt
19 that we had an organization already in being that
20 for years had been doing review and this would be the
21 logical place to do it. It would a lot less expensive;
22 for instance, if appropriations next year for PSRO
23 is something like $170 million and we had an existing
24 and cheaper way to do it. So yes, we opposed that form
25 of doing this, but we didn't oppose the review itself.

1 PRESIDING OFFICIAL BARNES: Does the PSRO
2 have any non-physician members?
3 THE WITNESS: No, sir. The law requires
4 they be only physicians or doctors of osteopathy. It
5 was another program which had review by consumers which
6 has just been repealed.
7 By Mr. Youle:
8 Q Just to clarify, was the AMA opposed to the
9 concept of PSRO?
10 A No, not the concept; we favored the concept
11 and its based on our legislation.
12 Q Professor Feldstein on cross examination was
13 asked a number of questions about AMA legislative
14 positions in the Exhibit 696 that you identified
15 before. I think it would take all day for us to go
16 through some of them; but on page 8984 he makes
17 reference to AMA's position on the Indian Health
18 Service.
19 Professor Feldstein stated while he
20 wasn't fully familiar with how the Indian Health
21 Service works, that the AMA's position could conceivably
22 be in the economic interest of its members. Will you
23 describe for the Court what the AMA's position has
24 been with respect to this Indian Health Service bill
25 and how it was formulated?

1 A Yes, in 1963 two committees of our Counsel of
2 Medical Service which is similar to the Counsel on
3 Legislation but looks at programs of medical service --
4 a committee on the care of the Indians and a committee
5 on the care of the poor, as I recall, jointly studied
6 the operation of the Indian Health Service and found
7 some various deficiencies, some serious lack of
8 facilities, lack of funding, lack of personnel and,
9 in effect, a failure by government to provide the
10 care to Indians that they had obligated themselves to
11 provide. As a result of this study and other interests
12 apart from AMA, legislation was introduced in the
13 Congress. Hearings were held. It passed one body,
14 the Senate and failed to pass the House. To make a
15 long story short, because it involves a tremendous
16 amount of activity on the part of AMA, it was referred
17 in the House to three committees -- which is very
18 difficult to get legislation out of three committees,
19 all right. It was stuck in one committee. We wrote
20 every member of the House of Representatives on behalf
21 of the -- that legislation, in effect, to lobby the
22 members of that one committee and get the bill out
23 so it could be acted on at a wide range of congression-
24 al sponsors. Our interest was that the Indian was
25 not receiving the medical care that he was promised by

1 the government, that the Indian Health Service was
2 being starved, that there was not a proper infusion
3 of trained personnel. The legislation would also have
4 provided programs to train Indians and allied health
5 and investigate the possibility of a medical school
6 just for American Indians. It had a whole post of
7 suggested remedies. Some of them were not adopted, but
8 most of them were and the bill is expensive. It was
9 more expensive than the Wife House and the Budget
10 Bureau wanted; and they recommended a veto to President
11 Ford. We contacted President Ford directly and indir-
12 ectly and urged him to sign the bill because he had
13 indicated he was concerned about it and the bill was
14 signed into law and the money is being appropriated.
15 Q When you say "the money is being appropriated",
16 which physicians, if any, are receiving federal monies
17 as a result of the Indian Health Program that you've
18 described?
19 A Well, there aren't any grants to physicians.
20 The care is delivered by the salaried phases in the
21 Public Health Service who are in the medical corps
22 to the Indian Health Service.
23 Q Do any private physicians receive government
24 funds under this program?
25 A No, not to my knowledge. I think it's all done

1 through the Public Health Service.

2 MR. YOULE: We don't have any further

3 questions at this time, your Honor.

4 PRESIDING OFFICIAL BARNES: All right.

5 We'll take a brief recess.

6 (Whereupon, a recess was taken.)

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PRESIDING OFFICIAL: Ready, Mr. Lerner?

MR. LERNER: Almost, your Honor. It will be just one moment.

Ready, your Honor.

PRESIDING OFFICIAL: Proceed.

CROSS EXAMINATION

By Mr. Lerner:

Q Mr. Bradley, you testified on direct on the number of years you've been an employee of the American Medical Association. Could you please describe your employment background for the last twenty years?

A In 1960 -- '58 --

PRESIDING OFFICIAL: '58, '59.

THE WITNESS: In 1957 I became administrative assistant to Congressman Glenn Cunningham from Nebraska; and I served in that job for seven years through 1963. In 1964 I joined the staff of the National Republican Congressional Committee, which is one of four campaign committees at the Capitol, two Republican, two Democrat, and served there through 1968. I joined AMA in 1969.

By Mr. Lerner:

Q I believe you testified on direct about the positions that you had held with the AMA. Could you specify with respect to those positions the years dur-

ing which you held which position?

A I'm sorry, but I don't remember exactly. I know that I was --

Q Would you like to consult your sheet?

A If you have it there, yes.

PRESIDING OFFICIAL: Could we offer the exhibit or what?

MR. LERNER: It's fairly short. I don't think we need to.

THE WITNESS: I was in the Department of Congressional Relations from 1969 through sometime in 1971; and that year I became assistant director of the Washington Office which continued until September of 1974 when I was transferred to Chicago.

By Mr. Lerner"

Q From 1969 to 1971, when you were employed with the Department of Congressional Relations, were you a lobbyist?

A Yes, that's right, full-time.

Q How many times a year do AMA representatives testify or submit statements before Congress?

A About -- Testify or submit statements 25 to 40 depending on the year and the number of activities. There are, in addition, certain letters that we sent that aren't technically statements. They may clarify

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1 or they may ask for a hearing, but I'm not including
2 those. I'm speaking of legislative positions.
3 Q If you include letters to Congress as well,
4 how many times does AMA communicate in that form
5 through testimony through formal statements or through
6 letters?
7 A Well, you have to define the type of letter
8 that you mean. We have occasion to write, as I indicated
9 on Indian Health Service, every member of the house.
10 That was 435 letters. I don't think you mean that
11 so much, but I don't know. The list that was entered
12 into evidence today essentially lists all the communi-
13 cations that we consider more than routine, all that
14 take a position, all that express our position.
15 Q How many registered lobbyists does AMA have?
16 A Five -- I'm sorry. We have about ten. We
17 have five who are assigned to that as a principle
18 duty. As I indicated I'm also a registered lobbyist,
19 but I do almost no lobbying anymore; but in order
20 to conform to the lobbying act, there are several of
21 us that do still register.
22 Q Does AMA have two additional staff members in
23 the Washington office who are directly responsible
24 for handling relations with federal administrative
25 agencies?

5-4

A We have three.

Q Pardon me?

A Three additional.

Q How frequently are AMA lobbyists in contact with Congressmen or Congressional Staffs?

A Well, every day. Essentially the lobbyists spends when Congress is in session, 7 percent of his time on Capitol Hill in one assignment or another.

Q Mr. Bradley, do any of AMA's legislative and lobby activities, in your opinion, directly or indirectly promote the economic interests of AMA's members?

A The Keogh Bill Amendment -- The Keogh Act liberalization, which has been mentioned is one that would be in that category. Generally speaking, there may be a peripheral benefit of some other activities to the physicians from the economic standpoint, but the purpose of our legislative activity is not usually related to the physician as an economic entity but as a giver of care.

Q You said, "usually". Is it sometimes?

A In the economic interest sometimes? I'd say occasionally.

Q You mentioned the Keogh Law. Are there any others?

A Nothing else that is so directly and so obvious

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1 ly something that would have an effect on a physician's
2 economic status.
3 Q Well, you mentioned that none others that are
4 so obviously related to a physicians economic interest.
5 Can you think of any that are one step down from ob-
6 viously oriented towards physician's economic interests?
7 A Well, if you want to take a position that
8 Professor Feldstein (phonetic) and seek to find examples
9 to prove that position, then you can look at some of
10 the activities of the AMA, which we consider in the
11 best interest of the patient, as being in the interest
12 of the physician; just as in one of his reports those
13 activities that he says are in the interest of the
14 physician's economic status, he also concedes thath
15 they're in the public interest. So coming from my
16 standpoint, knowing what goes into the decisions and
17 what our motives are, I don't find any other instances
18 where it is a major factor. It might be -- and I
19 want to be completely honest. It might be that at some
20 time that I can't recall that there was such a minor
21 influence.
22 Q In 1974 when you left Washington -- strike that.
23 In 1974 or when you left the AMA Washington
24 office, what were the major bills of concern to the
25 AMA before the Congress to the best of your recollection?

5-6

A When I left, the Congress was almost adjourned. It was an election year, and they were almost through so at that particular time --

Q I should state that had been dealt with --

A During that two-year session of Congress?

Q That's correct. From mid-June -- from '73 through '74.

A One of the major pieces of legislation was the National Health Insurance which received hearings and some consideration by the Ways and Means Committee in August of 1974. I believe that HR -- No, that's the -- I'm trying to fix in my mind which Congress is which here, if I can make a note to myself as to ninety-third and ninety-fifth and the years of them.

Yes, all of the pieces of legislation in that ninety-third Congress was Medicare-Medicaid reform. It was a bill that took, well, several years to get through Congress because it was so complex and dealt with so many aspects of Medicare and Medicaid. Manpower legislation, training of physicians, and other medical personnel was before the Congress and a major issue before that Congress. I believe the National Health Planning and Development Act was a major piece of legislation during that session. We were quite interested, as I indicated, in the Indian Health Bill,

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1 but it reached fruition in the next Congress. I believe
2 the HMO legislation was in 1973 when it was signed.
3 I don't want to say that's a complete list, but it's
4 those that I recall from several years back.
5 Q Isn't it true that in the AMA Washington offices'
6 annual report for period 1973 through 1974, the Wash-
7 ington Office identified these specifically five bills
8 as being of concern to AMA and that those were National
9 Health Insurance, economic stabilization program,
10 health maintenance organization, PSROs, and the
11 Keogh Act?
12 A I don't know if that's true. PSRO, incidentally,
13 was part of the Medicare-Medicaid Bill that I mentioned.
14 Q Is the AMA Department of -- strike that.
15 Is there an AMA Department of Federation
16 Affairs?
17 A No, there is a Department of Federation Communi-
18 cations.
19 Q Has there been in the past a department called
20 the AMA Department of Federation Affairs?
21 A I don't believe so. The predecessor department,
22 I believe, to Federation Communications, was the Field
23 Service Department; but it might have been for a short
24 period entitled the Federation Affairs.
25 Q In fact, wasn't there a unit within AMA in 1975

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1 called the Department of Federation Affairs?

2 A If there was, I have forgotten. We abolished

3 the Field Service in early 1975; and it's probable

4 that there was such a department. It doesn't exist

5 now; and if it did, it had the same function as the

6 Department of Federation and Communications.

7 Q Was that within your area of responsibility?

8 A If there was one, it would have been in my

9 division. I'm sorry my recall isn't better.

10 Q Mr. Bradley, I show you a document marked

11 CX1376B, which has been admitted into evidence in this

12 case and ask you to review it?

13 A Okay.

14 Q Specifically, the paragraph in the middle of

15 the page, paragraph A.

16 A I am generally familiar with this document.

17 Q Does it refresh your recollection as to whether

18 or not in 1975 there was a unit of AMA called the

19 Department of Federation Affairs?

20 A Yes, I frankly think it was changed very shortly

21 thereafter to Federal Communications because we felt

22 it was a better title for that department, which was

23 to communicate.

24 Q Isn't it true that through 1975 the Department

25 of Federation Affairs personnel were directly responsi-

1 ble for both AMA and AMPAC membership activities?

2 MR. YOULE: Objection, your Honor. I don't

3 think we went into the whole question of the Department

4 of the Federation Affairs. This is the same type of

5 activity that complaint counsel tried to do during

6 Doctor Hunter's testimony to the extent that Mr. Bradley

7 described the departments within his jurisdiction within

8 the AMA. It was merely to acquaint the Court with what

9 his duties are and the AMA, generally. His testimony

10 had to do with the Speakers Bureau and with the govern-

11 ment interfaith portion of the AMA. It had nothing

12 to do with AMPAC.

13 MR. LERNER: Your Honor, first of all that's

14 not correct. The witness was asked about Professor

15 Feldstein's statement in his report about AMA political

16 activities. He was asked whether or not AMA engaged

17 in political activities. The witness explained, "No,

18 we don't. AMPAC does political activities. We don't

19 do political activities. We do lobby. We do legisla-

20 tive programs," and testified that AMPAC had to do

21 with what he termed "political activities"' and I think

22 it's a fair question to try and clarify for the record

23 and explain the witness' testimony.

24 PRESIDING OFFICIAL: I'll overrule the

25 objection.

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MR. LERNER: Would you read the question back, please?

(The pending question was read back by the reporter.)

THE WITNESS: The Field Service Department which was the predecessor to the Department of Federation Affairs which was the predecessor to the department we've had now, Federation Communications when we had a Field staff, among the responsibilities was AMA membership and various other activities; but membership was a priority activity. A political education activities which AMA staff carried out were informing and helping set up programs to inform physicians and their spouses how to be active in the -- how to inform themselves and how to be active in the political area. It is an activity which is not considered partisan, and is allowed to tax-exempt organizations as part of their contribution to citizen participation in government. It is considered to be nonpartisan and desireable, and that was one of the responsibilities of that unit to the extent they had field people to do that.

By Mr. Lerner"

Q Mr. Bradley, I'll repeat my question, which was isn't it true that through 1975 the Department of

1 Federation Affairs personnel were directly responsible
2 for both AMA and AMPAC membership activities?
3 PRESIDING OFFICIAL: Well, membership
4 activities. Do you mean recruiting memberships?
5 MR. LERNER: Whatever, is entailed in --
6 well --
7 THE WITNESS: I can answer that.
8 MR. LERNER: If he can answer that it --
9 THE WITNESS: The answer is no. They were
10 not responsible for membership activities. We had
11 a membership department. They were not responsible
12 for AMPAC membership because AMPAC membership is not --
13 has not been principally an AMA responsibility. It's
14 done through the state political action committee with
15 a share to AMPAC.
16 By Mr. Lerner:
17 Q Mr. Bradley, I show you the same document
18 which I showed you a moment ago which is CX1376B,
19 which states at the top: "Memorandum to James A.
20 Sammons (phonetic) from Wayne W. Bradley," dated
21 January 21, 1975 and ask you if you did, in fact,
22 write this memorandum?
23 A I think I did.
24 Q I direct your attention again to paragraph A
25 on membership where it states "the field staff associated

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with the new Department of Federation Affairs will continue to be directly responsible for all AMA and AMPAC membership activities," and ask you if that refreshes your recollection?

A It does to some extent; but frankly, we were in a period of great turmoil then. We were cutting out departments. We were reducing staff. We slashed our field service. We had to let go almost 20 people. This was a communication as it indicates to Doctor Sammons indicating how we're going to accomplish our mission in various areas given the financial constraints we had an the lack of staff. I think it's important to quote here: "The public affairs division is reorganizing it's internal communications systems to accommodate these activities." I think the term "membership" is a misnomer from this standpoint.

Q When you wrote that statement, was it a true statement?

MR. YOULE: Objection, your Honor. The witness has just given an explanation as to what the document purports to mean. I think that questions adds nothing to what Mr. Bradley's response was. It's a when did you stop beating your wife-type question.

MR. LERNER: Your Honor, this is cross-examination, and I think I'm entitled to a little lati-

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1 tude with the witness. It's a document that he wrote.

2 PRESIDING OFFICIAL: I assume that the

3 words written there are true. He's explained what they

4 mean. The words are not in themselves explanatory,

5 so I don't think the question is necessary.

6 By Mr. Lerner"

7 Q Mr. Bradley, isn't it true that AMA pays the

8 salaries of AMPAC's employed staff?

9 MR. YOULE: Objection, your Honor. Could

10 Mr. Lerner clarify, first of all, as to which staff

11 he's talking about, what periods of time?

12 MR. LERNER: It was a statement in the

13 present tense. I said does AMA currently pay and

14 provide the funds for the salaries of AMPAC's employed

15 staff?

16 THE WITNESS: I don't know. I know that

17 we provide some funds to AMPAC, but I don't know what

18 they do with them.

19 By Mr. Lerner"

20 Q Mr. Bradley, with respect to your testimony

21 about the Keogh Act and AMA, did not play a major

22 role in the lobbying on that bill; is that correct?

23 A Yes, that's correct expect we didn't play the

24 major role.

25 Q Did you play a major role?

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A We played a role.

Q Did you play a major role?

A I guess it's a case of trying to define terms. It was an issue that we were interested in. Obviously, we did some lobbying on it, but we were not -- We did not want to be and to my knowledge we were not the so-called the lead agency of the organization that was up front on this.

Q AMA witnesses testified in support of the Keogh Act and later for amendments expanding the scope of the benefits available under the Act; isn't that correct?

A Probably.

Q Hasn't AMA claimed on numerous occasions that it was successful in convincing Congress to modify the Keogh Act to expand the scope of benefits available under the Act?

A In our communications to the membership and to potential members, we have claimed that we were helpful in doing this, absolutely.

Q Are those communications under the auspices of a department under your supervision?

A Both of them are a responsibility of the membership development department.

Q Which is under you?

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A Which is under Public Affairs, correct.

Q Mr. Bradley, didn't Congressman Keogh himself deliver a message to the AMA House of Delegates that it was the AMA, the American Medical Association, that developed the concept of the Keogh Act?

MR. YOULE: I'll object to that, your Honor. It's clearly hearsay and I don't think there's any relevance to its effect on the passage of the Act upon various members of the House of Delegates of the AMA.

PRESIDING OFFICIAL: Well, this is a question, did he make the speech; and the witness can answer that.

THE WITNESS: He did not.

By Mr. Lerner"

Q Mr. Bradley, didn't Congressman Keogh state to the American Medical Association House of Delegates that the lesson to be learned from the Keogh Act passage is that : "An AMA united with singleness of purpose is an unstoppable force"?

MR. YOULE: Your Honor, I object to this. It is the rankest form of hearsay. Unless Congressman Keogh is alleged to be some grand co-conspirator, I don't see how this could come into the record for the truth of the matters.

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PRESIDING OFFICIAL: I agree with you. The Congressman was undoubtedly speaking to the AMA and he was going to say things that were not necessarily the truth. He was going to make the organization feel good. I've made speeches myself and probably said some things that weren't necessarily --

MR. LERNER: Except, your Honor, the witness has not admitted even whether the speech was made. He denied that the speech was made. I think I want to get that out. Furthermore, your Honor, the Respondent's counsel made a great point of getting into the record statements that Senator Kennedy had made about the effect of certain bills.

PRESIDING OFFICIAL: Which were not received for the truth.

MR. LERNER: That's correct; and I have not yet offered it for the truth. I simply asked him whether, in fact, the statements were made to the American Medical Association House of Delegates.

MR. YOULE: In that case, your Honor, it's irrelevant.

PRESIDING OFFICIAL: It is irrelevant; but to make Mr. Lerner happy, do you recall if he made those statements?

THE WITNESS: He did not make those state-

1 ments. He did not appear before the AMA House of Dele-
2 gates.
3 By Mr. Lerner:
4 Q I didn't ask if he appeared, I --
5 A Yes, you did. You asked if he himself said,
6 was your earlier question.
7 Q I asked if he stated. I didn't say if he
8 appeared personally.
9 A He did not appear.
10 Q All right. I'll ask the question did he deliver
11 a message to the AMA House of Delegates that it was
12 the American Medical Association that developed the
13 concept of the Keogh Act?
14 A That message was read in his behalf.
15 Q To the House of Delegates?
16 A To the House of Delegates as I recall.
17 Q Didn't the AMA distribute that message to
18 its members?
19 A We certainly did.
20 MR. YOULE: Your Honor, may I have a point
21 of clarification. I would certainly not want complaint
22 counsel to be citing in their findings various references
23 to Congressman Keogh's statement for the truth of
24 the matter asserted therein; and I think the record
25 should reflect it.

PRESIDING OFFICIAL: He's correct. That will not be received.

MR. LERNER: The question I just asked of the witness was on that point.

PRESIDING OFFICIAL: That's correct.

Who would you say was the lead organization in lobbying for the Keogh Act or the Keogh Amendment in 1974?

THE WITNESS: In the amendments in '74, probably the Association of Small Businessmen, the National Federation of Independent Businessmen, I believe it's called, and certain other professional groups, particularly engineers and attorneys.

MR. LERNER: Your Honor, I just want to clarify. My question about whether or not AMA distributed the remarks to its members I believe should go in.

PRESIDING OFFICIAL: I believe he answered that they did.

MR. LERNER: But that action I think should go in for the truth that they did that.

PRESIDING OFFICIAL: That's correct. It will go in. You have an exhibit with the message on it?

MR. LERNER: That's correct, your Honor.

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PRESIDING OFFICIAL: Well, why are we going through a lot of agitation here?

MR. LERNER: Your Honor, I think it was helpful to clarify the witness' testimony about AMA's lack of being a person with the major role on the bill.

MR. BIERIG: It hasn't clarified that one bit, your Honor. It only has clarified that Congressman Keogh said that, as your Honor recognized, to make the AMA happy.

MR. LERNER: And that AMA had distributed one position on their role to Keogh Act to its members and have taken another position here. That's correct.

MR. YOULE: Which is already in the record.

MR. BIERIG: What they distributed was Congressman Keogh's perspective on the matter.

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By Mr. Lerner:

Q With respect to the Medicare Program, Mr. Bradley, hasn't the AMA Counsel on Medical Service met a number of times with HEW officials over the last five or six years to seek changes of HEW Medicaid policies that AMA believes adversely affect AMA members?

MR. YOULE: Objection, your Honor. I think the last part of that question is unduly vague. First of all, it's a number of questions wrapped into one; and second of all, it asks Mr. Bradley to speculate as to the opinion of the Counsel on Medical Services as to what effect a certain bill would have on AMA members. If the question is going to be asked, there should be various foundation questions asked first so that we can break it down and have a meaningful response; and I think the whole term "adverse" is a bit vague, too. It may be adverse in the method in which the bill would effect the physician's ability to treat a patient or it might be adverse in other ways; but in any event, I think the question is unduly vague.

PRESIDING OFFICIAL: I'll permit the question.

Read it back for the witness. It is broad but perhaps the witness can handle it.

(Whereupon, the pending question was read aloud by the court reporter.)

THE WITNESS: I have never attended a meeting of

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the Counsel of Medical Services, either their regular meetings or conferences with the HEW officials; but I know that there have been such meetings with HEW officials from time to time on all aspects of Medicare, Medicaid, and other government programs. As far as the subject being laws or regulations that adversely affect the physicians -- As I have indicated before what usually happens and what I know the concerns are is whether the regulations would stifle the ability of the physician to treat the patient as he wants to, whether he'd be allowed to prescribe the drug of choice, whether he'd be allowed to hospitalize a patient if he feels it's needed without going through a bureaucracy, things of this nature are what are covered in some of the conferences they've had.

Q Over the past five years, hasn't AMA actively opposed congregational proposals to limit increases in physicians' fees under the Medicare Program?

A I do not know of any bills in the Congress which go to physicians' fees under Medicare.

Q Do you recall a bill that would place a cap on increases and on a basis that physicians could -- strike that.

Do you recall a bill in the Congress that would have placed a cap or ceiling on the increases permissable to a physician under the Medicare Program?

A I recall the Nixon Administration making a proposal which I think would have provided a four percent lid on physi-

cians' increases and seven percent or nine percent on hospital increases. I do not think that anybody in the Congress ever introduced such a bill.

Q Isn't it true that a delegation of AMA officials met President Ford to protest against the possibility of such a bill being passed?

A I attended a meeting of AMA officials with President Ford. There may have been others, but to my recollection the issue of a ceiling or any other controls on physicians' fees was not discussed in the meeting I attended. I do not know of my knowledge that it was discussed in other meetings with the President. It could have been but I do not know that.

Q Mr. Bradley, I show you a document marked CX1545 a through h which has been admitted into evidence in this case and ask you to examine it and tell the Court whether to your knowledge it was published under the auspices of a department within your area of responsibility?

A Yes, it was prepared by the Membership Development Department.

Q I direct your attention to page CX 1545 c, paragraph three, specifically the sentence stating that: "An AMA delegation of officers met with President Ford to protest a four percent cap on Medicare increases" and ask you if that refreshes your recollection on the previous question?

A It doesn't refresh my recollection, but I think it

was true. If it says it here, I think that that occurred.

Q Didn't AMA and its counsel on legislation oppose proposals to adopt a fee schedule to apply in the Medicare and Medicaid Program?

A A state wide fee schedule? There is, in effect, a fee schedule in existance.

Q On a national basis?

A I think a customary and reasonable fee, that that is the way the reimbursement occurs. I don't think there have been any proposals for a national fee schedule. There could have been. There's been a lot of discussion about state wide fee schedules because under the UCR concept, physicians in rural areas are reimbursed less than those in urban areas; and physicians and patients and government officials in states with large rural populations where there aren't enough physicians have maintained that if there were a state wide fee schedule, physicians would be reimbursed more in the rural areas and this would attract physicians into those physician shortage areas. We have not supported those proposals for a state wide fee schedule.

Q You have opposed those proposals?

A We have opposed those.

Q In opposing those proposals, is it your opinion that AMA and Counsel on Legislation have acted out of a concern that physicians be free to provide treatment for their patients

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in a way that they feel is appropriate?

A On the concern on the state wide fee schedule?

Q That's right.

A Well, it violates the UCR concept. It violates the theory that a physician in an area -- in any area will be paid his usual fee as long as it's customary in the area and reasonable overall; and it would violate the reasonableness portion, particularly because it would apparently seek to artificially raise physicians' fees in rural areas to the level of urban areas for the purpose of getting physicians into those areas; and we favor other means to get physicians into those areas.

Q Didn't the Counsel on Legislation decide to oppose such proposals because they would have a far-reaching and deleterious effect on the reimbursement physicians would receive under Medicare?

A That's possible that that was one of the considerations. A state wide fee schedule would have a tendency to be much more inflexible and couldn't be adjusted up or down or at a slow rate or a fast rate epending on the experiences of a physician as to his overhead costs and other factors that go into his decision as to where he sets his fees.

Q Do you recall whether, in fact, the Counsel on Legislation opposed the proposed legislation because it would have such a deleterious effect on physicians' incomes?

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A It's possible that that's one of the reasons that they opposed it.

Q Mr. Bradley, you testified on direct examination about the effect on physicians that an arbitrary limit on physicians' fees might have suggesting that physicians might see patients for shorter amounts of time thereby giving lesser quality of care; is that correct?

A I say that's a possibility, yes.

Q Isn't that based on the assumption that AMA's members operate like businessmen in responding to a federal program so as to maximi.e their incomes?

MR. BIERIG: Your Honor, objection. What does that mean, "operate like businessmen"?

PRESIDING OFFICIAL: I think we can leave out "operate like businessmen" and say they operate so as to maximize their income.

THE WITNESS: I don't think I'm qualified to answer the question as to how physicians operate; but I would say that if indeed physicians did as I suggested, it would be not to maximize their incomes but to make a reasonable income which they couldn't do if there were artificial restraints on the income on the fees that they could set and no restraints on the expenses they have to pay.

By Mr. Lerner:

Q Didn't the AMA House of Delegates vote in 1977 to

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1 oppose Medicare fee profile policies that AMA claims would
2 have an adverse economic effect on new physicians setting up
3 a practice?
4 MR. YOULE: Objection, your Honor. I don't think
5 there was any testimony on what the House of Delegates voted.
6 The issues here, it seems to me, are the AMA's activities in
7 the government and legislative arena. The question as to
8 what the House of Delegates voted seems to me to be irrele-
9 vant to the witness' testimony.
10 PRESIDING OFFICIAL: I'll overrule the objection.
11 THE WITNESS: You asked whether the House of
12 Delegates took an action in 1977 and to my certain knowledge,
13 I don't remember the House action. They consider 150 items
14 and each session so that very well could have happened. I
15 am not an expert in the area of the problems that a new physi-
16 cian faces when going into an area and setting up practice
17 for the first time; but I do know that we have had some con-
18 cern that he be allowed to establish a level of fees for
19 government-paid patients, for Medicare and Medicaid patients
20 that are reflective of the practice situation in that area
21 where he's going into practice.
22 By Mr. Lerner:
23 Q Has the AMA ever had a National Speakers Bureau on
24 National Health Insurance?
25 A Our Speakers Bureau has been called the National

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1 Speakers Bureau on National Health Insurance, yes. I don't
2 think that's what is called right now, but a few years ago
3 when that was a big national issue, that's what we called it.
4 Q Is it true that in a single year through the Speakers
5 Bureau over 100 AMA member physicians have appeared to speak
6 on National Health Insurance to various business groups and
7 civic groups and the media?
8 A That's certainly possible. I don't know what year
9 you're referring to.
10 Q Any year in the last five or six years?
11 A That's certainly possible, sure.
12 Q Is it true?
13 A Well, I'm just trying to think about the -- I haven't
14 seen too many reports lately about the level of activities,
15 but I'd say it's true. To a week, perhaps that's true.
16 Q You testified about the -- strike that.
17 You testified about medical shortage areas, I believe,
18 at one point in your direct examination. Do medical societies
19 at the local level have a role in deciding whether there is
20 a shortage area for purposes of whether or not federally
21 funded physicians will be placed in that community?
22 MR. YOULE: Objection, your Honor. I don't
23 see what relevance local medical society activities has with
24 the witness' testimony.
25 MR. LERNER: I will connect it up, your Honor,

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1 within the next few questions.

2 PRESIDING OFFICIAL: On the assumption he will

3 connect it up, can you answer that?

4 THE WITNESS: To my knowledge, the government

5 has certain criteria that they use and the local or the

6 national medical society is not a factor in their view of

7 whether there is a shortage or not. The government sets the

8 standards.

9 By Mr. Lerner:

10 Q The local societies are not a factor in determining

11 whether or not there's a medically underserved area in that

12 county?

13 A That is my belief, yes. They do not have a role in

14 it. It's determined by ratio and such things as -- I don't

15 know to my certain knowledge how the government does it, but

16 I can only assume it's by the number of physicians per popula-

17 tion drops below a certain area. Are you speaking of purposes

18 of the National Health Service Corp for instance?

19 Q I would be including that, yes.

20 A Yes, I know the government makes that determination.

21 I don't think whether there's a shortage is effected by the

22 view of the local or the state medical society or the AMA.

23 Q Regardless of what the state of the law is on the

24 books, hasn't AMA taken a position with HEW this year that

25 state and local medical societies should be involved in every

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1 step of determining whether there is a shortage of physicians
2 in each society's areas?
3 A We do feel that the local society is uniquely quali-
4 fied to help the government decide not only, I guess if there's
5 a shortage but more to the point, to be part of the process
6 in requesting that a physician, dentist, nurse, or whoever
7 the practitioner is under the National Health Service Corp,
8 should be requested. We do this because the goal of the
9 National Health Service Corp is to provide care in shortage
10 areas. The National Health Service Corp physician or whoever
11 is assigned to a shortage area for a year or two years, he or
12 she finishes the obligation to the government and is free to
13 go anywhere he wants. We feel that if the medical society
14 or the dental society or whatever societies are involved,
15 it is brought into the planning and is part of the request
16 for personnel and works with the personnel when they get there,
17 there's a better chance that that personnel will stay there
18 and that there won't be another shortage area as soon as the
19 person's term is up and they leave. Then, we go through the
20 same thing again of trying to bring people into the area.
21 We do maintain and have that the medical society, dental
22 society should be part of this process so the physician or
23 dentist is wanted is welcomed, is part of the community, is
24 more likely to stay and that the manpower shortage situation
25 is solved instead of just continuing with the rotating sup-

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ply of National Health Service Corp personnel.

Q Isn't it true if a local medical society declines to declare their area to be a medically underserved area, that no National Health Service Corp physician can be sent there unless the secretary of HEW personally decides to overrule the medical society?

MR. YOULE: Objection, your Honor. I think the witness has been asked the question of his understanding and he's answered.

PRESIDING OFFICIAL: Well, there's another question.

MR. BIERIG: Also, your Honor, on the ground it sounds like it's calling for a conclusion of law. It sounds like Mr. Lerner is quoting from some statute that maybe if he has, he ought to put the statute in. I just guess from Mr. Lerner's questioning that there's a statute here and why of this witness' perception of the statute.

PRESIDING OFFICIAL: Well, he's calling for the witness' understanding; and if he has knowledge, he can answer it.

THE WITNESS: As I remember, the National Health Service Corp Act, there is a proviso which we supported that the local society should be part of the request procedure and that if -- And I believe the language says if the request is not enforced by the local society, if their refusal is

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1 capricious, I believe is the word in the statute, -- if it's
2 capricious then the HEW secretary can overrule it and I
3 think that's still in the law.
4 By Mr. Lerner:
5 Q Didn't AMA oppose legislation within the last three
6 or four years that would have authorized coverage of clinical
7 psychologists' services under the federal employee program
8 where the psychologist would not have to be -- strike the last
9 phrase -- where the patient is not referred to the psycholo-
10 gist by a physician?
11 A I do not think that statement is correct. I asked
12 our legislative attorneys if we took a position on that legis-
13 lation and they told me that we did not; so we did not testify.
14 Q Did you support legislation to make such coverage
15 available for the service of clinical psychologists?
16 A We didn't, to my knowledge, support or oppose it.
17 To my knowledge, we didn't testify or send a statement to the
18 committee.
19 Q Now, you testified on direct examination about AMA's
20 position on bills providing coverage under Medicare, Medicaid,
21 and other government programs for the services of independant
22 allied health practitioners and you testified that AMA is not
23 opposed to their participation as independant health practi-
24 tioners but that you have supported legislation requiring that
25 before their services are covered, the patient must be re-

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1 ferred to such an independant allied health practitioner;
2 is that correct?
3 A That is my understanding, yes.
4 Q That they would have to be referred by a physician?
5 A By a physician in most cases, that's right.
6 Q Isn't it true that in many states it is not necessary
7 for a clinical psychologist or a podiatrist to have their
8 patients referred to them by physicians but rather they can
9 see whatever patient walks in the door?
10 MR. YOULE: Objection, your Honor. That's another
11 conclusion of law, I believe. I think Mr. Lerner is asking
12 Mr. Bradley for a legal conclusion; and if he's going to do
13 so, first of all perhaps he should try to lay a foundation
14 for Mr. Bradley's knowledge as to the various state statutes.
15 PRESIDING OFFICIAL: I think you also wanted to
16 include in your question the reimbursement. You said, "Can
17 a podiatrist see a patient on his own."
18 MR. LERNER: I'll rephrase the question, your
19 Honor.
20 By Mr. Lerner:
21 Q Isn't it true that in practice in many states patients
22 can go to independant allied health practitioners such as
23 podiatrists and clinical psychologists and receive treatment
24 and be billed directly by those providers without having to
25 be referred to those providers by a physician?

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A To the best of my knowledge, that's true, yes.

PRESIDING OFFICIAL: That's under Medicare?

MR. LERNER: I'm simply referring to what is the practice in the relationship between these providers and their patients.

By Mr. Lerner:

Q Hasn't AMA supported then legislation that in order for these providers to receive reimbursement under Medicare and Medicaid, the patient must first go and visit a physician before they can go to a provider, an independant health care provider such as a podiatrist or a clinical psychologist, and have that care reimbursed by the Medicare Program?

A That's possible. I frankly don't remember instances in which that's been an issue in the time I've been with AMA. Most of the regulations in Medicare were adopted -- and these have to do sometimes with regulations and sometimes with the original -- in '65, '66 when Medicare was passed and enacted. It could have occurred then. I understand from the people who work on these bills in more detail than I do -- and I speak from that background -- that generally our position has been as you described it that the physician should be consulted, the psychiatrist, and then the referral to the psychologist; and I believe in many instances HEW is supportive of this because in some of these field areas, the possibility of care is "free". There is a possibility of abuse by patient

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by visit. This has been a problem under Medicaid with just some unscrupulous clinics and physicians and in order to see that the care is that which is called for medically, some of the programs prohibit reimbursement just willy-nilly for any visit that somebody might make. But as long as it's part of -- like in the physical therapy of a treatment set out and the psychiatrist might set it out for the psychologist. Not all mental people need psychiatric care. Many are helped just from psychology. So from that standpoint, I would say yes. I think that's generally our position -- the Association's position that there should be referral.

Q I just want to clarify your last answer. You didn't mean to suggest that HEW is in agreement with AMA on all questions related to whether or not this care should be provided with or without referral?

A No, I don't want to characterize HEW's position except to say that because of the problem I outlined, potential abuse and the cost that this runs up to the government, I think that this would probably be supportive of some type of referral, some authorization before Medicare maintenance or Medicaid can just go indefinitely if they wish to psychologists if psychologists' services are covered under Medicaid. I don't think they are in most cases.

Q Are you stating that HEW's position is that in no case may a patient be able to go to a clinical psychologist

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or a podiatrist without being referred to a physician?

A No, I'm not saying that. I'm saying particularly in the case of psychologists, I think they are probably supportive of referral by a psychiatrist. Podiatrists would be entirely different. They're a much more independant practitioner.

Q With respect to certificate of need legislation, Mr. Bradley, hasn't AMA supported legislation that would make HMO's and Veteran Administration hospitals apply with certificate of need requirements?

A I think that's correct.

Q Isn't it true that AMA has opposed legislation that would subject private practicing physicians to certificate of need requirements when the physicians plan to install expensive medical equipment?

A Yes, that's true.

Q Has AMA opposed the Carter Administration proposal to place a ceiling on increases in hospital revenues?

A Yes.

Q Have AMA representatives testified before Congress on this bill?

A I'm sure we have, yes.

Q Do you have any idea how many times AMA officials have testified to this bill?

A If you want, I can refer to this document from 1977.

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Q That would be fine.

MR. YOULE: Your Honor, if it's in the record --

THE WITNESS: This document lists four testimonies and to the best of my knowledge, yes. That was one time each before the four committees with jurisdiction in 1977.

By Mr. Lerner:

Q Do you recall how many times AMA officials testified either before Congress or the Cost of Living Counsel on the economic stabilization program?

A No, I don't that was the Cost of Living Counsel. I know we had a physician who served on that. I don't remember testimony so much, although there might have been. That's before this period here.

Q Is it possible that AMA representatives and officers justified on Cost of Living Counsel price controls before Congress and before the Cost of Living Counsel up to ten times?

A It's possible. I'm sure that we testified several times before the Congress. I can remember receiving statements to the banking committee that was considering the area of wage and price control in the House and Senate.

Q Was there significant legislation before Congress in 1977 on the Indian Health Services Program?

A No, I think there's only funding. That law was not

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1 up for renewal. It was continuing under the previous law.
2 Q You testified on direct examination about foreign
3 medical graduates and the problem of their placement and resi-
4 denies and internships in hospitals; and you testified about
5 AMA's position on restrictions to be placed on the entry of
6 foreign medical graduates into this country to serve as in-
7 terns and residents; is that correct?
8 A That's correct.
9 Q Isn't it true that AMA took a position with the
10 Department of Labor that favorable immigration status should
11 be removed for foreign medical graduates who wish to enter
12 this country, not as interns and residents, but as permanent
13 physicians to reside in this country?
14 A When?
15 Q In the last three years.
16 A That's possible. There has been a situation for
17 years, I guess, since World War II in which physicians were
18 in a -- a number of special categories that were in shortage
19 in this country. Regardless of the country of origin quotas,
20 physicians, and certain other classes of people were omitted
21 to immigration. If we did -- and we very well could have
22 suggested to the Labor that this be changed -- Labor makes
23 the determination for immigration. It would be because of
24 the tremendous increase in supply of American physicians to
25 the point where some foundations and HEW officials are not

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1 suggesting we are producing too many physicians in this
2 country.
3 Q To the best of your recollection did AMA take such a
4 position with the Labor Department?
5 A To the best of my recollection, we probably did. I
6 don't know if there was any testimony, but it sounds like we
7 could have written them or communicated in this way in the
8 last couple of years but not before that.
9 Q With respect to price controls on physicians' fees,
10 did the Division of Public Affairs conduct a campaign on price
11 controls on physicians' fees which resulted in more than
12 15,000 letters to Congress from physicians protesting price
13 controls?
14 A When you mean price controls, do you mean the Nixon
15 proposal?
16 Q I'll clarify the question by the Phase I, Phase II,
17 Phase III, and Phase IV.
18 A That's very possible. I don't remember the figure
19 15,000. Ordinarily, we don't know what results from some of
20 our requests for letters.
21 Q You testified about AMA's opposition to price controls
22 and other types of arbitrary limits on physicians' fees in-
23 dicating that it could concievably have an adverse impact on
24 quality services that physicians might provide.
25 A And it also would -- Some proposals would just shift

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the course from the government to the patient and these are the indigent and the elderly who are less able to pay it.

Q Isn't it true that in an approach to the Cost of Living Counsel in November, 1973, AMA presented four reasons why it was opposed to price controls and that the price controls severely discriminate against physicians, that the Phase IV regulations continue the discrimination against physicians, that the regulations improperly deny physicians the benefit of the small business exemption, and that price and wage controls are unreasonably burdensome on physicians?

A It sounds like reasons we would have given. I can't say to my recollection that we did, but they sound like reasons I've described here.

Q Didn't AMA also oppose a Phase IV regulation because they imposed limits on physicians' fees but did not impose limits on physicians' fields of optometrists or clinical psychologists?

A No, that wasn't a factor. It was just the physicians out of all the economy were -- I mean, that was the main thrust of our argument that only physicians and I guess hospitals. I don't remember.

Q Didn't AMA specifically argue before the Cost of Living Counsel before Congress and in the courts that it was unfair to physicians to keep fees on them while competing clinical psychologists and optometrists did not have controls on them?

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A It's possible we mentioned that other health practitioners were not controlled if that's the way it was; and evidentally, it was just that other businesses were not controlled.

Q Didn't AMA single out specifically optometrists and clinical psychiatrists as competitors whose prices were not being controlled?

A Not to my knowledge as competitors.

Q While you were Assistant Director of the AMA Washington office, didn't AMA lobbey for an amendment to the Social Security Act to obtain improved insured status for self-employed physicians under the Social Security Program?

A Improved insured status for physicians? I don't know what that means. I know that once or twice in the ten years I've been in there, we have either testified or written letters regarding the Social Security treatment of physicians; and frankly, I'm not an expert in that area. I know at one time they were not included at all and then subsequently they had been included.

Q To clarify, Mr. Bradley, did AMA during your term as Assistant Director of the AMA Washington office take the position that physicians should -- strike that.

During your term as Assistant Director of the AMA Washington office, didn't the AMA take positions favoring improved status for self-employed physicians under the Social

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1 Security Program?

2 A I don't know, to tell you the truth; and I don't know

3 what improved status means.

4 Q Maybe we'll try to clarify it.

5 A Okay.

6 Q Didn't AMA lobbey while you were Assistant Director

7 of the AMA Washington office for amendments to the Social

8 Security Act to provide more equitable insured status for

9 self-employed physicians covered under the Social Security

10 Act?

11 A Through what change in the -- I'm not familiar with

12 it and I did have a lobbey assignment when I was Assistant

13 Director. I frankly don't remember the 25 or 30 Congressmen,

14 Senators. I lobbeyed them per se. As I said, it's very

15 possible that we did have some testimony or a position in

16 that regard.

17 Q Mr. Bradley, I show you a document marked CX1049 which

18 is titled "American Medical Association Annual Report, July

19 1, 1971 to June 30, 1972" and direct your attention to a

20 portion of the annual report of the legislative department

21 and refer you to CX1049Z11 to the paragraph referring to the

22 Social Security Act and ask if that refreshes your recollec-

23 tion?

24 A Yes, I recognize this as a document as you describe

25 it. At that time the legislative department was not part of

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the Washington office. It was in Chicago. However, I have no reason to doubt that this is true, that this states, "legislative bills were prepared by AMA and reviewed for introduction into Congress" and the one that does go to this point. I frankly don't remember the bill. I don't know if we ever introduced it and I have a feeling that we didn't because I think -- I know there was one or two bills out of our package of 20 or 30 suggested bills which had to do with physicians and Social Security. I don't think that anything happened on it. I think it was back the next year, that's my recollection, to be introduced again in maybe the next Congress. To answer a question that you asked, "Did we lobbey on it," we did not lobbey on it to my knowledge.

Q While you were with the AMA Washington office, didn't AMA participate in a nationwide lobbeying effort against a Congressional bill that would have limited the benefits of professional incorporation by physicians?

A The professional service corporation?

Q That's correct.

A Yes, we did.

Q Was that campaign successful?

A It seems to me that that was a reference to the Reform Act of 1969 and the Professional Service Corporation, a treatment there. There were some abuses of the Professional Service Corporation headlined in the Wall Street Journal and some New

1 York papers; and there was a move in Congress to make a change
2 in regard to that which we felt and many others also felt
3 was not the best way to handle the abuses. As I recall, there
4 was a floor amendment in the Senate which struck this pro-
5 vision; and as I recall, the Treasury Department supported
6 the same position we had on that, that this was not the appro-
7 priate way to handle the situation and as I recall the next
8 Congress did deal with it in a different way.
9 Q To clarify the bill that you opposed, that was one
10 that would have placed certain limits on professional service
11 corporations?
12 A To the best of my recollection, it did place some kind
13 of limit. I can't remember exactly what it was. It had some-
14 thing to do with the pension and the treasury was interested
15 and equalizing the treatment under the Keogh, the professional
16 service corporation, and the employer-employee pension plan
17 and this would not have done that. They tried to equalize
18 the treatment for the three basic main forms of pension, and
19 this particular bill would not have done that. The Treasury
20 Department said they wanted to do this and the particular sec-
21 tion of a much larger bill was stricken on the Senate floor.
22 Q Also, while you were with the AMA Washington office,
23 didn't AMA support legislation requiring IRS to treat pro-
24 fessional corporations as corporations for purposes of federal
25 income taxation?

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A I don't remember.

Q Mr. Bradley, I show you a document marked CX1047 which is titled "The American Medical Association Annual Report, July 1, 1969 to June 30, 1970"; and I direct your attention to a portion of the document containing a report of the legislative department and refer you to CX1047Z5, the second paragraph, and ask you if that refreshes your recollection as to whether or not AMA supported such a bill?

A It does not help me any except to indicate that I accept this as a document which is accurate; and it lists this as a draft bill that was prepared by the Department of Legislation and I assume proved by the appropriate Board of Trustees and sent to Washington. I cannot tell you myself that this was introduced or not. I don't remember. It's one of 16 bills, and obviously it wasn't one that was a major bill or I would have remembered.

Q With respect to PSRO's, Mr. Bradley, didn't AMA oppose the initial passage of PSRO law that was, in fact, adopted by the Congress?

A Yes. As I've said on direct, we did oppose that portion of the law. It was a -- one section of a very big bill.

Q Didn't the AMA House of Delegates adopt a resolution from 1973 stating that the PSRO law should be repealed?

A I don't know if it was 1973; but whenever our House of Delegates met in Anaheim, we did adopt such a position and

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at the next meeting we reversed it.

Q In fact, AMA later turns to supporting amendments to the PSRO law rather than repeal; is that correct?

A I wouldn't say that we later turned to amendments. We had amendments all along and still have them and a number of them have been adopted.

Q Didn't the AMA Counsel on Legislation report to the House that a better approach would be to seek amendments on the PSRO law rather than repeal because repeal might be impossible to achieve?

A I don't know that the Counsel on Legislation reported that. They could have, but that was the belief that repeal was impossible to achieve.

Q Doesn't the AMA Division of Medical Practices critical issue plan explicitly recognize with respect to PSRO's that seeking amendments to the bill rather than seeking repeals can better overcome governmental practices objectionable to physicians and permit more permanent protection of physicians' interests?

A I don't know. I don't recall seeing that critical issue plan from that unit.

Q Would you agree with such a statement?

MR. YOULE: Objection, your Honor. Agree with what, that the statement was made?

By Mr. Lerner:

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Q If such a statement were made, would you agree with such a statement?

PRESIDING OFFICIAL: Is that in the record, Mr. Lerner?

MR. LERNER: I don't know, your Honor, whether that particular statement is made. I could ask the witness whether -- I'll withdraw the question, your Honor.

PRESIDING OFFICIAL: Are you almost concluded with your cross examination?

MR. LERNER: Yes, your Honor, almost.

By Mr. Lerner:

A AMA supported a number of amendments to the PSRO law in 1977; is that correct?

A Yes, that's correct.

Q Isn't it true that 1977 AMA sought an amendment to the PSRO law to continue providing for polling of physicians in a PSRO area on whether or not the PSRO should continue to be recognized by the Department of Health, Education and Welfare?

A I think so. We had 25 amendments. As I recall, that could well be one of them.

Q As you recall, is it one of them?

A As I recall, it is; but I'm not absolutely certain. I know there is a list but I don't have it.

Q Isn't it true that in 1977 AMA sought repeal of a

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section of the PSRO law, Section 1160B3, which provides for imposition of financial penalties on physicians who violate thier obligations under the PSRO law?

A It's possible, probable.

Q Is it true?

A I don't know. I don't have the list of amendments.

PRESIDING OFFICIAL: Are the amendments in the record?

MR. LERNER: No, your Honor.

By Mr. Lerner:

Q I show you a document dated December 1976 entitled "PSRO Amendment" and ask you are you familiar with it?

A Yes.

Q I refer you to page two of the document, paragraph number nine and ask you if that refreshes your recollection on the previous question?

A Yes, I recognize the document. It's an AMA document and this does say that our amendment nine provides for financial penalties or that the section providing for financial penalties in lieu of termination or suspension should be repealed. A system of graduated sanctions should be established which would be our alternative to the other proposal based on the severity and the frequency of the physicians' abuse of the program. The first time should be a minor sanction and later should be ultimately suspension.

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Q Isn't it true that in 1977 AMA also sought to repeal provisions of federal law authorizing recovery of payments from physicians who violate obligations under the PSRO law?

A If that's on that list, then it certainly is true. I have that list now.

Q I refer you to page four, paragraph two.

A I will certainly say that this is one of our amendments. As to the background and the reason why we suggested that section be repealed, I can't testify as to that. It speaks of other non-covered items and services; and my recollection is that it has to do with a physician prescribing certain non-covered but what he regards as useful or essential items or services for a patient and the hospital providing them and then a suggestion -- I'm not sure that's in PSRO -- but some place there was a suggestion that if PSRO or the Medicare Administration later felt that that was not appropriate, that the cost of that should be recovered from the physician. We didn't feel that this was fair, that the benefit was provided to the patient, that if Medicare didn't -- that Medicare, first of all, should pay it unless the PSRO reviewed or unless there was something wrong; but that if it wasn't justified then that it would not be appropriate to try to recover it from the physician since he did not benefit from the care.

Q Are you familiar with the National PSRO Counsel?

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A I know there is such a counsel set up in the PSRO law.

Q Isn't it true that all the members of the PSRO counsel are physicians?

A Physicians or I believe osteopaths, yes.

Q Isn't it true that AMA has declined to support proposals to include dentists or other health practitioners on the counsel?

A Yes, that's true.

Q I believe you testified on direct examination that PSRO themselves are composed solely of physicians; is that correct?

A That's what the law requires -- and it's physicians and osteopaths.

Q PSRO's reviewed the services provided not only by physicians but also the services provided by podiatrists and dentists; is that correct?

A I believe so.

Q Isn't it true that AMA has declined to support legislation that would permit dentists or podiatrists to serve on PSRO's as actual members of PSRO's?

A I think that is accurate; however, there are advisory committees of dentists, I believe podiatrists, and others who would be reimbursed; and they are used to make a judgement as to their peers.

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1 Q They don't make a final judgement? PSRO or physicians
2 have the final say?
3 A As I understand it, that's correct. That's the way
4 it is.
5 Q Now, you testified on direct examination about AMA's
6 position on malpractice or professional liability issuance
7 at the federal level, and you testified about its activities
8 working with the state and local medical societies. You
9 testified, I believe that the patient benefits from the avail-
10 ability of malpractice insurance at reasonable rates?
11 A That what?
12 Q That the patient benefits from the availability of
13 malpractice insurance at reasonable rates?
14 A No, I testified that the availability of malpractice
15 or professional liability insurance at all ultimately is a
16 benefit to the wronged patient. I didn't testify as to rates.
17 Q Excuse me. Is it your position that physicians do
18 not benefit from the availability of malpractice insurance
19 and only patients do?
20 A No.
21 Q You testified about AMA's concern about commercial
22 insurance companies getting out of the malpractice insurance
23 market. Hasn't AMA assisted state and local medical societies
24 in setting up their own physician sponsered malpractice in-
25 surance companies?

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A Yes, there were at the height of the so-called crisis a couple years ago. To my recollection, there were only about five companies in the whole country that were left writing malpractice insurance. Most of them would take no new physicians and some states were totally without companies that were writing this insurance. The JUA I mentioned was one alternative and physicians own medical practice companies were another alternative.

Q Now with respect to your testimony on AMA's efforts to help develop these physicians sponsered insurance companies at the state level, hasn't AMA established a medical reinsurance company at the national level to reinsure these companies and invested $5 million in this company?

MR. YOULE: Objection, your Honor. I don't think this has anything to do with Mr. Bradley's testimony at all. Mr. Bradley's testimony was with respect to the AMA's activity in the government arena with respect to the malpractice crisis, not as to any establishment of malpractice insurance programs.

PRESIDING OFFICIAL: I'll sustain the objection.

MR. LERNER: Your Honor, may I make a brief response?

PRESIDING OFFICIAL: Yes, but let's hurry. This cross examination has gone on long enough for me. I don't know about you, but it has for me.

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MR. LERNER: All right, your Honor.

No further questions, your Honor.

Your Honor, may I ask one more brief question? I guess it's two more.

PRESIDING OFFICIAL: Yes, you may.

By Mr. Lerner:

Q I believe you brought up on direct examination that AMA is making available to it's own employees health maintenance organization coverages; is that right?

MR. YOULE: Your Honor, he never testified as to that.

PRESIDING OFFICIAL: No, what that came out in Doctor Sammons (phonetic spelling) testimony some time earlier. So it is in direct.

MR. LERNER: That's all, your Honor.

MR. COSTILO: Unless we can pursue this with a question or two?

PRESIDING OFFICIAL: Oh, you may. I believe there was testimony that AMA was considering an HMO plan at the time, either Doctor's Sammons' peers or someone else; so proceed from that basis.

By Mr. Lerner:

Q Mr. Bradley, is the HMO's that AMA is working with for its employees the intergroup prepaid health services plan in Chicago?

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A As an employee I was -- I recently circularized and offered to HMO's. I'm sorry I don't remember the name of either of them. One is Northcare or something like that, a closed panel I believe in Evanston or some place in that area and the other, I believe is an IPA, an open panel, a group of clinics that are in HMO. It sounds like that's what you're describing, but I'm not sure of the name.

Q Perhaps it would refresh your recollection, I don't know. Is the medical director or the leader of the IPA model HMO Doctor Mervin Shalowitz (phonetic spelling)?

A I don't have any idea.

MR. LERNER: No further questions, your Honor.

MR. YOULE: Just a few questions.

XXXX

REDIRECT EXAMINATION

By Mr. Youle:

Q Mr. Bradley, you mentioned that AMA has not supported legislation which would extend the certificate of need requirement to physician offices. Will you explain for the Court what has been the reason for the AMA's lack of support for such proposals?

A Yes, first of all the whole sphere of certificate of need and it's effect on controlling unnecessary facilities is stale, if you will, before the jury. The studies by economists do not prove conclusively that the certificate of need is the best way to control over building, although it is

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1 the way of choice right now. By extension there has been a
2 very limited amount of experience with certificate of need in
3 physicians' offices and the Congress has been unwilling to
4 extend the certificate of need to physicians' offices. There
5 is just less than half a dozen, maybe one or two states that
6 have done so and they have just recently done so.
7 Q By the way, you mentioned the Congressional position
8 on this industry. Are you familiar with the Federal Trade
9 Commission's motion with respect to the whole certificate
10 of need question?
11 MR. LERNER: Your Honor, I object. I don't think
12 the opinion of the Federal Trade Commission is relevant to
13 any issue. I don't think there is any.
14 PRESIDING OFFICIAL: One could draw an inference
15 that the AMA is not so selfishly motivated as complaint's
16 counsel will seek to answer that it is.
17 Do you know the FTC position?
18 THE WITNESS: No, sir, I don't.
19 By Mr. Youle:
20 Q You referred to on cross examination AMA's lack of
21 support for the Carter Administration proposal for a ceiling
22 on hospital revenues. Can you explain just briefly to the
23 Court what the basis is for the association's lack of support
24 for that?
25 A Yes, two things principally that an arbitrary cap on

income to hospitals based on last years or the last two years income would effect most severely the most efficient hospitals that has already done the best job of cost control and would reward the insufficient hospital which has the highest fees and the most waste in its budget. Secondly, it ignores, as did the ESP programs, the fact that only this industry would be controlled and that it's expenses for facilities and laundry, food, and employees would not be controlled and the hospital leaders who had joined them felt that this could lead to a deterioration of the product that they were able to provide to the public because it didn't just involve Medicare and Medicaid. It involved all patients and if they had to eliminate help or make other cuts in order to live within the ceiling, the quality of care delivered across the border would have suffered. Finally, the hospital industry and the medical profession have launched their own program cost of containment in the voluntary sector with the goal of reducing the rates of increase by two percentage points for each of the next two years through voluntary restraints.

MR. YOULE: We don't have any further questions of the witness, your Honor.

MR. LERNER: No questions, your Honor.

PRESIDING OFFICIAL: Thank you very much. You're excused.

(Witness excused.)

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1 MR. BIERIG: We at this time, your Honor, rest
2 our surrebuttal case. Having rested, we move to dismiss the
3 complaint in its entirity on the various grounds that we've
4 stated before, principally that there's no jurisdiction over
5 the American Medical Association in the Federal Trade Commis-
6 sion, that there is no conspiracy shown such that all this
7 evidence that came in from state and local medical societies
8 should be admitted into evidence, and finally, that there has
9 been no violation by the American Medical Association, Section
10 5 of the Federal Trade Commission; and we ask your Honor at
11 this time to spare us the necessity of going through the long
12 finding and dismiss the complaint at this time.
13 PRESIDING OFFICIAL: Well, I wish it were that
14 simple, but I'll have to deny your motion and require that
15 you file your proposed findings and your conclusions and also
16 at this time to set a date for submission of the proposed
17 findings.
18 This will close the formal hearing in this matter
19 I think there are one or two exhibits outstanding, and those
20 are the only things that I know of. However, I'm not going
21 to close the record. I'm going to give you an opportunity
22 to review your files and make certain that all the exhibits
23 that you offered have been received and are in the record
24 in Washington. So I'm going to give you until the end of
25 May before I close the record; but this three-four-week period

should be used to begin work on your proposed findings because after I close the record, there's only ninety days that the Commission permits for filing of the initial decision. So this would mean that your proposed finding would be due on June 30. Then your replies would be due -- I'll give you a little extra time on replies, and make your replies due on July the 24th. My initial decision would be due approximately the end of August if I don't ask for more time.

What I wanted to say when you made your motion, Mr. Bierig, is to spare all of us the problems of proposed findings and the initial decision. Why can't this matter be settled? Maybe you should explore that between now and the end of May, three or four weeks; and then we could all go home.

MR. BIERIG: Your Honor, as we indicated before the trial, we felt the case should have been settled. We made every attempt before the trial to settle the matter. Continuing evidence has demonstrated, however, that we've always said that the Commission has absolutely no jurisdiction over the AMA to begin with; and since we have put in all this evidence and spent an enormous amount of time, we would like that matter to be resolved once and for all.

PRESIDING OFFICIAL: I'll issue a written order on proposed findings. I did want to mention a few ideas for proposed findings, especially on your reply briefs.

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1 The first note I have here, in your proposed
2 findings you should cover the positions of the other party;
3 for example, the defense put in -- AMA put in the Stertivan
4 (phonetic spelling) report. I don't think complaint's counsel
5 should wait until reply to make its reply on the Stertivan
6 report. So just cover that in your original proposed findings
7 so that your reply brief can be very brief and to the point
8 and not have to cover new subject matter.
9 The way I would suggest some points you should
10 cover in your proposed findings, you should have a preliminary
11 statement stating what you believe the complaint charges.
12 You should discuss the significant rulings which were made
13 here in the trial and during the pre-trial period there were
14 several evidentiary rulings made, and there was denial of
15 a motion for summary decision. You should have a section on
16 the organization of the Respondents and how they operate --
17 who they are, how they operate, their membership, information
18 about the Respondents and their organization. You should
19 have a section on the non-profit issue. That's going to be
20 a very substantial issue. It's very significant, so there
21 should be a section directed to factual findings as to whether
22 they're profit or non-profit. There should be a section on
23 the conspiracy evidence, all the evidence which you feel
24 establishes conspiracy or which does not establish a con-
25 spiracy.

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There should be a section on lack of practices which are relied upon to prove a violation, factual findings on what restrictions, if any, were imposed or the lack of any restrictions on advertising or solicitation or contract prices. There should be a section on remedy -- what the remedy should be; and Respondents should be aware that some type of remedy may be entered and if one is entered what should it be. There should be some suggestions instead of a flat statement that the complaint should be dismissed. That would certainly be one of your positions, as I understand; but in the sense that I don't agree with you, what kind of a proposal would you think appropriate.

Many times Respondents comment and merely say the complaint should be dismissed. In that event, then on appeal to the Commission, if one is made, then they have to discuss remedies for the first time and it does not give me an opportunity to consider Respondent's position. So I would suggest that Respondent give some thought to what they would consider a remedy if a violation is found.

There should be a discussion of discontinuance. I'm sure Respondents are going to maintain that if there were any restrictions, they have been discontinued and the 1977 Judicial Counsel opinions and reports show what the present position is. There should be some discussion or findings as to whether or not there has been a discontinuance or whether or

not there has been a change in past policies. There should be a section on discontinuance.

I personally prefer that the findings be very factual and that you save your legal arguments for a separate section. That's the way I write my opinions, in any event. I don't find it too helpful to put argumentation in factual findings; however, write your proposed findings as you see fit. Your factual findings should be very factual, very brief. They should have citations to the record to support every factual statement you make. I think I mentioned once before don't throw in a whole list of citations for some point that is really not too much in contention. If you have three or four good reliable citations, that should be enough. I don't want to have to check 25 citations for one point. Put your most reliable citations and only a few.

So that's about my only suggestions. Any questions?

MR. BIERIG: Two questions, your Honor, first, as we begun making our preliminary findings, we've noticed that the transcript does not in several places reflect our recollection of what was actually said by the witness or by the questioning attorney. That goes both for questions propounded by complaint counsel and questions propounded by us. So we wonder what procedure, your Honor, you would prefer to remedy that problem?

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PRESIDING OFFICIAL: I had planned to make some statements about corrections in the record.

I suggest that we do not have a special submission of corrections. I propose that on June the 30th when you file your proposed findings -- by that time you will have been through the record -- that each side submit separately to the other side your proposed corrections to the record; and then to the extent that you can agree, we can have a stipulated correction to the record made sometime here in town or right in your replies. If there are corrections of which no agreement can be made, then I will look them over and determine whether or not a correction should be made. So this will -- By giving you until June 30, it won't require a special going through the record just to look for corrections. You'll be picking them up as you go through, jot them down, and submit them -- submit them to the opposite party; and we'll try to get a stipulation. Now don't make corrections on matters that are obvious; only matters of substance.

MR. BIERIG: Your Honor, you mentioned that it's the Court's belief that findings of facts should be brief. Did you mean each individual finding should be brief?

PRESIDING OFFICIAL: That's correct, not the entire submission because I imagine it will be rather substantial; but brief, factual statements but as many as you need -- as many brief statements as you need.

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MR. BIERIG: That raised my other concern which is what I've expressed to the Court on previous occasions which is we have in this case a transcript that is over ten thousand pages long; and it's unusual in that it involves a series of very discreet incidents bearing little relationship to one another except the principals of medical ethics of the AMA may be involved; but there is not one basic fact pattern. I question at this time whether June 30 which is less than two months away is sufficient to come up both with these findings of fact, which themselves will be quite lengthy, and the legal anaylsis required to apprise the Court of each side's position. We can certainly endeavor to be ready by June 30, but I must say realistically as I think about it I don't think the job can be done adequately by June 30.

PRESIDING OFFICIAL: Well, you can make motions, and we can get additional time if you think it's necessary.

MR. COSTILO: Your Honor, if there is going to be a motion for an extension, I'd rather it be made now rather than later for planning purposes. We're going to make that June 30 date; but with respect to your scheduling if there's going to be a motion made by Respondent's counsel here, I think it should be made now so that both parties can program their plight.

MR. BIERIG: I'm not going to make a formal

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motion. I'm just apprising the Court now of my own personal belief that two months is insufficient time for detailed findings of fact and analysis of the law to be done. We're going to do our best to be ready by then.

MR. COSTILO: I understand that.

PRESIDING OFFICIAL: I will be issuing an order closing the record on May the 31st and setting these deadlines that I have mentioned to you for findings; and by the time I issue my order, you should know if you're going to need more time and at that time come in with a motion. You'll have some idea then where you stand.

Anything further?

MR. BIERIG: Once again we'd like to thank your Honor for the Court's indulgence during our surrebuttal case. We realize it's been a long and novelty case, and we wish to thank the Court for the Court's patience and understanding throughout.

PRESIDING OFFICIAL: I apologize for my lack of patience in the case.

MR. COSTILO: Your Honor, we also would like to thank the Court for your patience and courtesy. It's been a long trial, and I think it's been a pleasure to try the case.

MS. RANDALL: I also agree. I think that your Honor has been exemplary of our patience.

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PRESIDING OFFICIAL: We're all pleased that this is over.

(Whereupon, at 12:30 o'clock p.m., the above proceedings were adjourned.)

ORIGINAL

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of:	
AMA, AMPAC, et al.	MUR253, et al.

Washington, D. C.

Friday, February 2, 1979

Deposition of

MORRIS A. RILEY

a witness in the above-entitled matter, called for examination by counsel for the Federal Election Commission, pursuant to notice, taken at the offices of the Federal Election Commission, 1325 K Street, N.W., Washington, D. C., beginning at 10:10 a.m., before Karen Hinnenkamp, a Notary Public in and for the District of Columbia, when were present on behalf of the respective parties:

For the Federal Election Commission:

DAVID BRANCH, ESQ.
ANNE CAUMAN, ESQ.
SCOTT THOMAS, ESQ.
WILLIAM C. OLDAKER, ESQ.
Federal Election Commission
1325 K Street, N.W.
Washington, D. C. 20005

For the AMPAC:

DONALD P. WILCOX, ESQ.
535 North Dearborn Street
Chicago, Illinois 60610

and

JOHN LEWIS SMITH, III, ESQ.
Baker, Hostetler, Frost & Towers
818 Connecticut Avenue, N.W.
Washington, D. C. 20006

For Morris A. Riley and AMA:

JACK BIERIG, ESQ.
Sidley & Austin
One First National Plaza
Chicago, Illinois 60603

Also Present:

MAURA WHITE

MILTON S. GREENWOOD & ASSOCIATES, INC.

C O N T E N T S

WITNESS:	EXAMINATION BY COUNSEL FOR THE FEDERAL ELECTION COMMISSION (Mr. Branch)
MORRIS A. RILEY	9

E X H I B I T S

Marked for Identification and Attached:	Page
Organizational chart Exhibit No. 1	[illegible]
Letter dated November 21, 1978 Exhibit No. 2	[illegible]
Letter dated June 16, 1977 Exhibit No. 3	[illegible]
Minutes of the meeting of July 13, 1975 Exhibit No. 4	55
Minutes of the September 29, 1977, meeting Exhibit No. 5	59
Letter dated October 12, 1973 Exhibit No. 6	74
Memo dated April 8, 1974 Exhibit No. 7	75
Memorandum dated April 20, 1973 Exhibit No. 8	80
Letter dated October 29, 1973 Exhibit No. 9	81
Letter dated October 2, 1973 Exhibit No. 10	85

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E X H I B I T S (CONTINUED)

Marked for Identification and Attached:

	Page
Letter dated October 3, 1974 Exhibit No. 11	[illegible]
Candidate evaluation form Exhibit No. 12	91
Memorandum dated September 19, 1974 Exhibit No. 13	[illegible]
Minutes dated February 21, 1972 Exhibit No. 14	[illegible]

- - -

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Thereupon

MORRIS A. RILEY

a witness, was called for examination by counsel for the Federal Election Commission and, after having been sworn by the Notary, was examined and testified as follows:

MR. BRANCH: Let me begin by making a note about the attorneys who are attending. John Lewis Smith, III, and [illegible] Wilcox are in attendance this morning. It is my understanding that both of these gentlemen are representing the American Medical Political Action Committee. Is that correct?

MR. SMITH: Yes.

MR. WILCOX: Yes.

MR. BRANCH: And that you are not representing Mr. Riley. Is that also correct?

MR. SMITH: Yes.

MR. WILCOX: Yes.

MR. BRANCH: It is the position of the General Counsel of the Commission that this is a deposition taken pursuant to an investigation and that counsel for witnesses only may attend as a matter of right.

We do agree to the attendance of Mr. Smith and Mr. Wilcox on the condition that it is understood that this attendance w

be as observers today; and by observers, that would include not counseling the witness, not entering objections or comments on the record during the proceeding of the deposition.

It is further our understanding that this arrangement for this deposition today in no way waives any position we may wish to take in regard to future depositions. Likewise, we would not expect that it constitutes any so t of waiver on the part of counsel for AMPAC as to what positions they may want to take on future depositions or, for that matter, the propriety of the arrangement for this deposition.

Do you have any comments you wish to make about that point, Mr. Smith?

MR. SMITH: Yes. I am John Lewis Smith, III, with the firm of Baker, Hostetler, Frost & Towers. I do, as noted, represent the American Medical Political Action Committee. I do not, as noted, represent the witness, Morris A. Riley.

In our capacity as counsel for the American Medical Political Action Committee, we appreciate the partial gesture of the Commission in permitting our presence, but we do not accept that presence as conditioned for the specific reason that we believe it violates our rights as protected under the applicable statute, the Federal Election Campaign Act, as

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amended, at Section 437(g)(a)2, with regard to the question of giving my client who is a respondent in several applicable matters under review adequate notice of alleged violation.

And, more importantly, the foreclosure of our participation preempts the statutory right of the American Medical Political Action Committee to avail itself of the opportunity, prior to any finding by the Commission of reasonable cause to believe a violation, the opportunity to demonstrate to the Commission that no action should be taken against the Committee, the American Medical Political Action Committee.

Simply stated, we do not see how we can demonstrate to the Federal Election Commission, which we understand it is at least at one level the decision-making body, any reasonable way that no action should be taken against us if indeed we are not in a position to place upon the record our legitimate objections to evidence which they otherwise will inevitably consider, or at least have the opportunity to consider, in whole or in filtered form through their General Counsel in making their ultimate decision as to whether or not to find reasonable cause to believe the occurrence of violations by the American Medical Political Action Committee.

We do not intend to disrupt the deposition. The decision

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that we should not participate has been made. We have recorded this objection. Mr. Branch indicates that it is in no sense interpreted, nor should it be interpreted, as a waiver. But I do intend to physically remain, while continuing to assert that my physical presence is not adequate to provide the statutory reasonably opportunity to demonstrate.

Also I would like to say my presence is in no way to be interpreted as a waiver to any individual objection to any individual question or to the inclusion in the record of any individual response as evidence for consideration of the Commission in taking its actions under its mandatory role.

MR. BRANCH: In reference to your last remark, Mr. Smith, I think it goes without saying that since we have asserted the terms that we will not accept objections on the record here, it could not be constituted as a waiver of an objection you may wish to make in some future manner.

MR. SMITH: At the risk of being facetious, I have trouble believing that anything in this case goes without saying.

MR. BRANCH: As to the remainder of your remarks, we of course are not in complete agreement with them. If there is an appropriate time, we will engage in that debate. But I think at this point we should turn to Mr. Riley. That is the point of

our being here.

EXAMINATION BY COUNSEL FOR THE FEDERAL ELECTION COMMISSION

BY MR. BRANCH:

Q Mr. Riley, by whom are you employed?

A The American Medical Association.

Q What is your job position?

A Director of the Washington office of the American Medical Association.

Q How long have you held that position?

A Since May 1, 1975.

Q By whom were you employed prior to that date?

A The American Medical Association.

Q What was your job immediately preceding the position of Director of the AMA Washington office?

A Field Service Representative.

Q Where were you located?

A In Portland, Oregon.

Q How long did you hold the position as a Field Service Representative?

A I commenced on May 1, 1970.

Q Were you employed by the -- I will use the

abbreviation AMA from here on -- AMA prior to May 1, 1970?

A I was not.

Q Who were you employed by?

A The Michigan State Medical Society.

Q What position did you have there?

A Director of Governmental Relations.

Q How long did you hold that position, Mr. Riley?

A Ten years.

Q That would be from approximately 1960 to 1970?

A Correct.

Q Who were you employed by prior to 1960?

A The Republican Party of the State of Michigan.

Q What position did you hold for them?

A Director of Organization.

Q How long did you hold that position?

A Approximately one and a half years.

Q Returning to your current position, Director of the Washington AMA office, what are your responsibilities as Director?

A To coordinate and manage the functions of the office.

Q What are the functions of the office?

A To represent the policies and positions of the

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American Medican Association as they are given to us before appropriate bodies in the Federal Government.

Q I want to show you what I will mark for identification purposes as Exhibit No. 1, which purports to be an organizational chart for the American Medical Association. It is undated, except for something which has been written in the upper right-hand corner saying 1970.

(The organizational chart was marked Exhibit No. 1 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q The question I would like to ask you in regard to this is down in the box in the lower right-hand corner there is a label "AMA Washington Office."

MR. BIERIG: Where is that?

MR. BRANCH: The lower right-hand box, second box; right there.

THE WITNESS: Yes.

BY MR. BRANCH:

Q Looking at that box, could you tell me if that is currently an accurate description of the structure of your office?

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no "its" - no "which"
Stenoerror

A So much of this starts "AMA Washington Office," and it ends with "Library," which is a description of the current Washington office, yes.

Q In other words, you do have a Communications, Congressional Relations, Governmental Relations, and Library section?

A That is correct.

Q The balance is no longer in existence, the references to Field Service, Legislative Department?

A This has nothing to do with the Washington office.

MR. BIERIG: The last three?

THE WITNESS: The last three are separate.

BY MR. BRANCH:

Q You do not have a Field Service which is part of your office?

A No, sir.

Q You do not have a Legislative Department which is part of your office?

A No, sir.

Q Can you tell us what the Communications Department does?

A The people in that department provide material for

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AMA publications to its members covering activities in Washington which are health related.

Q Can you give us a brief description of the Congressional Relations Department?

A People in that department are required to express AMA's policies to the congressional branch of government and to attempt to persuade them to the AMA's position.

Q Would it be accurate to include lobbying activities of that department?

A It would.

Q Is lobbying done by any of the other departments?

A No, sir, it is not.

Q Could you give us a brief description of the Governmental Relations Department?

A People in that department similarly present the policies and opinions of the American Medical Association to the Executive and agency branch of government.

Q How many people are on the staff of the Governmental Relations Department?

A Five. I presume you are only referring to non-exempt individuals, not the secretarial staff.

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Q Well, actually my question I think would have included both.

A Five nonexempt employees and three --

Q -- support?

A The other way around. Three nonexempt and five exempt.

Q When you say exempt --

A I am referring there to professional persons.

Q What is the size of the staff of the Congressional Relations Department?

A I am sorry, sir. I thought you just asked me about that.

Q Did I? I thought I had asked about Governmental Relations. The answer you just gave, which was five and three, referred to the Congressional Relations?

A That is correct.

Q Then let me ask on the Governmental Relations Department.

A Three professional employees and one secretary.

Q What is the size of the staff of the whole AMA Washington office?

A Twenty-eight at the present time.

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Q Who was your predecessor in your position?

A Mr. Harry Hinton, H-i-n-t-o-n.

Q Who is your superior?

A Mr. Wayne Bradley.

Q What position does he hold?

A Director of Public Affairs, the Public Affairs Division.

Q Where is he located?

A In Chicago at the AMA headquarters.

Q With reference to the Congressional Relations Department, which as I understand it is the department which was identified as conducting the lobbying activities of the AMA -- is that correct?

A Correct.

Q -- who on the staff are registered lobbyists?

A You want the names of the individuals?

Q Yes.

A John Zapp, James Drake, John Mahoney, Harley Dirks, and Kenneth Benjamin. I am also registered as a lobbyist. Those are the only registered individuals.

Q Who is responsible for the supervision of that department?

A Dr. John Zapp.

Q Then in turn Mr. Zapp, or Dr. Zapp, answers to you; is that correct?

A As the Manager of the office, correct.

Q Do you engage in activities of that department in addition to your supervisory role?

MR. BIERIG: I am going to object to the question in the sense it is really too vague.

MR. BRANCH: I think I agree with you.

BY MR. BRANCH:

Q Do you engage in lobbying yourself?

A I do not.

Q In regard to the lobbying positions taken by that department, how is it decided what position your lobbyists will take?

A They are required to express the testimony, prepared positions, that come from our Chicago headquarters.

Q Where in the Chicago headquarters do they come from, what organization or persons?

A The House of Delegates, or the Board of Trustees, the continuity between sections of the House of Delegates.

Q This is the House of Delegates of the AMA?

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A Yes.

Q We have seen references to a Council for Legislative Affairs. Are you familiar with the function of that group?

A Our Chicago office has a Legislative Department. I am certainly familiar with its activities, yes.

Q Is the Council for Legislative Affairs part of your Chicago office?

A This is not a familiar term to me. We have a Council on Legislation.

Q What is that?

A A group of physicians who analyze legislation introduced and make recommendations to the Board of Trustees as to what they feel the AMA's position should be.

Q How are the positions of the Board of Delegates relayed to you, to your office?

MR. BIERIG: Could I have that question read back, please?

(The pending question was read by the reporter.)

MR. BIERIG: I don't think there is an institution like that.

MR. BRANCH: The House of Delegates; I am sorry.

Let me withdraw the question and rephrase it.

BY MR. BRANCH:

Q From which of these groups do you receive your instructions as to what positions to take?

MR. BIERIG: I think that has been answered, has it not.

MR. BRANCH: Well, I believe he has answered that a number of these groups are involved in making the decisions. I am not sure it is clear exactly how those decisions are transmitted Mr. Riley.

THE WITNESS: Either verbally or in writing.

BY MR. BRANCH:

Q What I am curious to know about is from whom do you receive them?

A Mr. Bradley.

Q Do you receive any instructions in regard to lobbying positions from State Medical Associations?

A No, sir.

Q Do you receive any instructions in regard to lobbying positions from State Medical Political Action Committees?

A No, sir.

Q Do you ever solicit the views of officials of the State Medical Association in regard to legislation in Congress?

A No, sir.

Q Do you have any contact in your work at all with State Medical Association officials?

A Yes, sir.

Q What kinds of contacts do you have?

A I will assist them from time to time in providing a speaker for a meeting at their request. We will at their request, and on an occasion where members of their society in the city, meet with them to inform them of current legislative matters under consideration or current regulatory matters under consideration.

Q Would you ever visit a member of Congress with State Medical Association officials?

A Not personally, no.

Q Let me rephrase the question slightly.

Have you ever gone with a State Medical official to visit a Member of Congress?

MR. BIERIG: I am going to object to that. I assume you mean has he since 1975 in his capacity there?

MR. BRANCH: Yes.

BY MR. BRANCH:

Q I meant the question to refer to the time that you have been in your position as the Director of the AMA Washington

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office?

MR. BRANCH: Is that the objection?

MR. BIERIG: It was more or less a clarification of the question.

MR. BRANCH: So we have a clear question here, my first question, which I feel was somewhat vague -- let me just rephrase the question.

BY MR. BRANCH:

Q In the time that you have been the Director of the AMA Washington office, have you visited Members of Congress together with State Medical Association officials?

A Yes.

Q Can you recall specific instances?

A Yes.

Q Can you give us any idea of how frequent such meetings may have occurred?

A Perhaps two or three times in a year.

Q I want to refer to the State Medical Political Action Committees again. I will refer to those as PACs. Is that term understandable?

A Yes, it is.

Q What kind of contact do you have with officials of

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the State PACs?

MR. BIERIG: I am going to object. Why don't you ask him what kind of contacts, if any, has he had, rather than assume?

MR. BRANCH: I will add "if any."

THE WITNESS: Inquiries from time to time with respect to the attitudes of individual Members.

BY MR. BRANCH:

Q When you say Members, what are you referring to?

A Of Congress.

Q Inquiries which your office or you will make of the State PAC officials as to attitudes of Members of Congress?

A An individual physician who might be a member of a State PAC might ask us if an individual Member of Congress was accessible.

Q Accessible for what?

A Willing to have us explain the policies and positions of the American Medical Association.

Q Do you receive inquiries from State PAC officials as to the positions on legislation of Members of Congress?

A No. Inquiries of that nature are inquiries from officials of State Medical Societies, not PACs.

Q You do receive inquiries of that nature from members

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of State Medical Societies or associations?

A Yes.

Q Just for clarification, your last answer was those inquiries do come from State Medical Association officials?

A Correct.

Q But they do not come from State PAC officials?

A Correct.

Q You have had no occasions in which they have come from State PAC officials?

A Not to my recollection.

Q Have you ever in the time that you have been Director of the AMA Washington office attended a meeting with a Member of Congress together with State Medical PAC officials?

A If you mean in that individual's capacity as a PAC official, no. I tried to indicate that in these infrequent meetings sometimes individuals who have been involved have been members of a Political Action Committee, but the visit was not in connection with that capacity of the individual.

Q Okay. I was not making a distinction such as that. The question simply was have you attended meetings with Members of Congress with persons who are officials of State PACs?

MR. BIERIG: I think that question has been asked and

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answered. The witness has indicated that he has from time to time met with Members of Congress with someone who happens to be a member of a State Political Action Committee, but not in his capacity as a State Political Action Committee member. There is no need to belabor that point. I think he has made that distinction quite clearly.

MR. BRANCH: I disagree. I don't think there is any belaboring. I think it is a matter of clarifying an answer here.

BY MR. BRANCH:

Q How frequently would you say you have attended meetings in which there have been officials of State PACs also in attendance with a Member of Congress?

A Perhaps two or three times a year. Very infrequently.

Q Do you ever make inquiries of State Medical PACs as to the political positions or views of Members of Congress?

A No.

Q Let me show you what I will mark for the purposes of identification as Exhibit 2. This is a letter identified as being to a Robert from a Linc, November 21, 1978. It has a cc at the bottom, "Mike A. Riley."

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(The letter dated November 21, 1978, was marked Exhibit No. 2 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Do you recall ever receiving a copy of that letter?

A No, sir. I don't recall ever seeing a copy of this letter.

Q Do you recall writing the TEXPAC organization, or the Texas Political Action Committee, in November of 1978 asking for information with regard to profiles on incoming Congressmen?

MR. BIERIG: That question is not based on this letter.

MR. BRANCH: Right.

MR. BIERIG: It is a little misleading to ask on this letter. You haven't identified this document for the record.

MR. BRANCH: I am not asking a question based on this document now.

MR. BIERIG: I am just concerned as to what the record will look like when read by someone who doesn't have the document in front of him.

MR. BRANCH: For clarification, Mr. Riley says he hasn't seen this document. I am not basing the question on it. I am asking him a factual question on whether he addressed any

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1 correspondence in November of '78 to the Texas Political Action
2 Committee requesting information on the views of incoming
3 Congressmen from Texas.
4 THE WITNESS: I did not.
5 BY MR. BRANCH:
6 Q Did you address any such communication to the Texas
7 Medical Association?
8 A I did.
9 Q Did you receive any such information in response to
10 your inquiry?
11 A Not personally.
12 Q Did your office or your staff receive such
13 information, to your knowledge?
14 A Not to my knowledge.
15 Q Have you requested any such information on incoming
16 Members of Congress from other State associations, Medical
17 Associations?
18 A Yes.
19 Q Have you requested any such information from any
20 State Medical PAC?
21 A No, sir.
22 Q Have you received replies to any of these inquiries?

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A Yes, sir.

Q Have any of the replies come, to your knowledge, from State PACs?

A Not to my knowledge.

Q Now in regard to other staff members in the Congressional Relations Department, to your knowledge have any of them attended meetings with Members of Congress together with officials of State Medical Associations?

A Yes, sir.

Q Can you give us any estimate of how frequently that occurs in a year's time, for example?

MR. BRANCH: Why does this require consultation?

MR. BIERIG: I am not sure.

THE WITNESS: Perhaps --

MR. SMITH: Don't be -- excuse me.

THE WITNESS: Upwards of 30 times a year.

BY MR. BRANCH:

Q Have members of your staff attended meetings with Members of Congress with officials of State PACs?

MR. BIERIG: I am going to object to all of these questions unless we start distinguishing between officials of State PACs acting as officials of State PACs or individual

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physicians who are there as individual physicians who also happen to hold some office in a State PAC. I think it is a very important distinction for purposes of this case. I don't want it glossed over in the question.

MR. BRANCH: If Mr. Riley is aware that they are in fact officials of State PACs, it seems that we can get an answer physically whether or not they have attended the meetings. I will go ahead and also ask what capacity they are acting in. My question seems to me a very simple, factual question.

MR. BIERIG: It is a simple, factual question that has a very ambiguous connotation the way it is asked. I would like to be specific whether your question, Mr. Branch, relates to an individual who happens to be a member of a State PAC or whether it is an individual acting as a representative of a State PAC.

MR. BRANCH: My question is not yet making the distinction.

MR. BIERIG: That is the problem.

MR. BRANCH: I don't think that makes it an improper question. I think it simply makes it further information to find out.

MR. BIERIG: Just so the record is clear that there is an ambiguity there that ought to be resolved.

MR. BRANCH: Why don't we get the information from the

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1 witness and then the record will be clear. I don't think there
2 is anything improper about the question.
3 THE WITNESS: I think, Mr. Branch, that I was feeling an
4 ambiguity in the question, and that is why I was having
5 difficulty.
6 MR. BRANCH: Let me try and make the question clear so we
7 don't have the ambiguity.
8 BY MR. BRANCH:
9 Q The question is, have members of your staff attended
10 meetings with Members of Congress with people who are officials
11 of State PACs, without regard now to what capacity those
12 officials were acting in. I am not asking you did they go in
13 the capacity of officials as members of State PACs. I am
14 simply asking have those meetings occurred.
15 A Is possibly an acceptable answer?
16 Q I am asking you the best knowledge you have.
17 A To the best of my knowledge, that is entirely
18 probable.
19 Q Do you have any knowledge of any meetings between
20 Members of Congress and members of your staff and officials of
21 State Medical PACs in their capacity as officials of State
22 Medical PACs?

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A No, sir.

Q Does the Congressional Relations Department send out any regular publications, newsletters, things of that nature?

A No, sir.

Q Do those types of publications -- by that I mean newsletters or bulletins -- come entirely from the Communications Department of your office?

MR. BIERIG: I think we are going to have to specify, Mr. Branch, which kinds of publications. When you say those kinds of publications, the AMA, as you know, has a tremendous number of publications. I would like you to be more specific.

MR. BRANCH: I will break the question down.

BY MR. BRANCH:

Q Let's talk about newsletters. Does your office send out any newsletters?

A No, sir. The Chicago headquarters does that.

Q Does your office send out any bulletins on legislative matters?

A No, sir.

Q Does your office make any regular mailings of any kind to State Medical Associations?

A No, sir.

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Q If there is any ambiguity about regular mailings, by that I mean not a letter from time to time but something that goes out consistently at a regular interval.

A I understand.

Q Do you make any such regular mailings to any State Medical PACs?

A No, sir.

Q Have you attended, in the time you have been Director of the Washington office, any meetings of State Medical Associations?

A Yes, sir.

Q Can you give us any estimate of how frequently you have attended such meetings?

A Very infrequently; once or twice a year, possibly.

Q Have you attended any meetings of State Medical PACs?

A No, sir.

Q Have you attended, distinguished from meetings, any dinners or other social functions of State Medical Associations in the time that you have been Director of the AMA office?

A Yes, sir.

Q Can you estimate how frequently you have attended

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those types of functions?

A An average of three to four times per year.

Q I ask the same question with regard to dinners and functions other than meetings for State Medical PACs. Have you attended any functions such as those?

A No, sir.

Q You referred to occasionally finding speakers. Now I believe in that context it was for State Medical Associations. Is that correct?

A Yes, sir.

Q Would those speakers include Members of Congress?

A They could.

Q Have you ever found such speakers for functions of a State Medical PAC?

A No, sir.

Q Let me show you what I will mark here as Exhibit 3 for identification purposes. This purports to be a letter addressed to you from a Peter Lauer.

(The letter dated June 16, 1977, was marked Exhibit No. 3 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q I ask you, do you recall ever receiving this letter?

MR. BIERIG: Could you give the witness a little time to read it?

MR. BRANCH: I am giving the question ahead of time. Take your time, certainly.

MR. BIERIG: What is the question?

BY MR. BRANCH:

Q The question is, do you recall receiving this letter?

A Yes, sir.

Q Did you make any arrangements to have Senator Hayakawa attend the dinner referred to in the letter?

A I asked the appropriate member of our Legislative -- what is referred to here as the Congressional Relations Department -- to extend the invitation to Senator Hayakawa. I don't recall whether he accepted it or not.

Q Who would that have been in your Congressional Relations Department?

A I worked through the head of the department, Mr. Zapp. He sometimes then goes on and refers it to someone else.

Q Have you referred any other requests for speakers for

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State PACs to your staff?

MR. BIERIG: Objection. I wouldn't want to characterize this as a request for a speaker for a State PAC. I mean the letter is clearly something that says a speaker at the Medical Association of the State of New York Annual Meeting. I don't want, by your question, Mr. Branch, to get into the record the notion that this was anything other than a request for a speaker at the Medical Society of the State of New York Annual Meeting.

I can read the letter and I know what it says. But I prefer to not characterize the letter by using that term.

MR. BRANCH: I understand the question. But for the record, the letter --

MR. BIERIG: The letter will speak for itself. But why don't you ask the question and take off the word "other"?

BY MR. BRANCH:

Q The question is simply, have you referred any requests for speakers at State PAC functions, State Medical PAC functions, to members of your staff to have arrangements made?

A I don't recall any specific instance.

Q Have you or members of your staff participated in any workshops sponsored by State Medical PACs?

A No. Could you define what you mean by a workshop

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sponsored by a PAC?

Q Well, sponsored would be the organization who would set it up. By workshop, the category of meetings, concentrating on a particular issue, with speakers and sessions in which to discuss the --

A -- the political implications?

Q By PACs they would generally be political, but I didn't so limit my question.

A No. Our function deals with the legislative matters but not the political ones.

MR. BIERIG: So your answer to the question was no?

THE WITNESS: My answer was no.

BY MR. BRANCH:

Q Did you or your staff participate in a specific workshop in 1976 sponsored by the AMA and AMPAC here in Washington?

A Yes.

Q Did you, yourself, participate in this workshop?

A I don't recall at this point the workshop, frankly.

Q I think we should go back a question to your answer yes, then. Do you have any knowledge of any workshop held in the year 1976 in Washington jointly sponsored by the AMA and AMPAC?

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A Mr. Branch, I am having trouble with the "jointly sponsored" part because I wouldn't know about that. I remember the workshop here in Washington. Our staff was involved in the workshop.

MR. BIERIG: Maybe it would help matters if you have a specific workshop in mind that you could just call it to the witness' attention and have him respond what he knows about it.

BY MR. BRANCH:

Q What workshop are you referring to?

A We called that workshop, as I recall it, a legislative workshop. Our role was, as it would be if one of our people was attending a meeting elsewhere, to be available as resource persons in connection with legislative issues under consideration at that time.

Q What is the approximate date of the workshop you are referring to?

A These were generally held around February or March. It would have been early in the year.

Q When you say they were generally held, the workshops you are referring to, were they an annual affair?

A Well, remember I have only been here since 1975. I believe there was one such workshop during my tenure here.

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Q Is it correct to place that in 1976?

A I would accept that, yes.

Q Referring then to the one workshop that you recollect in approximately February or March of '76, do you know who attended that as participants?

Let me be more specific.

Do you know if officials of State Medical Associations attended that workshop as participants?

MR. BIERIG: I am going to have to make the same objection as earlier. There is an ambiguity between individual physicians attending either as representatives of State Political Action Committees or individuals attending as individuals who also happen to be members of State Medical Political Action Committees.

I know that you are saying your question is straightforward, but there is an ambiguity in the question, which is are these people attending quasi-State PAC staff or are they attending for their own personal interest.

MR. BRANCH: The question didn't refer to State PACs.

MR. BIERIG: State Medical Societies, I will change my response. But the basic problem remains the same, which is in what capacity are they attending.

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MR. BRANCH: I don't think there is any point we are really trying to obscure between us. If you would like, I can ask it in about three or four questions.

MR. BIERIG: Okay.

BY MR. BRANCH:

Q In the workshop -- are we agreed on what workshop we are talking about now, Mr. Riley?

A I think we are, sir.

Q Do you know if physicians who were officials of State Medical Associations attended that meeting in their capacity as officials of State Medical Associations?

A Yes.

Q Do you know if officials of State Medical PACs attended that meeting in their capacity as officials of State PACs?

A I do not.

Q Do you know if people who were officials of State PACs attended that meeting, without regard to it being either in their official capacity or not?

I will strike that question.

Do you know if there were doctors who attended that workshop who were officials of State PACs?

A Yes.

Q Did you or your staff have meetings with and specifically scheduled for members of State Medical PACs?

A No.

Q Were there meetings at this workshop that you or members of your staff were responsible for running or speaking at?

A Yes.

Q What were these meetings?

A To review the matters of current legislative interest to the profession.

Q Did you have any discussion with members of State PACs at those meetings, informally or formally, about the positions or voting records of Members of Congress from their States?

A No.

Q In your job as Director of Washington AMA --

MR. BIERIG: Let's correct that and call it the Washington office of the AMA.

MR. BRANCH: How did I refer to it?

MR. BIERIG: You said the Washington AMA. That sort of implies there are several AMAs. There is one AMA. It has a

Washington office.

BY MR. BRANCH:

Q Am I correct to say you use the term AMA Washington office?

A Correct.

Q As Director of the AMA Washington office, do you have any contacts with the American Medical Political Action Committee?

A Now? No.

Q Now.

A No.

Q Do you now attend any -- I will use AMPAC -- AMPAC meetings?

A No, sir.

Q Do you now engage in any regular correspondence with AMPAC staff members?

A No, sir.

Q Do you or your staff provide the AMPAC staff or board with any information on the positions of Members of Congress?

A No, sir. Those contacts are with State Medical Societies.

Q In the time you have been Director of the AMA

Washington office, have you ever been asked by the staff of the AMPAC to provide any information on the views of Members of Congress in regard to legislation?

A No.

Q Have you in the time you have been Director of the office ever provided such information?

A Yes.

Q In what circumstances have you provided such information?

A Could I have a couple questions back asked again?

Q The beginning question was, I believe, have you had inquiries from the AMPAC staff for information in regard to the views of Members of Congress on legislation.

MR. BIERIG: While head of the Washington office.

BY MR. BRANCH:

Q While head of the Washington office; followed by have you nevertheless provided that information at any time, to which you answered yes.

A Well, if I may then, I am sorry. My information has dealt primarily with the accessibility to our viewpoint, the general attitude of the Member of Congress with respect to our providing him with information, as opposed to his voting record.

Q By accessibility you mean his openness to listening to your views?

A Correct.

Q You are distinguishing that from any particular vote he may have taken on an issue?

A Correct.

Q Have you ever attended meetings of the AMPAC Congressional Review Committee?

A Yes.

Q Do you attend meetings of the AMPAC Congressional Review Committee now?

A No, sir.

Q Was there a particular period of time in which you did attend those meetings?

A Yes.

Q Can you give us the best of your knowledge now what the period of time was that you attended those meetings?

A 1975, '76, perhaps early '77.

Q How frequently were the meetings held?

MR. BIERIG: Objection. He has testified that he has attended some meetings. You can ask him how frequently he has attended, but I am not sure there is any foundation laid for

"would otherwise engage"?

whether he has attended all of the meetings and whether he knows how frequently the meetings were held.

BY MR. BRANCH:

Q What was your role in attending these meetings?

A To be available to answer any questions that might be asked of me.

Q Who else would attend the meetings that you attended?

MR. BIERIG: Why don't we again clarify, when you say "would," why don't we use "did"?

BY MR. BRANCH:

Q Who did attend?

A Members of the AMPAC Board of Directors and its staff.

Q Were there any staff members in particular who regularly attended the meetings that you attended?

A Staff members?

Q AMPAC staff.

A Yes.

Q Who were they?

A I would assume all the members of the AMPAC staff would otherwise engage.

Q I am a little bothered by that. At the meetings you attended, can you give me the names of the AMPAC staff people

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who did attend?

A Mr. Watson, Executive Director; Mrs. Elliott, Associate Executive Director.

Q That would be Lee Ann Elliott?

A Correct. And a couple of secretaries whose names escape me.

Q Were there any other AMPAC staff directors who regularly attended the meetings you attended?

A Not to my recollection.

Q At the meetings you attended, who would preside over them?

MR. BIERIG: I think we ought to state for the record that these meetings are in the form of conference calls. These are not meetings in the sense of people sitting down together in one room.

MR. BRANCH: That is not entirely correct. Some are and some aren't.

MR. BIERIG: That is right. Therefore, I think we ought to clarify what we are talking about here rather than leave the record ambiguous.

BY MR. BRANCH:

Q In the case where meetings were held where people came

to them, where were they held?

A At various locations.

Q Were some of the meetings telephone conference calls?

A Yes.

Q Can you give us any estimate of how many of the meetings you participated in were telephone conference calls?

A Perhaps half.

Q Were the others, roughly half, then meetings which people attended in person?

A Correct.

Q Were the majority of those meetings held in Chicago?

A No.

Q What other locations were they held at?

A San Diego, San Francisco, New York, various locations around the country.

Q Now in the meetings you attended, or participated on the telephone, was there any regular procedure for how those meetings were conducted?

MR. BIERIG: If he knows.

THE WITNESS: Yes, there was.

BY MR. BRANCH:

Q Can you describe that procedure?

Not "it" – "I" was not

A The individuals present would consider available information with respect to possible candidates for office. There was never any decision made in my presence as to what they do with that information. I was present as an observer in case anybody asked me a question within my competence, which would be limited to whether or not -- it would be limited, first of all, to an incumbent and limited to whether or not the individual was, as I said, accessible and amenable to hearing our positions in his capacity here in Washington as a Congressman.

Q You say no decisions were made in your presence.

A Correct.

Q Were you ever asked in these meetings to leave while decisions were made, to leave the room or hang up?

A It was not -- never when I attended was any decision made as to candidate support.

Q The decisions simply were not made in the meetings that you participated in?

A That is right.

Q Therefore, you did not participate in voting on decisions for contributions?

A Absolutely not. I did not.

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Q Would someone preside at these meetings that you participated in?

A The chairman of the committee.

Q Do you know if minutes were kept?

A No, I don't.

Q Were you ever provided with an agenda, a written agenda, for any of the meetings you participated in?

A Yes.

Q Do you have any knowledge of who prepared that agenda, the agendas that you received?

A Staff of AMPAC would prepare the agenda.

Q Do you have any knowledge as to whether requests for contributions to candidates came from persons or organizations outside the Congressional Review Committee?

MR. BIERIG: Do you understand the question? I am a little confused as to that question.

BY MR. BRANCH:

Q The question is, do you have any knowledge, from your own participation in these meetings, as to whether requests for contributions came to the Congressional Review Committee from people or organizations who are not part of the committee?

A Yes. All of the matters under consideration were --

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Is this very good question
a faux pas?

How would I know that
requests didn't just come from
the committee if I didn't
know whether they came from
RAGs or Societies?
Because they didn't say so? –
like "I have these requests", etc?

you are saying were they all brought up by members of the committee by themselves, without any previous contact with anyone?

Q That is a very good question. Were they?

A No.

Q Do you know where the requests originated?

A No.

Q Do you have any knowledge if there were requests made to the Congressional Review Committee for contributions to candidates by State Medical PACs?

A Not specifically, no.

Q Your answer is you do not have any knowledge?

A That is correct. I do not have any knowledge.

Q Do you know if any such requests for contributions to candidates came from a State Medical Association?

A No.

Q Did you ever receive requests for contributions from Members of Congress yourself to be relayed to AMPAC?

A No, sir.

Q To the best of your knowledge, have any members of your staff in the time you have been Director in Washington ever received requests from Members of Congress for contributions

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from AMPAC?

A Yes.

Q What staff members have received such requests?

A At one time or another, all of them.

Q Have those requests been relayed on to AMPAC?

A Yes.

Q Were they relayed to the Congressional Review Committee?

A I wouldn't know.

Q Did you personally ever relay such a request to the Congressional Review Committe?

A No, sir.

Q Do you have any knowledge as to whether AMPAC acted on those requests?

A Yes, sir; in some cases.

Q Can you give us any specific request that you recall which was made to a member of your staff by a Member of Congress?

A No, I can't.

MR. BIERIG: Before you answer, I am getting a little confused as to what the relevance of this is to any of the MURs. I have tried to be very flexible and reasonable in permitting

this line of inquiry. But as far as I know, there are a couple of MURs outstanding dealing loosely with the issue of whether State Political Action Committees and the AMPAC Medical Politcal Action Committee are affiliated for purposes of the Federal Election Campaign Act.

I was under the impression that this Subpoena was issued in connection with those MURs. I must say that it seems to me we are getting off the track here. It just seems this is not relevant to those, unless you can explain to me how they are.

MR. BRANCH: Relevancy has to do with how AMPAC and the Congressional Review Committee operate and how contribution decisions are made. We are not going on the assumption they are made in any particular way or that the evidence will prove one set of facts or another. It may well be --

MR. BIERIG: Right. I understand. But that is why I have tried to refrain from objecting. But as you start going deeply into what the connection between AMA and AMPAC is, it just strikes me as being beyond the scope of the MURs.

MR. BRANCH: I would maintain that is a relevant area of inquiry, the connection between AMA and AMPAC.

MR. BIERIG: I am not sure how that is relevant to the MURs which deal with the relationship between AMPAC and State

I said we sent requests
to AMPAC & didn't know
what happened to them

was present at meetings

don't know of discussions were
on people where request came
from us —
and
were not identified as such

Q Yes.

A No. I never knew.

Q Do you have any knowledge as to whether requests which originated with Members of Congress through your staff were referred by the Congressional Review Committee to State PACs?

A No, I do not.

Q Do you have any knowledge as to the policy of AMPAC for the delivery of contribution checks to candidates?

A Yes.

Q What do you understand that policy to be now?

A I don't know what it is now. I know what it was some long time ago.

Q Do you have any knowledge as to what it was when you first participated in meetings of the Congressional Review Committee?

A If a contribution was made, it was generally made by a constituent physician.

Q By constituent physician, what do you mean?

A A physician who was a constituent of the individual receiving the check.

Q Did that policy change in any way during the time that

1st question a problem -

is sending the invite

a "request"?

see p 54

you participated in the Congressional Review Committee meetings?

A Not to my knowledge, no.

Q Do you or your staff ever make requests to AMPAC for payment to attend fund-raising dinners or events for Members of Congress?

A No, sir.

Q Have you or members of your staff ever made such requests in the time that you have been Director of the Washington office?

MR. BIERIG: Could I have the previous question read back? I am a little confused.

MR. BRANCH: Could you read the question back?

(The record was read by the reporter.)

THE WITNESS: And I said no.

BY MR. BRANCH:

Q The second question was have you ever.

A No.

Q Are you familiar with or do you have any knowledge of AMPAC policy as to how to handle any requests by AMA staff members to attend fund-raising functions or dinners for Members of Congress?

MR. BIERIG: Can we have a time frame? Are you talking

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about current AMA policy?

BY MR. BRANCH:

Q Do you have any knowledge of that policy during the time that you have been Director of the Washington office?

Do you want us to go back over that?

A PLease.

Q Start with the time of during the time you have been Director here. Do you have any knowledge of any AMPAC policy as to how requests to attend fund-raising dinners or social functions for Members of Congress should be handled?

A I am sorry, sir. I still don't understand what it is that you are getting at. You are talking about a fund-raiser for a Member of Congress and asking if I know what AMPAC policy is with respect to requests to attend such a fund-raiser.

Q To pay for attendance at such a fund-raiser.

A No. I have no knowledge or involvement in these matters.

Q Do you or members of your staff attend any fund-raisers for candidates or Members of Congress?

A Members of my staff occasionally attend receptions and dinners here in Washington; rather frequently, in fact.

Q On occasion, for those sorts of events, are there

fees or expenses that have to be paid to be able to attend?

A Only the purchase of the ticket.

Q Who pays for the purchase of the ticket when staff members on your staff attend?

A MPAC.

Q Does that payment have to be cleared by someone or some part of AMPAC before you attend?

A I assume so.

Q Do you have any knowledge of the procedure for clearing requests for payments for such events?

A No, sir. We simply send the requests in.

Q Do you have any recollection of attending a Congressional Review Committee meeting on July 13, 1975, at which the policy for clearing those payments was discussed?

MR. BIERIG: Could we just clarify the wording for purposes of the record? I believe the term is contribution rather than payment, isn't it?

MR. BRANCH: Okay, contribution.

MR. BIERIG: It is a term of art I think in the Federal Election Campaign Act. I know you are using the two synonymously. It may not make any difference, but let's try to be accurate.

THE WITNESS: The policy for the handling of requests to attend dinners and functions --

BY MR. BRANCH:

Q In Washington.

A -- in Washington has simply been to refer the requests to AMPAC. I don't know how the decisions are made or by whom to attend them. But if the decision is a favorable one, the fee attached to the dinner, which is generally quite minimal, is sent directly by AMPAC to usually the treasurer of the committee that is conducting the function, and we are simply informed that a ticket has been purchased.

Q Specifically my question referred to a meeting in July of 1975.

A I don't remember that specific meeting.

Q You don't remember that meeting?

A No, sir.

MR. BRANCH: Let's take a short break.

(Brief recess.)

(The minutes of the meeting of July 13, 1975, were marked Exhibit No. 4 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Mr. Riley, let me show you what I have marked for identification here as Exhibit 4. I will let you take a look at that for a second. This is a copy of the minutes of the meeting of July 13, 1975, provided to us by AMPAC.

MR. BRANCH: Off the record.

(Discussion off the record.)

BY MR. BRANCH:

Q Referring to Exhibit 4, to the minutes of the meeting held by the Congressional Review Committee on July 13, 1975, under "Participants" on the first page it indicates your name. Do you recollect whether or not you attended that meeting?

A I don't remember this specific meeting, but I must have been there.

Q On page three it refers to a discussion on the policy of AMPAC for procedures in handling fund-raising requests from the Washington staff.

MR. BIERIG: Objection. Excuse me for interrupting, Mr. Branch, but you indicated that this states a procedure used by AMPAC, I believe.

MR. BRANCH: I believe what I stated was it was a discussion.

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MR. BIERIG: Right. But what this was in fact was a suggestion that certain procedures perhaps be used. There is no evidence that I see that this actually, on this letter --

MR. BRANCH: Is your point whether it was adopted?

MR. BIERIG: Right.

MR. BRANCH: I did not mean my question to say it was adopted, if it did. It was a discussion of like a suggested procedure.

BY MR. BRANCH:

Q The question is simply, with the benefit of these minutes, do you have any recollection now of having heard or participated in such a discussion?

A Mr. Branch, number three here is better phrased, but it is essentially what I told you was my understanding of how these things should be handled.

I don't recall, nor do the minutes reflect, that I had anything to do with this. But this is my understanding of the procedure as I told you, sir, yes.

Q So you do not recall taking part in the discussion about this procedure?

A No, sir, I don't.

Q You referred on page three, I gather, to number three.

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Is that correct?

A Yes.

Q Is that the number three you were referring to?

A Yes.

Q "On receipt of a request for a fund-raiser function in Washington, every effort is to be made by AMPAC staff to get clearance from the State Political Action Committee."

Is that your understanding of the current AMPAC policy?

A I was referring only to that portion that ends with the word "Washington," Mr. Branch. We would get the request and transmit it to AMPAC. What they do with it was not my concern or within my purview. I just dismissed that from my mind. My job was to simply see to it that the request went to AMPAC.

Q So the balance, which talks about getting clearance from Stat PACs --

A I have no personal knowledge of how that took place.

Q Do you have any recollection of a discussion of any such suggested policy?

A No, sir.

Q Going back to the way these meetings were conducted, was there a time in any of these meetings in which you were

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asked --

MR. BIERIG: When you say "these meetings" --

MR. BRANCH: Congressional Review Committee meetings he attended.

BY MR. BRANCH:

Q Was there a time in which you were asked to leave the meeting while discussions went on in your absence?

A I remember no such time. No, sir.

Q Let me show you what I have marked for identification now as Exhibit 5. Again, these are minutes of a Congressional Review Committee meeting. This one is dated September 29, 1977.

(The minutes of the September 29, 1977, meeting were marked Exhibit No. 5 for identification, a copy of which is attached to the court copy of this deposition.)

THE WITNESS: Yes, sir.

BY MR. BRANCH:

Q Again under "Participants" it indicates that you were present. Do you have any recollection of your own whether or not you were present at this meeting?

A I do not recall this specific meeting, Mr. Branch; this specific conference call.

post approval
is explained
in the preceding
minutes

Q I am sorry; conference call.

But there is a term in these minutes, post-approval, the first page. Then it is followed by several entries. Does the term post-approval mean anything to you?

A It does not.

Q Do you have any knowledge of what kind of procedure a post-approval procedure would be in a meeting of the Congressional Review Committee?

A No, sir. I do not.

Q Do you have any recollection of what this entry with all of the names that are listed refers to?

A No, sir.

Q Your testimony earlier was that you could not recall any specific instance of a request having been made by a Member of Congress to a member of your staff for a contribution. I will ask it in a general way.

When such a request is made, would a member of your staff notify you of such a request?

A Not necessarily. They might notify Dr. Zapp who in turn would see that it was transmitted to AMPAC.

Q What do you understand to be the proper procedure for transmitting that to AMPAC? By that I mean who at AMPAC should

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that be transmitted to?

MR. BIERIG: When you say "proper procedure," are you talking about proper procedure as far as the Washington office is concerned?

MR. BRANCH: His Washington office, yes. If one of the people on that staff came to Mr. Riley and said, "I have got this request," who would he advise him to transmit it to?

THE WITNESS: To the best of my knowledge, the request would be telephoned to either Mr. Watson or Mrs. Elliott.

BY MR. BRANCH:

Q I asked that question in terms of what you would do today. Has that been the procedure throughout the time that you have been a Director of the AMA office?

A So far as I can recall, yes, sir. No requests have ever come to me personally. If they did, that is what I would do.

Q Do you receive any reports from AMPAC as to which candidates they have made contributions?

A Yes, sir.

MR. BIERIG: I was going to object to this as irrelevant to what I perceive as the thrust of the MURs we are talking about. I will allow him to answer the question, but I want to

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enter my objection to this entire line of questioning for the reasons I have stated earlier.

MR. BRANCH: I don't really understand you to be waiving relevancy objections.

MR. BIERIG: I still feel better stating them for the record.

MR. BRANCH: I expect them to be made, too, at the same time.

THE WITNESS: My answer was yes. The way that happens is that we receive a copy of the official report that is filed, as the law requires, with the Secretary of the Senate and the President of the Senate and the Clerk of the House. That report indicates to us the actions that have been taken.

BY MR. BRANCH:

Q Do you receive any reports on contributions made by State Medical PACs to candidates?

A None, sir.

Q In the time that you have been Director, have you received that information as to what contribution State PACs have made to candidates from any sources?

A No, sir.

Q Have you ever received a copy of State reports as to

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contributions that have been filed with the Federal Election Commission?

A No, sir. I have not.

Q When you attended Congressional Review Committee meetings, and contributions for particular candidates were discussed -- is that correct?

A Yes, sir.

Q -- your earlier testimony was that decisions were not made in your presence.

A That is right.

Q Do you have any knowledge as to when decisions were made on contributions?

A When I received the filing, after the fact of the contribution, then I would know what had happened with respect to contributions.

Q That would tell you what had happened. Do you have any knowledge as to when the members of the Congressional Review Committee made the decision as to whom to contribute?

A No, sir.

Q When there were discussions of possible contributions to candidates, did you and the other members, other people participating in the meeting, have any knowledge as to whether

State PACs had made any contributions to those candidates?

MR. BIERIG: Objection to that. I don't see how this witness can answer whether other members had any knowledge as to whether -- he can answer what knowledge he has. But I don't think he can answer --

MR. BRANCH: Except to the extent if it were announced at a meeting.

MR. BIERIG: That is right.

MR. BRANCH: Presumably the people in the meeting. I am not asking him for anything more than he would have directly seen or observed. But the answer was --

THE WITNESS: -- that that was not a factor that I was aware of.

MR. BARNCH: I think that is understood not to be speaking to other people's state of mind, about which he has no particular knowledge.

BY MR. BRANCH:

Q When did you stop attending the Congressional Review Committee meetings?

A Sometime in the first half of 1977, as I recall it.

Q Why did you stop attending?

A Because I was no longer invited.

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Q Were you told to stop attending?

A I assumed that the lack of an invitation meant that my presence wasn't required.

Q Did anyone ever tell you why you were no longer invited?

A In just about the words I used, Mr. Branch; no longer necessary. "The limited input that you might have is not considered to be essential enough for you to attend these meetings in the future."

Q Who told you that?

A Mr. Bradley, my supervisor.

Q In the meetings you did attend, what was your input?

A As I said previously, to, if asked, give some kind of an indication as to the ease with which our lobbyists could talk to Members who might be considered as possible recipients of a contribution.

Q That was in the line of accessibility to your lobbyists?

A Yes, sir.

Q Were you ever asked what position a candidate or a Congressman had taken on medical legislation?

A Yes, sir.

Q Were you ever asked what position Congressmen had taken on other legislation?

A Other than medical legislation?

Q Other than medical.

A No, sir.

Q Were you ever asked whether a Congressman would accept AMPAC funds if they were given?

A No, sir.

Q Were you ever asked, to the best of your knowledge, if a Congressman was in need of funds for his campaign?

A No, sir.

Q When you attended Congressional Review Committee meetings, who paid your expenses?

A The American Medical Association.

Q Now I want to shift my reference to your position prior to your current position. You said you were an AMA Field Service Representative. Is that the term?

A Yes, sir.

Q From May of 1970, approximately?

A Yes, sir; until May of 1975.

Q You went directly from that job to the Director of AMA Washington; is that correct?

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A Yes, sir.

Q Where were you assigned as an AMA Field Service Representative?

A Based in Portland.

MR. BIERIG: Portland, Oregon?

THE WITNESS: Oregon, covering the States of Oregon, Montana, Idaho, Washington and Alaska.

BY MR. BRANCH:

Q Who was your supervisor there?

A Richard Layton.

Q What was his title?

A Director of Field Service.

Q Where was he located?

A In Chicago.

Q What was your title?

A Assistant Director, Field Service.

Q Were there any other Field Service Representatives in the office you were in?

A Yes, sir; one.

Q Who was that?

A Richard Perry.

Q Did he have the same title, Assistant?

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A Yes, sir.

Q Were there any other Field Service Representatives in other parts of the country?

A Yes.

Q Do you have any knowledge of how many?

MR. BIERIG: What time frame are we talking about? Without knowing anything about it, it may have varied from 1970 to 1975.

THE WITNESS: It did vary.

MR. BIERIG: When you say how many, why don't you give him a date?

BY MR. BRANCH:

Q Let's begin with the time frame when you began, in 1970. Do you have any idea?

A As I recall, there were 10.

Q Counting yourself and Mr. Perry?

A Correct.

Q Did that number change over the years that you were there?

A It did.

Q Can you give us any idea of how much of a change?

A There were two when I left.

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Q You and Mr. Perry? There were two left when you left?

A Two left.

There was one left, excuse me, when I left.

Q What were your responsibilities as a Field Service Representative?

A To interpret the programs and the policies of the American Medical Association to the State Medical Societies and individual doctors in the States over which I traveled.

Q Did you have any responsibilities in regard to AMPAC, any responsibilities or duties that you carried out on behalf of AMPAC?

A During that entire period of time?

Q Right.

A Yes. But not as an AMA employee.

Q Were you ever employed during that period of time that you were the Field Service person directly by AMPAC?

A Yes.

Q On more than one occasion?

A Yes.

Q When were you employed by AMPAC?

A During 1971, I believe, but certainly -- during '71 and '73, for approximately three months, two and a half to three

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months, on each occasion.

Q Were you employed by AMPAC in '72?

A I don't believe so.

Q In '74 were you employed by AMPAC?

A Not that I recall. I am trying to tie this to the election year cycle. Am I wrong?

Q What were your duties when you were employed by AMPAC? Did your duties change from what they were when you were employed by AMA?

A Yes.

Q How did they change?

A My function then was to try to encourage physicians to become active in the political process and be effective in it, teach them what that process was and how they could get involved, and then to do everything I could to encourage them to get into a campaign and be active in it in an effective way.

Q Were those your responsibilities each of the times you were employed by AMPAC?

A Yes.

Q During the times that you were employed by AMPAC, did you continue to perform functions that you had performed for AMA?

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A No. I was on the AMPAC payroll during those periods of time.

Q During the time that you were employed by AMPAC, did you have contacts with any of the State PACs in the States you were responsible for?

A Yes, sir.

Q Were you involved in organizing any of the State PACs?

A No.

Q Were there PACs functioning in each of the States at the time that you began work there?

A Yes.

Q Does that include Alaska?

A Indeed.

Q Do you know when the Alaska PAC was organized? Do you have any knowledge?

A No. Prior to my time in being there.

Q You said that the periods of time that you were employed by AMPAC were geared to election year cycles; is that correct?

A That is correct.

Q The years you have given us are, of course, off-years.

A Well, then I apologize. The involvement was in the

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time of the congressional elections. That is why I was trying to work it back.

Q Those, of course, would have been '72 and '74.

A All right. Then if I could correct the record, Mr. Branch, I didn't meant to mislead you.

Q I understand.

A It was '72 and '74.

Q I am just simply trying to get a good sense of when it occurred. Would it have occurred close to the period of the election? Tell me to the best of your recollection when, in relationship to the dates of elections, did the periods of time you were employed by AMPAC occur?

A Generally the three months just preceding an election.

Q So in the case of an election, around the first week of November, it would be the two or three months immediately preceding November?

A That is right.

Q Were you employed by AMPAC the very first year you arrived, which would have been in 1970, an election year?

A No, sir.

Q That was the first time then in 1972?

A As I recall it, that is right.

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Q During the times that you were not employed by AMPAC but were on the AMA payroll, did you have any contacts with the State PACs in the area that you represented?

A Oh, yes. Yes, sir.

Q What kinds of contacts did you have?

A Contacts mostly in regard to my continually encouraging members of the profession to become members of Political Action Committees, and to do what I could to assist in the growth of the Political Action Committees.

Q Did you give advice to PAC officers on membership drives, for example?

A Yes, sir.

Q Did you give advice on billing or dues collecting procedures?

A Yes, sir.

Q Were dues that were collected by State PACs ever transmitted to AMPAC through you?

A No, sir.

Q Did you give advice to State PAC officials on how to fill out forms or comply with forms required by the election laws?

A I was involved in that during those periods of time

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when I was on the AMPAC payroll.

Q Were you ever involved in giving that kind of advice during the times that you were on the AMA payroll?

A I don't remember any specific time when I would have been.

Q Let me give you Exhibit 6. Let me show you what I have marked for identification as Exhibit 6.

What we have marked as Exhibit 6 appears to be a letter from you to Donald Huard.

(The letter dated October 12, 1973, was marked Exhibit No. 6 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Do you recollect sending that letter?

A I recognize it, but I don't recollect sending it.

Q Who is Donald Huard?

A At this time I believe he was the treasurer of the Montana Political Action Committee.

Q Can you recall talking with him or giving him any advice in regard to completion of forms under the election laws?

A My recollection is that the Montana Political Action

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Committee was not, because of I guess ignorance, properly filing the reports that they were required to under the law. The purpose of this was to see to it that he complied with the law in all particulars.

Q Did you discuss the way or the manner in which they should properly be filing the forms with any of the staff of AMPAC?

MR. BIERIG: Who is the "they" in that sentence?

MR. BRANCH: The Montana PAC.

BY MR. BRANCH:

Q Did you discuss any of the questions or problems the Montana PAC may have had with filing the forms with any of the staff of AMPAC?

A Yes.

Q Can you recall who you discussed it with?

A It would have been Mrs. Elliott.

Q Let me show you what I will mark for identification as Exhibit 7.

(The memo dated April 8, 1974, was marked Exhibit No. 7 for identification, a copy of which is attached to the court copy of this deposition.)

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BY MR. BRANCH:

Q Do you recollect sending this letter?

A I will acknowledge it. I don't recall seing this particular letter.

MR. BIERIG: I think the record should reflect it is a memo, not a letter.

MR. BRANCH: Correct. It is properly identified as a memo to Bill Hadcock from Mike Riley.

BY MR. BRANCH:

Q Is that your signature on the second page?

A Yes, sir.

Q Who is Bill Hadcock?

MR. BIERIG: If you recall.

THE WITNESS: Bill Hadcock at that time was a Montana physician who was interested in the growth and development of MONTPAC.

BY MR. BRANCH:

Q In the second paragraph the letter says: "You now know that the Executive Committee voted unanimously to go to joint billing next year."

What Executive Committee does that refer to, if you recall?

A The Executive Committee of the Montana Medical

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Association.

Q What does the joint billing mean?

A One bill to a physician which would incorporate both his dues in the Medical Society and an opportunity, if he chose, to make a contribution to the Political Action Committee.

Q It refers to a "Bryan and I." Can you recall who Bryan was?

A The Executive Director of the Montana Medical Association.

Q In the fourth paragraph there is a discussion of an invitation to Dr. Lewis.

A Yes, sir.

Q Who is the Dr. Lewis that refers to?

A The name in the subject of the memorandum, Dr. Jack Lewis, who I believe at that time was a member of the Board of the American Medical Political Action Committee.

Q It concerns inviting apparently Dr. Lewis to an affair of some sort. Do you recollect what that affair was?

A I don't, sir. No, I don't recollect what the affair was. It might have been an annual meeting. I just don't remember.

Q Do you recollect at all any of the circumstances of

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this letter which led you to apparently suggest Mr. Hadcock invite Dr. Lewis to this affair?

MR. BIERIG: I am going to object to that as being a little vague. I don't know what you mean by the circumstances of this letter. If you could rephrase what you are driving at.

BY MR. BRANCH:

Q Do you recollect why you wrote to Dr. Hadcock suggesting that he invite Dr. Lewis to this affair?

A For purposes of membership recruitment.

Q Do you recall with whom the idea of inviting Dr. Lewis originated?

A No, I don't.

Q On the second page, Mr. Riley, there is a reference to, "My secretary will be sending directly to you two copies of the IBM printout of MONTPAC members."

Where had you received the IBM printout from?

A From AMPAC.

Q Was this a printout that you then proceeded to send monthly to the State PAC? Is that the meaning of that?

How often did you receive those printouts from AMPAC?

A The memorandum here indicates that I got them every month.

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Q The memorandum also appears to indicate that they would be sent monthly. Do you recall, did you send monthly printouts that you received from AMPAC to MONTPAC?

A I would interpret this, and my memory is foggy -- I think Mr. Branch's question was did I send them to MONTPAC. I don't recall specifically. It looks as though what happened here was a copy was sent directly to Dr. Huard, who is MONTPAC's secretary, and a copy was sent to me.

Q Let me ask you if you have any recollection, independent of this, of whether you or someone on your staff sent printouts on a monthly basis.

A To States?

Q To State PACs.

A No.

Q Did you receive such printouts on a regular basis from AMPAC?

A Yes.

Q In regard to helping State PACs with filling out election forms required by the election law, do you have any recollection of giving such aid to PACs other than MONTPAC?

A Yes.

Q What PACs can you recollect giving such aid to?

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A All five in my area.

Q I want to show you, Mr. Riley, what I will mark now as Exhibit 8 for identification. This is a memorandum addressed to the five individuals there from you.

(The memorandum dated April 20, 1973, was marked Exhibit No. 8 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Do you recollect sending this memorandum?

A No, sir.

Q Can you identify who the five individuals are? Who is Dr. Hood; do you have any recollection?

A Well, a practicing physician in Alaska who was at that time associated with the Alaska Political Action Committee.

Q Is it Mr. or Ms. Bird?

A Mr. Bird; in this case the Executive Director of the Idaho Medical Society.

Q Mr. Etchart, or Dr. Etchart?

A An official of the Political Action Committee in Montana.

Q Ms. Morgans?

A The other two are employees of the State Medical

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Societies with responsibility for Political Action Committee activities.

Q Did you regularly keep records as to the amounts of State PAC AMPAC dues?

A I simply made it my business to know what they were at all times.

Q Did you ever give advice to any of the State PACs as to the amount of dues they might charge?

A No, sir.

Q Let me show you what I will mark for identification as Exhibit 9. There are two letters, it should be noted here. There is an exhibit attached. It appears to have been an enclosure to Exhibit 9.

Again, this is addressed to a Dr. Hadcock.

(The letter dated October 29, 1973, was marked Exhibit No. 9 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q To the best of your recollection, was Dr. Hadcock at that time an official of MONTPAC?

A Yes, sir.

Q Is that your signature?

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A It is.

Q Do you recall sending the letter?

A No, sir.

Q Looking at the attachment, which is simply addressed to "Dear Friend" from a Samuel Devine, do you recall ever receiving that letter?

A No, I do not.

Q Can you recall giving advice -- sorry.

A In fact, I am sure I didn't receive this letter.

Q Can you recall giving any advice to Dr. Hadcock about making any kind of contribution to what appears to be a dinner for Mr. Shoup?

A I don't recall doing it, sir. But the advice I gave him is in this memorandum.

Q Do you have any recollection as to whether the advice given in the memorandum was followed by MONTPAC?

A I don't have any recollection of that.

Q Can you recall giving any advice to any other State PAC as to whether or not they should make a contribution toward a fund-raiser for a Congressman?

A Not a specific instance, sir, no.

Q Not with regard to any specific instance, but did

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you as a practice do such things? Did you give such advice to other State PACs?

A If asked, I would advise.

MR. BIERIG: Let me interrupt at this point to note that I don't know the exhibit you just handed to us, Mr. Branch, which is marked as Exhibit 9, contains a letter from Mike Riley, referring to an attached slip. You have attached a letter from Samuel L. Devine on letterhead of the Congress of the United States. It is by no means apparent to me the letter you attached is the letter originally attached. I wouldn't want the record to in any way indicate that this is an authentic document.

MR. BRANCH: We have presented it in the way it was received by us. But I also don't think the record indicated that. Mr. Riley's testimony was he couldn't recall that particular letter.

MR. BIERIG: I am a little confused. You state, and I certainly accept your statement, that this came like that to you. At the same time, I think it is a little bit perhaps misleading in the sense of attaching it for these purposes when it seems fairly clear to me at least that there is a doubt as to whether the letter attached here was in fact the letter attached to the cover letter which is the first part of Exhibit 9.

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MR. BRANCH: For clarification, it was not identified by Mr. Riley as an enclosure with his letter.

MR. BIERIG: That is correct.

MR. BRANCH: I don't believe any question was based on any assumption that it was the enclosure.

MR. BIERIG: As long as that is clear.

MR. BRANCH: If it makes you feel better about it, I will be willing to mark it as Exhibit 10.

MR. BIERIG: You have already marked it Exhibit 9. I just want to make sure. You can keep them together for these purposes to ask the questions. But I just wanted to clarify what I perceive is a problem.

MR. BRANCH: I don't think there is anything contradicting it on the record.

MR. BIERIG: Mr. Branch, if you don't mind, I will accept your offer to mark thisas Exhibit 10 and detach it.

MR. BRANCH: For the purposes of the record, these two will not be attached.

MR. BIERIG: Thank you.

MR. BRANCH: We will consider what has been referred to here previously as an attachment to Exhibit 9 and identified as a letter to "Dear Friend" signed by Samuel Devine as Exhibit 10.

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(The letter dated October 2, 1973, was marked Exhibit No. 10 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Did you in your contacts with State PACs attend any meetings in which decisions in regard to candidate contributions were discussed?

A No, sir.

Q Did you give any advice to State PACs in regard to candidate contributions?

A No, sir.

Q Were you at any time while you were a Field Service Representative involved in taking any polls in regard to a candidate for Federal office's chances of election?

A Please repeat that question.

(The pending question was read by the reporter.)

THE WITNESS: No.

BY MR. BRANCH:

Q Do you have any recollection of being involved in something called a brush fire poll in regard to Richard Shoup, a candidate in Montana?

A I know that polls were taken in connection with

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Mr. Shoup. I interpreted your question as to whether I was involved in the taking of these polls and answered no.

Q Does the term brush fire poll mean anything to you?

A Not anymore, sir. It doesn't, no.

Q Did it ever?

A No, not that specific term.

Q Do you have any recollection of a poll taken by any of the staff in your office in regard to Congressman Shoup's chances for reelection in 1974?

A No, sir. The staff in my office was myself and one secretary. We never took a poll on anything at any time.

Q I show you what I have marked for identification as Exhibit 11. This is a letter to Dr. Hadcock from Lee Ann Elliott, with a cc to Mike Riley at the bottom.

(The letter dated October 3, 1974, was marked Exhibit No. 11 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Do you recall receiving this letter?

A No; but I will accept the letter, sir. I don't recall receiving it.

Q It says that, "AMPAC has been in touch with Mike

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Riley" -- in the second paragraph -- "and the research will be implemented in coordination with the Shoup campaign."

In the first paragraph there is a reference to a brush fire public opinion poll. Do you have any recollection as to what that refers to?

A Yes, sir. What that means is that a poll was going to be taken and the results of the poll would be made known to me so that I could interpret the poll to the Shoup campaign.

Q Who was going to take this poll?

A I don't recall who the poll-taker was.

Q I understand your testimony is you did not take the poll?

A Yes, sir.

Q Do you recollect receiving results of the poll?

A With some vagueness, sir, yes.

Q Do you have any knowledge as to who paid for the poll?

A I don't know.

Q Do you have any recollection of what you may have done with the results of the poll? Did you distribute them, in other words, to anyone else?

A The results of the poll and their implications were explained to the candidate.

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Q Do you have any recollection of receiving results of any other polls in regard to other candidates in other districts within the area you served?

MR. BIERIG: Again I am going to object to this line of questioning. To me at least it is irrelevant to the MURs that we are dealing with. I am not exactly sure what the relevance is to anything. But it certainly doesn't seem relevant to me to the MURs dealing with the relationship of State Political Action Committees and Medical --

MR. BRANCH: This particular question?

MR. BIERIG: This and the previous question. The line of questioning is dealing with the role of AMPAC in polls.

MR. BRANCH: His answer was he wasn't sure who did pay for the polls. I am trying to determine exactly who was involved with the poll.

MR. BIERIG: I understand what you are trying to determine. I am objecting on the grounds that it is irrelevant to any proper Federal Election Commission inquiry at least at this time.

MR. BRANCH: Are you instructing him not to answer?

MR. BIERIG: No.

MR. BRANCH: Could we have that question repeated, please?

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(The pending question was read by the reporter.)

THE WITNESS: I have got to say that polling is a very common practice, as you know, and it is frequently reported in the newspapers. I can, without being specific, recall a number of occasions when a poll was reported someplace, if that is what you mean, sir, by receiving the results of a poll. The answer would be yes.

BY MR. BRANCH:

Q My question would have covered that.

Can you recall any circumstances in which a State PAC paid for a poll to be conducted on behalf of a candidate for Federal office?

A No; other than this one here you are referring to. I don't know whether the State PAC paid for it or not, but I mean in the context of this letter, no.

Q Can you recall any circumstances in the time you were a Field Service Representative in which AMPAC paid for a poll for a candidate for Federal office?

MR. BIERIG: I am going to object to that as being irrelevant to the MURs that I am aware of.

MR. BRANCH: I understand your objection.

MR. BIERIG: I will allow the witness to answer the

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question.

MR. BRANCH: You are objecting as to AMPAC and not as to State PACs?

MR. BIERIG: That is correct. I see some relationship there. But I don't understand. Whether AMPAC paid for a poll seems to me to be beyond any of the issues raised by any of the MURs of which I am aware. But I will allow the witness to answer the question.

THE WITNESS: I have already testified that I cannot say with certainty that AMPAC paid for this poll.

BY MR. BRANCH:

Q I understand that.

A Your question is, do I know of any other polls which AMPAC may or may not have paid for?

Q I will withdraw the "other." Are you aware of any polls that AMPAC paid for?

A Yes. I know that AMPAC considered polling as an activity, but I can't give you a specific for instance.

Q Can you recollect whether any poll conducted or paid for by AMPAC was conducted or paid for by AMPAC at the request of a State PAC?

A Such requests would not, so far as I know, have come

from a State PAC but from a candidate.

Q Is the answer that you don't have any such recollection?

A Yes. That is the answer.

Q Let me show you what I have marked for identification as Exhibit 12. This is not a document which has any indication that you have seen it before. I am simply submitting it as a type to ask you a question on.

This is what has been provided to us in production by AMPAC and identified as a candidate evaluation form. It is for the State of Colorado, which I understand to be outside the area you were working in.

(The candidate evaluation form was marked Exhibit No. 12 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q My question is whether or not you ever received any such similar form for use in districts that you were responsible for, that you did work with, while you were a Field Service Representative.

MR. BIERIG: I am going to object to that. I think there are two questions really there in one. Why don't you ask him if he received such a form? Then if he has, then ask him if the

purpose would --

MR. BRANCH: I agree.

BY MR. BRANCH:

Q Did you ever receive such a form?

A I believe I have, yes.

Q Did you receive such a form from AMPAC?

A If I received such a form, it would have been from AMPAC.

Q Can you recollect what, if anything, you were requested to do with the form?

A The only purpose of this form would be to indicate the previous election margins of an individual. It would be simply for general information along those lines.

Q Do you recall whether you were ever requested by AMPAC to enter comments about a candidate's position or other information regarding a candidate on such a form?

A No. I don't recall ever having been asked to do that.

Q Do you recall ever doing that?

A No, sir. This is just an information form of statistical background on previous elections, so far as I recall it.

Q Did you ever make any written reports or any written comments for AMPAC as to a candidate's positions or other information regarding the candidacy?

MR. BIERIG: Can we have that read back?

(The pending question was read by the reporter.)

MR. BIERIG: I am going to object to it. First of all, I think we ought to have a time frame. Let's try to strike the question. I think again there are more than one question in that. So if we could have a time frame and a specific question.

BY MR. BRANCH:

Q When you were a Field Service Representative did you make any reports to AMPAC containing information about the views of candidates for Federal office?

A No, sir.

Q Now I would like to show you what I have marked for identification as Exhibit 13. This is a memorandum to Dr. Hadcock again from Mike Riley.

(The memorandum dated September 18, 1974, was marked Exhibit No. 13 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q Is this your "R" at the bottom?

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delivered "to State PAC"?

A It is.

Q Do you recollect sending this memorandum?

A Again, sir, I don't recollect sending it, but I recognize it as mine.

Q It makes a reference in the first paragraph, it says, "Just a reminder about the contributions from the local treasury to each of your Congressmen."

Do you know what the local treasury refers to?

A Montana Political Action Committee.

Q It says, "I would appreciate knowing when the actual deliveries are made."

Did State PAC's regularly report to you when they made deliveries of contributions?

A No, sir. That is why I asked him if he would be good enough to let me know.

Q Did they on any occasion report to you when deliveries were made to State PACs?

A I think I --

Q My previous question is did they regularly.

A This question is did they ever?

Q Yes, did they ever.

A No, sir. Nobody ever reported it to me. I heard

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about it from time to time.

Q To the best of your recollection, your request here was not followed by MONTPAC.

A I honestly don't remember, Mr. Branch, in this case.

Q Did you ever relay requests fro contributions for a candidate from a State PAC to AMPAC while you were a Field Service Representative?

A No, sir.

Q Were you ever aware of what requests State PACs may have made to AMPAC for contributions to a candidate?

A On occasion, sir, yes.

Q How would you get that knowledge when you had it?

A Simply by someone involved in the State PAC mentioning to me the fact that a decision had been made by them to request a contribution from AMPAC. The request would not go through me.

Q You would get that information on some ad hoc basis?

A Ad hoc basis.

Q I want to go back. I asked you if you had ever made any written reports in the time that you were a Field Service Representative containing information about candidates to AMPAC. I believe your answer to that question was no.

Did you ever have any telephone conversations with AMPAC

Did Talk to BMPAC as a
Fla Sens rep about

candidate need for $
about electability

not about
views (?)

Did meet with STATE PACS
about

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staff in which you relayed information about the views of a candidate for a Federal office?

MR. BIERIG: What time frame are we talking about?

MR. BRANCH: The same time frame.

THE WITNESS: Not about the views of a candidate for Federal office; no, sir.

BY MR. BRANCH:

Q Did you have any conversations about the need of a Federal candidate for money?

A That would be possible; yes, sir.

Q Did you have any conversations with AMPAC staff -- we are in the same time frame for each of these questions -- in regard to the electability, I will call it, of a candidate?

A Yes, sir.

Q Can you recall specific candidates?

A No specific candidates.

Q Would these have been conversations which you would have had about more than one candidate?

A Yes, sir.

Q Would you have covered the majority of the candidates in the area that you served?

A Yes, sir.

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Q Who did you talk to at AMPAC in those conversations?

A Either Mr. Watson or Mrs. Elliott, generally.

Q In the time that you were a Field Service Representative, did you ever meet with candidates for Federal office?

A On occasion, yes.

Q Did you ever do that together with officials who were from State Medical PACs?

MR. BIERIG: Again I will have to enter the same objection that I have made before.

MR. BRANCH: In their official capacity.

THE WITNESS: Are you asking me with respect to a political matter?

BY MR. BRANCH:

Q No. The question is, did you meet with candidates together with State PAC officials in their official capacity?

A When they were there as PAC people, was I ever present?

Q That is right.

A I might have been at some. I don't recall any time specifically. I am trying to find out here, I guess, what you are getting at, Mr. Branch. I am sorry. I am not trying to be

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evasive.

Q Let's remove the official capacity. Did you ever attend a meeting with a candidate for a Federal office together with someone who was an official from a State Medical PAC?

A Undoubtedly I have, yes, but I don't recall specifically when.

Q Do you have any recollection whether any such meeting that you attended was for the purpose of discussing with the candidate his views as to political issues?

A I would say that that did not occur when I was a member of the Field Service staff and working as such.

Q That is the time frame we are aiming at.

A With the exception of those periods of time when I was, as I indicated to you earlier, when I was working as an AMPAC person.

Q Well, my question didn't make that distinction, so we had better go back.

A I am sorry. The time frame was the whole five years?

Q That is the time frame.

A During that time frame there were two periods, as I recall, when I was with AMPAC. With the exception of those times was what I meant to say.

Q Let's now put a new time frame on it. In regard to the two times that you recall in which you were on the AMPAC payroll while you were still out in the Northwest, did you ever attend meetings with candidates together with members of State PACs?

MR. BIERIG: We are talking about in their individual --

MR. BRANCH: Just that far so far. We will have an additional question.

THE WITNESS: Yes. I am sure I did.

BY MR. BRANCH:

Q I am not making any distinction as to what their capacity was. We will now find out what the meetings were about.

Was the purpose of any of those meetings to discuss with the candidates their political views?

A No. The purpose of the meeting was to discuss their campaign.

Q Would discussing their campaign include discussions of their chances of getting elected, for example?

A Indirectly I am sure it would, yes.

Q Would it include questions about how their campaign was being managed?

A Indeed.

Q Would it include any questions as to what position they might take on any particular kinds of legislation?

A No, it would not.

Q That time frame was just when you were on the AMPAC payroll. Did any such meetings occur when you were on the AMA payroll?

MR. BIERIG: Hasn't that question been asked and answered?

MR. BRANCH: I am not sure because the first question didn't make the distinction.

MR. BIERIG: I believe the answer previously —

MR. BRANCH: Why don't we get the answer. It has not in fact been asked and answered.

THE WITNESS: Meetings of the nature you referred to with Members of Congress when I was present would have been with State Medical Societies if the discussion dealt with their position on issues.

BY MR. BRANCH:

Q Let me just clarify that. We are talking about the time frame of when you were on the AMA payroll. You say meetings did occur? The question is did meetings occur which you attended with a Member of Congress and an official of a State Medical Association?

A Yes.

Q What would be the purpose of those meetings?

A They would be issue-oriented meetings.

Q Can you be more specific? When you say "issue-oriented," what kinds of issues?

A Medical issues currently before the Congress.

Q In such a meeting, would you ask a Congressman what position they were going to take on a particular piece of legislation or issue?

A No, sir.

Q Would you ask questions as to their general philosophy about such issues?

A Yes, sir.

Q You would have a general discussion but not get to a specific voting position?

A Yes, sir.

Q Originally I was asking about candidates. Now we are talking about Members of Congress.

Did any such meetings take place between candidates and you and members of State Medical Associations?

A Yes, sir.

Q What would be the purpose of those meetings? What was

the purpose of those meetings?

A To discuss issues before Congress.

Q Would any of those meetings get into issues of the candidate's campaign?

A No, sir.

Q Campaign organization?

A No, sir.

Q Referring to meetings you say you did attend between candidates and yourself and State PAC officials during the period of time that you were on the AMPAC payroll, in those meetings was the particular candidate's need for money ever discussed?

A Not to my recollection.

Q Did candidates ever give you any indication of whether they had enough money to cover their campaign expenses?

A Not to my recollection.

Q Does that answer mean that it did not occur or you just simply can't recall whether it did or did not?

A It means I can't recall whether it did or whether it didn't.

Q Let me mark and show you Exhibit 14. This is another set of minutes from a Congressional Review Committee meeting

dated February 21, 1972. It has no indication that you attended. I am showing it to you for a different matter.

(The minutes dated February 21, 1972, were marked Exhibit No. 14 for identification, a copy of which is attached to the court copy of this deposition.)

BY MR. BRANCH:

Q These minutes refer on page two to the transmittal of $100 to the Oregon Medical Political Action Committee to reimburse it for a luncheon ticket for Mike Riley to attend a luncheon on January 29, 1972, in Salem -- presumably Salem, Oregon -- on behalf of Congressman Al Ullman.

Can you remember attending such a luncheon?

A Yes. I remember attending this luncheon.

Q Can you remember whether you were accompanied at that luncheon by any State PAC official?

A I remember that I was not. I attended it by myself.

Q Did you attend any other fund-raising functions -- well, any other functions, whether fund-raising or not -- for Members of Congress in your area while you were a Field Service Representative?

A Yes, sir.

Q Can you give us any idea of how frequently you

attended dinners for Members of Congress?

A Very infrequently. Two or three times a year, possibly.

Q When you attended such dinners, who paid your expenses?

MR. BIERIG: There are a lot of dinners. There are a lot of years. Do you have a specific dinner in mind, Mr. Branch? To say who paid your expenses --

BY MR. BRANCH:

Q Were your expenses paid by more than one group or person when you attended such dinners?

MR. BIERIG: I don't know what the answer is going to be, but it may very well depend on what dinner we are talking about.

MR. BRANCH: We sort of need to know an answer to know whether this is a problem or not.

THE WITNESS: The expenses would have been paid by the AMA.

BY MR. BRANCH:

Q Did you attend any dinners --

MR. BIERIG: I would like to clarify, what do we mean by expenses here? There is a difference between his cab fare going to the hotel and his expenses in terms of his salary versus contributions to a candidate.

MR. BRANCH: I understand what you are saying. We will clarify it.

BY MR. BRANCH:

Q Did you attend any dinners while you were a Field Service Representative, other than this dinner in regard to Al Ullman, Congressman Ullman, in which the admission fee, or whatever, for the dinner was paid for by AMPAC?

A I don't remember any such functions, sir. I don't remember the $100 on this one.

Q Did you attend any such function in which the admission fee was paid for by a State PAC?

A You mean other than this?

Q Yes.

A Apparently they didn't pay for this. They were reimbursed.

Not that I recall.

Q Can you recall attending any such function in which the admission fee was paid for by the AMA?

A I don't recall any dinners where there was an admission fee per se. If the cost of the dinner was eight fifty, or whatever, it would be a normal expense account item for me. It would be paid for by the AMA.

MR. BIERIG: I will again object to this question as being totally beyond the purview of the MURs. It is calling for conclusions from several years ago, which as far as I know have not been noticed to the AMA, and that we have not had an opportunity to discuss prior to this deposition.

I am going to restate my objection. He has already answered. I think I might have instructed him not to answer that one.

MR. BRANCH: Well, obviously I don't accept your statement of relevance, but we will note the objection.

MR. BIERIG: Let me clarify the nature of my objection, Mr. Branch. I think the question that you asked just now about whether the AMA made a contribution to a candidate potentially implicates the AMA, if it did, in some kind of violation of the Federal Election Campaign Act.

I think that before we enter into any kind of questioning on that subject, the AMA ought to be given notice of that possible violation of the Act, and the entire procedure that is outlined in the Federal Election Campaign Act ought to be accorded to the AMA before this kind of inquiry is pursued.

MR. BRANCH: I am afraid I can't agree with that position. The intent of our particular investigation is not to find some

violations by your client, AMA, which are outside of the described violations in the current notices. To take that to the point that no questions may be asked, the answers to which might uncover some other violation that we are looking for, would be to unduly restrict an investigation.

MR. BIERIG: I understand what you are saying. My point is if you have some reason to believe that the AMA has violated the Federal Election Campaign Act by making unlawful contributions, you should give us notice. That is my only point.

MR. BRANCH: Right.

MR. BIERIG: I am just stating that.

MR. BRANCH: Having stated that, I don't agree that that is a valid objection to an area of inquiry in another investigation.

MR. BIERIG: I have stated my objection. And I do state for the record that if you do have some evidence that the AMA has violated the Federal Election Campaign Act, you ought to give us notice.

BY MR. BRANCH:

Q Mr. Riley, in your contacts with State PACs, did you ever attend State PAC board meetings, while you were a Field

Service person?

A Yes.

Q At these meetings, were discussions ever held in regard to whether or not a contribution should be made to a Federal candidate?

A No. These were meetings having to do with the growth and activities of the State PAC, other than in terms of candidates and contributions.

Q Did you ever attend any meeting of a State PAC at which discussions of whether or not to give money to a candidate were held?

A No; not involving me.

Q The question is --

A If a discussion like that was held during the meeting, it wasn't held in my presence.

Q The question is were you present.

A No.

Q It was not did you participate. It was were you present. Your answer is no?

Were you present at such meetings?

Let me rephrase one question.

What I believe I have asked is were you ever present at a

meeting of a State PAC when you were a Field Service Representative at which a discussion was neld concerning whether or not to give a contribution to a Federal candidate?

MR. BIERIG: I think the question was, was he present while a decision -- I think what concerns the witness is he may have been at a meeting. Things may have gone on at the meeting before or after he was there.

THE WITNESS: The answer is no.

BY MR. BRANCH:

Q You were not present while such a discussion took place?

A That is correct.

MR. BRANCH: I have no further questions at this point.

MR. BIERIG: Could we take a short recess? I may want to seek a point of clarification before we go forward.

MR. BRANCH: For that reason, yes.

Before I conclude, I have some noises from the side here. Let me withdraw whether we have completed.

MR. OLDAKER: We will recess for five minutes.

(Brief recess.)

MR. BIERIG: If you are not finished, go ahead.

MR. BRANCH: I thought of a new question.

MR. BIERIG: As a point of clarification, the witness mentioned to me while asking another question that this paragraph on page two of Exhibit 15, the meaning of that paragraph has now come back to him. He would like to elaborate on his answer to that and now explain what he understands this paragraph to mean.

MR. BRANCH: Go ahead. You are referring to Exhibit 14, page two, the paragraph under "Oregon."

MR. BIERIG: Right, exactly. It has now come to the witness. This was 1972, and it is now 1979. He now recalls a little better.

MR. BRANCH: What point do you wish to clarify?

MR. BIERIG: He wants to explain I think the transaction that is described there.

THE WITNESS: It was the intent, as I recall it, of the Oregon Medical Political Action Committee to purchase a number of tickets for this event which anybody could use. They offered me a ticket so that I could attend the meeting. AMPAC determined that that was improper and reimbursed Oregon for the ticket that they had given me to attend the meeting.

BY MR. BRANCH:

Q Your earlier testimony was that you attended the

meeting alone, I believe. No one went with you to the luncheon.

A But, I mean, sir, I recall that there were several tickets that had been purchased, one of which was given to me and I went alone. It was a part of a block of tickets.

Q Let me ask, did members of the Oregon PAC also attend this dinner?

A Yes.

MR. BIERIG: The reason that I wanted this clarified is that there may be something in the record earlier that the AMA paid for this ticket. As the witness has now clarified, what went on is that AMPAC reimbursed the Oregon PAC for the price of the ticket.

BY MR. BRANCH:

Q I have an additional question for you, Mr. Riley. In your role as AMA Washington Director now, jumping back in time, are you familiar at all with the work or responsibilities of AMPAC Political Education Coordinators?

A No, sir.

Q Do you know who the AMPAC Political Education Coordinators are?

A I know three names. I don't know whether -- I know they were at one time Political Education Coordinators. I don't

know whether they are still on the payroll or not.

Q What are the three names that you know?

A Peter Lauer, Tom -- I am sorry. I have met three people who have been introduced to me as Political Education Coordinators. I do not know about their duties; nor do I even know if they are now. They were at one time.

Q Referring you back to Exhibit 3 which we looked at earlier, it concerned a dinner. It comes from Mr. Lauer.

A Yes, sir.

Q In your work as an AMA Director, have you carried on any other correspondence with Mr. Lauer?

A No correspondence that I recall.

Q Have you ever spoken with him on the telephone?

A Yes, sir.

Q Do you receive any kind of written reports from Political Education Coordinators of AMPAC?

A No, sir.

MR. BIERIG: Although he has already answered, I will enter an objection to that for the record.

MR. BRANCH: Previously asked?

MR. BIERIG: No; irrelevant.

MR. BRANCH: I have no further questions.

MR. BIERIG: As I understand it, Mr. Riley has satisfied the Subpoena and is now released from the Subpoena.

MR. BRANCH: From the Subpoena, yes.

MR. BIERIG: Thank you.

(I have read the foregoing pages 9 through 112, inclusive, which contain a correct transcript of the answers made by me to the questions therein recorded.)

Morris A. Riley

MORRIS A. RILEY

HILTON & GREENWELL

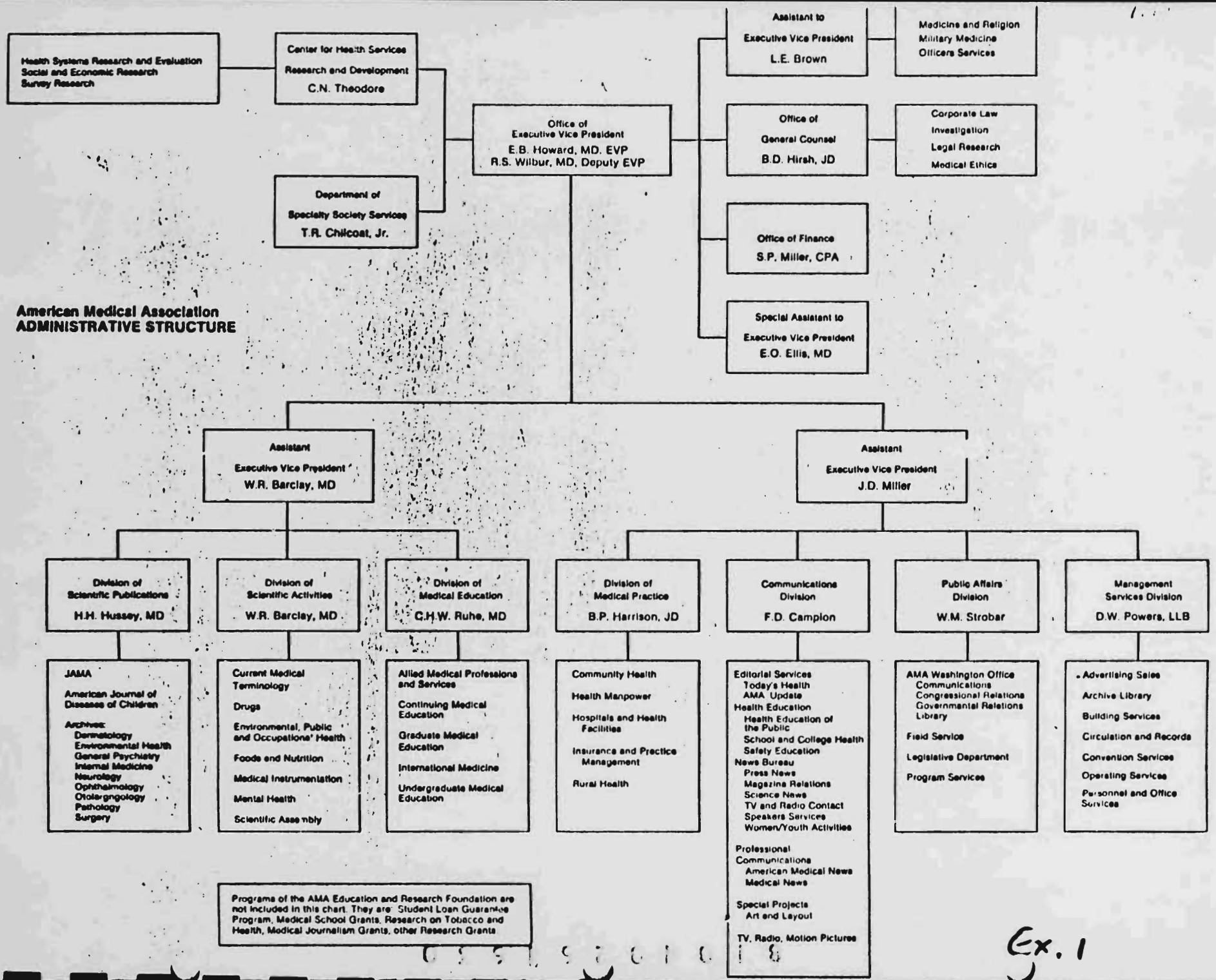
CERTIFICATE OF NOTARY PUBLIC

I, Karen Hinnenkamp, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in shorthand and thereafter reduced to typewriting by me; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Karen Hinnenkamp
Notary Public in and for
the District of Columbia

My commission expires:
July 31, 1983

American Medical Association
ADMINISTRATIVE STRUCTURE



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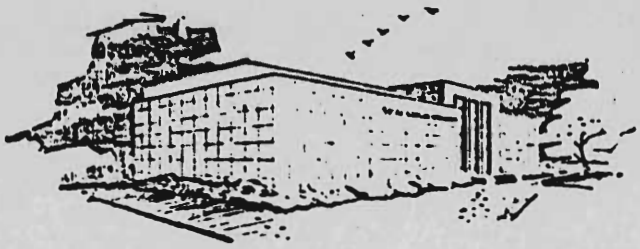

TEXAS MEDICAL ASSOCIATION

1801 NORTH LAMAR BLVD. • AUSTIN, TEXAS 78701 • AC 512 477-6704

November 21, 1978

Robert

Mike A. Riley and the Washington Office of the American Medical Association has asked us to provide a "Profile" on each of the new Congressmen from Texas.

As you know, of course, our new Congressmen are Phil Gramm, Marvin Leath, Joe Wyatt, Charles Stenholm, Mickey Leland, Ken Hance, Tom Loeffler, Dr. Ron Paul, and Martin Frost.

In addition to profiles, the AMA Washington Office is interested in securing (1) our own organizational experiences with those new Congressmen; (2) those Congressmen with whom we are acquainted; and (3) our perceptions of their special interests in the health care field.

You will find enclosed a copy of the communication which we have received from Mike Riley.

We will be grateful if you will endeavor to be helpful to Mike and the AMA Washington Office.

Linc

CLW/be
cc: Mike A. Riley

Ex. 2

Speechwriting Bob

June 16, 1977

Mr. M.A. Riley
Director
American Medical Association
1776 "K" Street, N.W.
Washington, D.C. 20006

Dear Mike:

This letter will confirm our phone conversation of June 14, regarding the possibility of obtaining Senator Hayakawa as the speaker at the Medical Society of the State of New York Annual Meeting.

The request is for Tuesday evening, October 4, 1977, at the Americana Hotel in New York City. A tentative schedule of events has been set, with a reception that evening, hosts for the state Auxiliary, followed by a dinner and a key note address by the Senator.

The dinner will be sponsored by MPAC and it has been suggested that the Senator's remarks be related to medical involvement in the election process and also current medical legislation before the Senate.

The estimated attendance for this function should be around 400. Of course, with adequate advanced publicity, I see the distinct possibility of a substantial increase in this figure. As time grows closer to October 4, a definite attendance figure will be available.

MPAC will be happy to pay the Senator's honorarium and related expenses for this event.

Ex. 3

Thank you for your help in this matter and I shall look forward to your reply.

Warmest regards,

Peter B. Lauer
Political Education Coordinator

PBL/js

cc: William C. Stein, M.D.,
Chairman, NPAC

George J. Lawrence, Jr., M.D.
Secretary/Treasurer, NPAC

Mr. William Watson
Executive Director, NPAC

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ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Sunday, July 13th, 1975

United Red Carpet Conference Room

O'Hare Airport

Chicago, Illinois

PARTICIPANTS: Rex Kenyon, M.D., Chairman
Edgar T. Beddingfield, M.D.
James C. MacLaggan, M.D., Ex-Officio
W.J."Jack" Lewis, M.D.,(could not attend)
William Cooper, M.D.,(could not attend)

William Watson
Mrs. Lee Ann Elliott
Mike Riley

I. CALL TO ORDER

The meeting was called to order by Rex Kenyon, M.D., Chairman, at 9:40 a.m.

II. VERIFICATION OF PREVIOUS MINUTES

Members of the Congressional Review Committee signed the minutes of previous Congressional Review Committee meetings.

III. FINANCIAL REPORT

It was announced to the Committee that AMPAC has $587,035.70 in it's political account. Of this amount $538,750.37 is invested. Cash on hand amounts to $48,285.33.
Of this latter amount $25,000 has been previously committed by the AMPAC Congressional Review Committee, but has not been dispersed as yet.

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Action of The AMPAC
Congressional Review Committee
July 13th, 1975

IV. MEMBERSHIP REPORT

Bill Watson, commented on the current membership situation and projected membership figures for 1975 and 1976. It was his estimation that the amount available for AMPAC expenditure for the combined two-year period would be about $1,200,000.

V. REPORT ON 1975 POLITICAL EXPENDITURES

It was reported to the Committee that AMPAC has spent $74,887.85 thus far in 1975. Of this amount, $57,000 has been spent on political action. The remaining $17,887.85 has been spent on taxes, consultant's salaries and other miscellaneous expenses.

VI. DISCUSSION OF PHYSICIANS COMMITTEE FOR GOOD GOVERNMENT

The problems concerning the Physicians Committee for Good Government were discussed in depth. The reasons for the establishment of such a Committee were reviewed and changes in the law that affect such expenditures were discussed.

It was suggested that after an immediate expenditure of $151.00 necessary to clear up certain obligations, that AMPAC make no further contributions to the Physicians Committee for Good Government.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

Since there still is a necessity for persons to attend fund raising functions in Washington, D.C., it was suggested that the following procedures be used on a trial basis and that certain informal guidelines be included in the trial period:

1. Requests for Washington fund raisers should be only for fund raisers for incumbent members of Congress. No request should be submitted for galas or fund raisers for other Washington committees.

2. The Executive Director continues to have a $5,000 revolving fund from which routine requests can be honored.

3. On receipt of a request for a fund raiser function in Washington, every effort is to be made by AMPAC staff to get clearance from the state political action committee.

4. All requests that are honored should be submitted to the Congressional Review Committee for post approval at it's next meeting.

5. If any request totals more than $250.00 the request should be referred to the Congressional Review Committee directly.

6. If the request is not approved by the state political action committee, then the request should be referred to the Congressional Review Committee.

7. Any unique or special requests should be referred directly to the Congressional Review Committee.

This procedure should be re-evaluated whenever the experience under these procedures warrants a review.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

VII. DISCUSSION OF SUPPORT OF PARTY DINNERS AND GALAS

This subject was referred to the Congressional Review Committee for re-examination by the AMPAC Board at it's meeting in Atlantic City.

After a full discussion the Committee expressed it's reservations concerning the value of attending such functions. With these reservations in mind, careful consideration will be given to any new requests for support of party functions of this type.

VIII. CONSIDERATION OF PENDING REQUESTS

CALIFORNIA

The Committee considered and approved a request from CALPAC for a $5,000 contribution to the California State Congressional Target Committee, and earmarked this expenditure for research.

UTAH -- POST APPROVAL

The full Committee discussed the request of the Utah Medical Political Action Committee for a research project to be used on behalf of Mr. Ralph Mecham. Since the Committee was unable to meet, the Chairman made the decision that this request should not be honored.

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The Committee reaffirmed the Chairman's position at this meeting.

MISCELLANEOUS

The Committee postponed actions on requests from the Democratic Finance Club and the Republican Boosters Club for continued memberships in 1975.

The Committee did not approve participation in the Democratic Telethon.

DISTRICT OF COLUMBIA

The Committee approved an expenditure of $1,000 of un-earmarked funds to be used by DOCPAC.

IX. DISCUSSION OF PRIMARY INVOLVEMENT FOR THE 1976 ELECTION

After a thorough discussion of the law that affects participation in primaries and general elections, the Congressional Review Committee felt that more attention should be given to primaries by AMPAC and urge that the state pacs be encouraged to give the same attention to primaries.

X. REPORT ON 1976 SENATE RACES

Mrs. Elliott gave a report on the upcoming Senate races.

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

XI. REPORT ON MARGINAL AND VULNERABLE 1976 HOUSE RACES

Mrs. Elliott gave a review of the marginal and vulnerable House races in 1976.

XII. BUDGET CATEGORIES

The Committee discussed the need for a meeting late in 1975 or early in 1976, to begin work on budgetary categories for the 1976 elections. No date was set for this meeting.

XIII. MEETING ADJOURNED AT 3:50 p.m.

Record approved,

Rex Kenyon, M.D., Chairman

Edgar T. Beddingfield, M.D.

James C. MacLaggan, M.D., Ex Officio

W.J. "Jack" Newes, M.D.

William Cooper, M.D.

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Thursday, September 29, 1977, 2:30 p.m.

PARTICIPANTS: W. J. "Jack: Lewis, M.D., Chairman (not available)
James MacLaggan, M.D. (not available--but approved action by phone)
John Smith, M.D.
Belle Chenault
Rex E. Kenyon, M.D., Ex Officio (not available)

William Watson
Lee Ann Elliott
Mike Riley

ILLINOIS

The Committee considered and approved a contribution in the amount of $5,000 to be used to support Senator Charles Percy in his 1978 primary.

VERMONT

The Committee approved a contribuiton in the amount of $100.00 to be used to support Congressman James Jeffords.

POST APPROVAL

The Committee gave post approval to the following expenditures:

2nd C.D.	Pa.	Robert Nix(D)	1978 Primary $100.00
3rd C.D.	N.J.	James Howard(D)	1978 Primary $100.00
Senate	Ky.	Walter Huddleston(D)	1978 Primary $100.00
14th C.D.	N.J.	Joseph LeFante(D)	1978 Primary $100.00
2nd C.D.	MT.	Ronald Marlenee(R)	1978 Primary $100.00
1st C.D.	MO.	William Clay(D)	1978 Primary $100.00
10th C.D.	MA.	Margaret Heckler(R)	1978 Primary $100.00

Exhibit 5

continued -

8 1 0 1 0 2 5 4 5 1 0

Action of the AMPAC
Congressional Review Committee
September 29, 1977

11th C.D.	N. C.	Lamar Gudger(D)	1976	Deficit	$100.00
3rd C.D.	S. C.	Butler Derrick(D)	1978	Primary	$100.00
27th C.D.	N. Y.	Matthew McHugh(D)	1976	Deficit	$100.00
Senate	Ak.	Theodore Stevens(R)	1978	Primary	$100.00
18th C.D.	OH	Douglas Applegate(D)	1978	Primary	$25.00
4th C.D.	CA.	Robert Leggett(D)	1978	Primary	$100.00
2nd C.D.	UT.	Dan Marriott(R)	1978	Primary	$100.00
5th C.D.	AR.	Bill Alexander(D)	1978	Primary	$100.00
4th C.D.	W.Va.	John Slack(D)	1978	Primary	$100.00
5th C.D.	WI.	Henry Reuss(D)	1978	Primary	$100.00
4th C.D.	WA.	Mike McCormack(D)	1978	Primary	$100.00
24th C.D.	IL.	Paul Simon(D)	1978	Primary	$100.00
Senate	N.M.	Pete Domenici(R)	1978	Primary	$100.00
9th C.D.	N.J.	Harold Hollenbeck(R)	1976	Deficit	$100.00
25th C.D.	N.Y.	Hamilton Fish,Jr.,(R)	1978	Primary	$100.00
4th C.D.	TX.	Jim Mattox(D)	1978	Primary	$100.00
5th C.D.	PA.	Richard Schulze(R)	1978	Primary	$100.00
21st C.D.	OH.	Louis Stokes(D)	1976	Deficit	$ 50.00
			1978	Primary	$ 50.00
8th C.D.	N.J.	Robert Roe(D)	1976	Deficit	$100.00
12th C.D.	N.J.	Matthew Rinaldo(R)	1978	Primary	$250.00
4th C.D.	OR.	Les AuCoin(D)	1978	Primary	$100.00
8th C.D.	PA.	Peter Kostmayer(D)	1978	Primary	$100.00
4th C.D.	PA.	Raymond Lederer(D)	1978	Primary	$100.00

continued -

Action of the AMPAC
Congressional Review Committee
September 29, 1977

5th C.D.	MI.	Trent Lott(R)	1978 Primary $100.00
4th C.D.	TX.	Ray Roberts(D)	1978 Primary $100.00
31st C.D.	CA.	Charles Wilson(D)	1978 Primary $200.00
7th C.D.	N.Y.	Joseph Addabbo(D)	1978 Primary $100.00
11th C.D.	MI.	Philip Ruppe(R)	1978 Primary $100.00
20th C.D.	CA.	Barry Goldwater,Jr.,(R)	1978 Primary $100.00
1st C.D.	TN.	James Quillen(R)	1978 Primary $100.00
8th C.D.	LA.	Gillis Long(D)	1978 Primary $250.00
4th C.D.	N.Y.	Norman Lent(R)	1978 Primary $100.00
36th C.D.	N.Y.	John LaFalce(D)	1978 Primary $100.00
4th C.D.	KS.	Dan Glickman(D)	1978 Primary $100.00
1st C.D.	N.J.	Jim Florio(D)	1978 Primary $100.00
9th C.D.	MA.	Joe Moakley(D)	1978 Primary $100.00
3rd C.D.	KY.	R. L. Mazzoli(D)	1978 Primary $100.00
4th C.D.	OR.	James Weaver(D)	1978 Primary $100.00

Record Approved,

W. J."Jack" Lewis, M.D., Chairman

James C. MacLaggan, M.D.

John Smith, M.D.

Mrs. Belle Chenault

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

October 12, 1973

Donald R. Huard, MD
2 Poly Drive
Billings, Montana 59101

Dear Don:

I'm enclosing the forms which should be completed and forwarded, as soon as possible, to the Clerk of the U. S. House, and the Secretary of the U. S. Senate. A copy of either one (since they will both be the same) should be submitted to the Secretary of State of Montana, and another copy should be sent to me to be forwarded to National AMPAC.

Seems to me that the April 25 letter enclosed could be followed -- showing State of Montana, County of Yellowstone, your name -- and attaching as AMPAC has done a full list of the Board marking any who considered members of the Board's Finance Committee. (It's your 1st amendment, though).

I'd get the originals filed by Len and, as AMPAC has done, attach a copy to the new form. After receipt of the original, I believe each recipient (U. S. House and U. S. Senate) gave MONTPAC an identification number -- which appears on Watson's letter and which Len should have).

Your form should have been completed:

1 - Montana Political Action Committee
Len's address
you'll have to check the registration date
2 - Montana Medical Association
its old Billings address
organizer
3 - (a) no
(b) yes
(c) depends on whether you give most to federal or local races
(d) same as it was originally

(more)

EXHIBIT 6

4 - like AMPAC sample
5 - leave blank
6 - Len's name
7 - like AMPAC sample
8 - like AMPAC sample
9 - this was local decision
10 - note that separate accounts should have been reported for educational funds (soft dollars) and political funds (Hard dollars). If this wasn't done it should be corrected now.
11 - your Montana Secretary of State office should have been listed here.

This should have been notarized.

As AMPAC suggests, when you complete the new forms they must be notarized and should be sent certified airmail, to the two Washington D. C. addressees. Not necessary to Secretary of State or to me.

Once these are in the mail, you can straighten out the necessary bank signature cards, deposit the new members 50% of dues and send the other half to AMPAC. Len will have samples of the way he transmits the names, addresses, etc. of the new members, to AMPAC.

Finally, Don, I was asked to obtain a roster of the MONTPAC membership at its high-water mark back in 1971 and I am enclosing that. I believe the idea was to check who was a member then and hasn't rejoined since these ought to be prime targets.

Best personal regards.

Mike

3 1 0 4 0 2 6 4 5 1 4

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

April 8, 1974

MEMO TO: Bill Hadcock, MD

FROM : Mike Riley

SUBJECT: Dr. Jack Lewis

- -

Bill, first of all let me thank you again for your hospitality and say how good it was to be with you all again!

You now know that the Executive Committee voted unanimously to go to joint billing next year--in fact, to redo the entire dues billing system into a central office operation at the same time--and this is terrific news both for MMA and MONTPAC. Brian and I will be working it up in months to come.

Brian tellsme this morning that the Annual will be held September 12, 13 and 14 and that since last year Mrs. Chenault spoke at the combined luncheon which was held the first day (Thursday). On the assumption that this arrangement will be equally desirable this Fall, Dr. Lewis would be invited to be present on Thursday, September 12.

Brian and I agreed that I would pass this on to you since an invitation to Dr. Lewis would come <u>from you</u> -- so that you can contact Brian and see if indeed this is the date and type of affair you all wish for this Fall. You should then, as soon as you can do so, send your invitation to:

W. J. Lewis, M.D.
2567 Far Hills Avenue
Dayton, Ohio 45419

with a copy to:

William Watson
Executive Director, AMPAC
520 N. Michigan Avenue
Chicago, Illinois 60611

EXHIBIT 7

(more)

From here on out, my Secretary will be sending directly to you two (2) copies of the IBM print-out of MONTPAC members received monthly, and an additional copy will go direct to Dr. Huard.

Remember, there is generally a "lag" between the actual and the printouts, since some work is always in process. Dr. Huard has been doing an outstanding job of forwarding the new member reports. I just talked with Chicago and as of today, counting some received last week, MONTPAC had transmitted seventy-one (71) members -- so you can just add this last effort's yield of several more including 12 sustaining members!

I'd appreciate a copy of your invitation to Dr. Lewis.

Very best regards!

Mike

3 1 2 4 2 2 5 4 5 1 6

OR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

MEMORANDUM

TO: Frederick Hood, M.D., Alaska
Armand Bird, Idaho
✓ Leonard W. Etchart, M.D., Montana
Jo Morgans, Oregon
James Krinbring, Washington

FROM: Mike Riley

DATE: April 20, 1973

In order to verify my current information, would you be good enough to jot on the line below the current amount of State Pac/Ampac dues and return the page to my office.

$_____

_____, Sec./Treasurer

MAR/mm

8 1 0 1 0 2 5 1 5 1 7

EXHIBIT 8

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

1209 S. W. 6th Avenue
Portland, Oregon 97204
October 29, 1973

William E. Hadcock, M.D.
417 S. Main Street
P. O. Box 1056
Conrad, Montana 59425

Dear Bill:

Here is the letter we discussed today.

I think it would be good PR to send a MONTPAC check for $100.00 along with the attached slip made out Dr. and Mrs. Bill Hadcock and a brief personal note indicating that you are sorry that events made it impossible for you to attend his party but that you hope it was a success, and then sign the note, Chairman, MONTPAC.

Best regards,

Mike

MIKE RILEY

MAR/mm
Encl.

Exhibit 9

Exhibit 10

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue #12
Helena, MT. 59601

Congress of the United States
House of Representatives
Washington, D.C. 20515

October 2, 1973

Dear Friend:

Congressman Dick Shoup of Montana, a member of the House Interstate and Foreign Commerce Committee and the Subcommittee on Transportation and Aeronautics, needs your support for his reelection.

Last year Dick achieved the distinction of being the only incumbent Republican ever reelected from the First (Western) District of Montana. This year he has continued his hard work and dedication to his Committee assignments and other Congressional duties, which should assure his returning for the 94th Congress.

A group of his friends from Montana who live in Washington are hosting a Wine and Cheese Party to celebrate Dick's 50th Birthday. The party is scheduled for Tuesday evening, October 30th, from 6:00 to 8:00 p.m., at the Capitol Hill Club.

It is also an opportunity to help assure the continued success of Congressman Dick Shoup. Send your checks at $50 per person made out to the SHOUP FOR CONGRESS CLUB, to P.O. Box 45, Brookeville, Maryland, 20729, along with the enclosed address form.

See you October 30th.

Sincerely,

SAMUEL L. DEVINE

R.S.V.P.
Sylvia - 225-3211
by October 26, 1973

8 1 0 4 0 2 6 1 5 1 9

AMPAC
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
Chicago, Illinois 60611, AREA CODE 312 644-1585

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT. 59601

October 3, 1974

William E. Hadcock, M.D.
Chairman
Montana Medical Political
Action Committee
2021 11th Avenue
Suite 12
Helena, Montana 59601

Dear Doctor Hadcock:

At its most recent meeting by conference call, the AMPAC Congressional Review Committee reviewed and approved your request for a brush fire public opinion poll in the Montana 1st congressional district for Richard Shoup.

AMPAC has been in touch with Mike Riley and the research will be implemented in coordination with the Shoup Campaign.

AMPAC will be billed for this survey when the research is underway and at that time we will indicate to the Shoup Campaign, that the expenditure has been made, and is reportable. You will receive a copy of the correspondence.

Sincerely,

Lee Ann Elliott

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms

cc: Mike Riley

EXHIBIT 11

A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D. C. 20402

Filing Date: 7-26-74
Primary Date: 9-10-74
Election Date: 11-05-74
Redistricted: 1910-1964-1972

COLORADO
State

3rd
Congressional District
(Southeast -- Pueblo, Colorado Springs)

Governor: Vanderhoff (R)
Senator: Dominick (R)

(D) Frank E. Evans B'23 (51) Elected 1964

1972	66.3	(D) Evans
1970	65.5	(D) Evans
1968	59.3	(D) Evans
1966	61.0	(D) Evans

[illegible]

EXHIBIT 12

MONTPAC
2021 Eleventh Avenue, #12
Helena, MT. 59601

MEMORANDUM

TO: William Hadcock, M.D.

FROM: Mike Riley

DATE: September 19, 1974

Bill, just a reminder about the contributions from the local treasury to each of your Congressmen. I would appreciate knowing when the actual deliveries are made.

I spent yesterday, Wednesday, in Missoula and possibly will be in Butte on Saturday, the 28th. One of the things I discovered was that Shoup's campaign, across the board, needs woman-power desperately, and when I asked them to contact Mrs. Yost, she pointed out that her travels around the state would eliminate her getting personally involved, so I am passing this information on to Lynn in some detail and I'm also going to ask her -- and I'm now asking you -- if a letter can be considered from MONTPAC to every M.D. in the First District pointing out the importance of not neglecting to vote on November 5th at the peril of losing a two-party representation in Washington.

MAR/mm

Watergate

EXHIBIT 13

ACTION OF THE AMPAC

CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

DATE: Monday, February 21, 1972

PARTICIPANTS: W. J. Lewis, M.D., Chairman
Joe Nelson, M.D.
Rex Kenyon, M.D.

William L. Watson
Mrs. Lee Ann Elliott
Harry Hinton

CALIFORNIA

The Committee considered the oral request called in by Dr. MacLaggan of California, for $1,000.00 to be used to support Congressman Sisk in the 16th Congressional District of California. The Committee did not feel it could make an expenditure in this race because Congressman Sisk was a sponsor of Kennedy Medical Legislation, and further that Mr. Sisk would have absolutely no difficulty in being re-elected.

OKLAHOMA

The Committee considered an oral request in the amount of $1,000.00 from the Oklahoma Medical Political Action Committee transmitted by Dr. Rex Kenyon. The expenditure was to be used on behalf of Congressman Ed Edmondson in his race for the U.S. Senate. The Committee approved this expenditure unanimously.

VIRGINIA

The Committee considered a request from the Virginia Medical Political Action Committee, totalling $13,500.00 in seven races for incumbent candidates, all of which have been elected by large margins. Because none of the incumbents will have any difficulty being elected in 1972, and because the filing date will not be until the latter part of April, it was decided that a polite note should be written to VaMPAC indicating that we needed to know information concerning the activities of physicians in these races, and asking just who the candidates would be on both sides of each of these races as well as the political situation.

more -

EXHIBIT 14

Congressional Review Committee
Minutes
February 21, 1972

Record approved,

Rex Kenyon, M.D.

Joe Nelson, M.D.

W.J. Lewis, M.D., Chairman

Hoyt D. Gardner, M.D., Ex Officio

OREGON

On this same day, $100.00 was transmitted to the Oregon Medical Political Action Committee to reimburse them for $100.00 which they had spent for a luncheon ticket for Mike Riley, on January 29th, 1972 in Salem. The luncheon was given on behalf of Congressmal Al Ullman.

LAE:tms

Milton & Greenwood Reporting Associates, Inc.

General Stenotype Reporting
Suite 301
1601 Connecticut Ave., N.W.
Washington, D.C. 20009

R. E. Milton
President
P. L. Greenwood
Vice President
Secretary
Y. Deutschman
Treasurer

Phone:
202-833-3598
202-833-3599

Notary Public
D.C.-Va.-Md.

March 1, 1979

William C. Oldaker, Esq.
Federal Election Commission
1325 K Street, N.W.
Washington, D. C. 20005

Re: Deposition of Morris A. Riley, taken on February 2, 1979, in the matter of AMA, AMPAC, et al.

Dear Mr. Oldaker:

Mr. Riley has made certain statements on separate slips of paper which he inserted in the transcript. However, there are no corrections made to the transcript itself. The following statements are what Mr. Riley has inserted at certain pages of the transcript:

Page 12: "Answer starts with no "its" -- no "which"; Steno error."

Page 42: "would otherwise engage"?

Page 45: "Not "it" -- "I" was not."

Page 47: "Is this very good question a faux pas? How would I know that requests didn't just come from the committee if I didn't know whether they came from PACs or Societies? Because they didn't say so? -- Like "I have these requests," etc.?"

Page 50: "I said we sent requests to AMPAC and didn't know what happened to them."

"Was present at meetings."

"Don't know if discussions were on people where request came from us -- Answer: were not identified as such."

Page 52: "First question a problem -- is sending the invite a "request"? See page 54."

Page 60: "Post-approval is explained in the preceding minutes."

Page 94: "deliveries "to State PACs"?"

Page 96: "Did talk to AMPAC as a Field Service Rep about candidate need for $, about electability -- not about views (?) -- Did meet with State PACs about."

Sincerely yours,

Karen Hinnenkamp

Karen Hinnenkamp
Notary-Reporter

cc: Donald P. Wilcox, Esq.
John Lewis Smith, III, Esq.
Jack Bierig, Esq.
File

3 1 0 1 0 2 5 4 5 5 5

CX 1376 B)

M E M O R A N D U M

TO: James H. Sammons, M. D.

FROM: Wayne W. Bradley W.B.

DATE: January 21, 1975

SUBJECT: Communications with Constituent Societies

The Public Affairs Division is reorganizing its internal communications system to accommodate four principal activities previously assigned to the Department of Field Service: (A) Membership; (B) Legislation; (C) Political education; and (D) General service. The new plan includes a personal contact system, more concise publications, greater use of telephone conference calls, when indicated, and more personal contact between members of the Washington staff and constituent societies.

(A) MEMBERSHIP

The field staff associated with the new Department of Federation Affairs will continue to be directly responsible for all AMA and AMPAC membership activities. These men have already been in contact with the Executives in their assigned states and they are formulating operating policies in each state.

(B) LEGISLATION

Department of Congressional Relations

1. Legislative briefings via telephone conference calls between about ten states and the appropriate Congressmen will be scheduled approximately every six weeks. This time frame will be lengthened as the Congressional session gets into its later months.

2. State Executives will be requested to inform the Washington Office of what appropriate person, if not himself, we should be communicating with regularly on legislative and Congressional contact issues.

3. State Executives will receive copies of all major mailings from the Washington Office to the Congress, such as Medical Legislators.

4. State Executives will be requested to assist the Washington staff in developing a better physician contact list for each Member of Congress.

FEDERAL TRADE COMMISSION
File No. 5064 Commission
Investigational Exhibit No. 1376B
In the matter of AMA
Date 10-13-77 Witness NONE
Reporter TP
By BJ

000117

3 1 0 1 0 2 5 1 5 5 7

CX 1376 A

James H. Sammons, M. D. January 21, 1975

Legislative Department

1. Because of rapidly increasing costs, the Legislative Department is discontinuing the duplication and distribution of selected excerpts of the Federal Register and Congressional Record. Moreover, we have learned that many societies already subscribe to these publications. The Department will, however, alert State Executives periodically of significant items in both publications. The alerts will include the publication, issue and page number.

2. It is recommended that State Associations which do not now receive the Federal Register and the Congressional Record should subscribe. The Federal Register may be obtained by sending $45 per year in advance to the Superintendent of Documents, U.S. Government Printing Office, Washington, D. C. 20402.

   Congressional Record subscriptions may also be obtained from the Superintendent of Documents at an annual cost of $45, payable in advance. However, each Member of Congress receives a limited number of free subscriptions for individuals of his choice. Interested societies may wish to request a free subscription from a Member of Congress.

3. Legislative Roundup - The format for this publication will not be changed. Issues will be published weekly when Congress is in session.

4. Principal Legislation - The Department will remain flexible with respect to the preparation of materials concerning major health legislation. In some instances State Societies will be provided a full copy of a bill and a summary of the bill. In other instances, the Department will prepare analyses and/or comments on the legislation. Every effort will be made to condense material to accommodate busy executives. Copies of any health bill will be available to state executives on request.

Public Affairs Division Office

1. Legislative Alerts - Calls for "grass roots" action will be handled for the most part by telephone conferences with state executives coordinated by the Public Affairs staff.

2. Issues - A new publication to be called "Issues" will be distributed as needed. Issues will examine health-related legislation in terms of what it intends to accomplish and its chances for passage and activities at the Congressional Committee level, including important personalities involved. Distribution of Issues will be limited to medical executives.

FEDERAL TRADE COMMISSION
File No. 9064 Commission
Investigational Exhibit No. 1376A
In the matter of: AMA
Date 10-13-77 Witness NONE
Reporter TP
By BJ

000118

CX 1376C

James H. Sammons, M. D. January 21, 1975

(C) POLITICAL EDUCATION

The AMPAC executive staff is formulating a program to work directly with State PACs to provide pertinent information on campaign legislation, background on candidates and to assist with political education programs.

(D) GENERAL SERVICE

Primary Contacts - Recognizing that many State Executives worked regularly on a personal basis with members of the Department of Field Service, AMA staff members Dick Layton, Carla Neuschel and James Rosevear have been designated as primary headquarters contacts to assist Executives with routine requests and inquiries of a general nature. State Executives will be encouraged to call their primary contact whenever they require information or services and do not know who at the AMA is best qualified to be of assistance. Each primary contact is in a position to be well informed on current affairs at AMA Headquarters.

State assignments are listed below:

James Rosevear (312) 751-6229	Carla Neuschel (312) 751-6474	Dick Layton (312) 751-6470
Arkansas	Alaska	Alabama
Connecticut	Colorado	Arizona
Delaware	D.C.	Florida
Hawaii	Idaho	Georgia
Indiana	Kansas	California
Iowa	Maine	Illinois
Massachusetts	Missouri	Kentucky
Michigan	Montana	Louisiana
Nebraska	Nevada	Maryland
New Mexico	New Hampshire	Minnesota
Rhode Island	North Carolina	Mississippi
South Carolina	North Dakota	New Jersey
Utah	Oklahoma	New York
Vermont	South Dakota	Ohio
Washington	Tennessee	Oregon
Wisconsin	Virginia	Pennsylvania
	West Virginia	Puerto Rico
	Wyoming	Texas

When primary contacts are not available, the State Executives may either leave a message or request to speak with Bud Wright (312) 751-6483 or Mort Enright (312) 751-6484.

FEDERAL TRADE COMMISSION
File No. 9064 Commission Investigational Exhibit No. 1376C
In the matter of: AMA
Date 10-13-77 Witness NONE
Reporter TP
By BJ

000419

28th Clinical
Dec. 1974

Once again the Illinois State Medical Society has made a most generou of $95,000 from its members ot the AMA-ERF; however, rather than present i rectly, the Society is channeling these funds through its Woman's Auxiliary. The Illinois Auxiliary will be given credit for this amount which will become part of the National Auxiliary's contribution to the AMA-ERF in June. The Illinois State Medical Society has donated $3,365,000 to AMA-ERF since the Foundation was organized, the largest effort by a single state. In addition, many Illinois physicians have given individual gifts not in this total. Illinois, we are grateful for your money and also for your inspiration.

At the Annual Convention last June, the House of Delegates referred Resolution 26 to the AMA-ERF Board of Directors. This resolution recommended that each state assign a practicing physician to each AMA-ERF loan recipient. This proposal is the subject of Report K of the Board of Trustees which can be found in your Handbook.

On behalf of the Board of Directors, I want to thank all contributors, individuals, organizations and foundations which have contributed to the ERA so generously. It truly inspires me to see this program continue to grow. AMA-ERF should be a source of pride to every physician. Spread the word. Thank you.

(The National Medical Veterans Society made a contribution of $1,000 to the AMA Education and Research Foundation.)

REPORT OF AMERICAN MEDICAL POLITICAL ACTION COMMITTEE: The following report was presented by W. J. Lewis, M. D., Chairman, Board of Directors:

The Chairman of the AMPAC Board is privileged to address the House briefly twice a year. It is a privilege that I and my predecessors have enjoyed and appreciated. As we meet here in Portland on this first day of December, 1974, my task is to report on AMPAC and what it has been up to in a watershed year for American politics. We have some good news and some bad news. The good news has to do with membership.

AMPAC has more members, as of now, than it has ever had in its thirteen year history. AMPAC has more sustaining members than it has ever had in its relatively brief existence. In fact, this year AMAPC just about doubled last year's total. Thus, the PAC movement entered this very political year with the greatest financial strength in its history, and with the greatest reservoir of numbers. And the PAC movement did extraordinarily well -- as I will detail in a few minutes -- despite the fact that this was a completely atypical year in terms of the nation's politics. That, of course, is where we come to the bad news.

Some while back, the counterculture came up with the phrase: "Suppose they gave a war and nobody came?" This year that phrase might have been: "Suppose they had an election and almost nobody voted?" Well, it wasn't quite that bad. Some 38.2 percent of the country's eligible voters took the trouble to get to the polls. But that means 61.8 percent were too lazy, too uncommitted, too apathetic or too turned off to say their say about who should govern the United States in a time of massive trouble. Blame whatever you will -- Watergate, laziness, lack of faith in the system. The fact is that nearly two out of three American voters said "the hell with it."

(AMPAC)

The result is instructive. In New Hampshire, Congressman Louis Wyman lost his bid for the Senate seat vacated by Norris Cotton to his Democratic opponent, John Durkin, by ten votes. The results were certified by the Secretary of State but they are being challenged in the courts. Assume that the stand up -- Mr. Wyman will be conscious, for the rest of his life, that had he been able to convert six more people to his cause, he would have become a United States Senator. And he will meditate, for the rest of his life, about eleven of his supporters who somehow had more important things to do than to cast the votes that would have elected him. Back in North Dakota, incumbent Senator Milton Young and former Governor William Guy had a similar confrontation. Senator Young won by 177 votes and it now seems probably that a recount will be held.

But there's still good news to come. AMPAC had the best winning percentage of an PAC organization in the country -- including COPE. We won 63.6 percent of the Senate races in which we participated, and 73.8 percent of our campaigns for the House. Of the 182 sponsors of Medicredit, 126 won reelection. Nor should this suggest that the balance, 56, all went down to defeat for many of them retired this year.

Yet, despite its realism, despite its highly respectable won-lost record this year, AMPAC cannot view the outcome of the 1974 elections with unreserved enthusiasm. Many of medicine's friends are gone -- to defeat or into retirement. Many of our gadflies remain, through victory or endurance. And the shape of the 94th Congress should not gladden the eye of even the most partisan observer. One party dominates by a top-heavy, two-to-one majority. Given such domination, neither party would be likely to display the concern for differing viewpoints that makes for healthy, thought-out legislation. We must look out for squalls.

I alluded earlier in my remarks to the nonparticipation of some 61.8 percent of the electorate. Let me assure this House that the degree of participation in politics by the country's eligible voters would have been light years higher had they exhibited the continuing faith and commitment of the PAC movement. We were out there. We were contributing our time and money. We were voting. We were working to help make the system work because we believe in this form of government. We are not apathetic. We are not lazy. And we are not turned off by the occasional failures of the system. We are not, and we will not be.

Having said that, let me add one last word in parting. This House of Delegates knows, as the AMPAC Board knows, that stringent economies have been called for by the Board of Trustees. AMPAC is not immune to these economies. Speaking for the AMPAC Board, let me assure the House that we will accept them with good grace. Never, since 1961 when the House was midwife to AMPAC's birth, has the PAC movement had greater potential than it now has. And never has there been a moment in the nation's history when PAC movements, medicine's or anyone else's, have been needed more.

Once again, let me express my appreciation to the House for this opportunity of addressing it. As always, AMPAC is grateful.

(Board of Trustees - Q)

Councils

The Council on Environmental, Occupational and Public Health, the Council on Foods and Nutrition, and the Council on Rural Health have been disbanded. As in the case of other disbanded units, the activities of these councils will be continued by staff, by consultants, and by ad hoc committees as necessary.

The Board also wishes to emphasize that the AMA planning process has recommended the use of a minimum number of standing committees and the more extensive use of ad hoc committees to deal with specific issues as necessary. Several state medical associations are apparently considering the same approach, and a few societies have already instituted this system.

Field Service Department

The Field Service Department has been discontinued. Five members of the Field Staff have been transferred to the Department of Federation Activities (formerly the Membership Development Department) and will continue to work with state and county societies primarily on membership through offices in Portland, Denver, Chicago, Atlanta, and Framingham, Massachusetts. The Columbus, Ohio office will be closed. The responsibility for working with state societies on legislative activities has been transferred to the Washington Office staff.

Governmental Relations Department

The Governmental Relations Department has been discontinued. The responsibility for most of its liaison function with the Federal health agencies has been assigned to appropriate members of the Chicago based staff, many of whom have shared the liaison duties for a long period of time.

AMPAC

The Office of the American Medical Political Action Committee will be moved to the AMA Headquarters as soon as conveniently possible. This change will allow AMPAC the use of AMA support services and facilities and effect economies in rental costs.

The AMA-AMPAC Public Affairs Workshop originally scheduled for March 1975 in Washington has been cancelled, with the understanding that the workshop activities might be part of a combined legislative, political, and socio-economic conference to be held at some time in the future. Local and regional program activities planned by AMPAC for 1975 are not affected.

The following are the two additional revisions that have not previously been reported to the House:

keep the panel adequately advised and, in turn, to be adequately advised by the panel on legislative strategy on contested pieces of legislation.

5. That via the AMA field staff, the regional key-man panels be convened as needed (in person or by telephone conference call) for briefings on the planned legislative strategy and to receive assignments for timely congressional contacts.

6. All travel costs for meetings of members of the regional and national panels to be borne by the respective states from whence the panel members come.

7. To the extend deemed necessary by the AMA Board of Trustees in conjunction with the National Key-Man Panel, that an annual budget be developed to cover expenditures of the program other than travel, and that such amounts be levied against each participating state medical society in proportion to the official membership count used in computing delegate strength; and be it further

RESOLVED, That to facilitate the establishment of this program promptly, th the procedures for electing the members of the National Key-Man Panel for the fir year called for in item #3 be waived and that the election be conducted by ma ballot at the earliest feasible date under interim procedures devised by the A Board of Trustees.

No. 48 NATIONAL LEGISLATIVE ISSUES
Introduced by Illinois Delegation
(Reference Committee B, page 345)

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 48 ADOPTED IN LIEU OF RESOLUTIONS 48 AND 57:

RESOLVED, That the American Medical Association, to the extent feasible, se input from the state medical societies in the development of policy on medic legislation of substantial significance; and be it further

RESOLVED, That the Association encourage the active participation of sta medical societies in liaison with members of Congress concerning such legislatio

No. 49 ELECTION OF AMPAC BOARD OF DIRECTORS
Introduced by Illinois Delegation
(Reference Committee F, page 383)

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That the Board of Trustees of the American Medical Association hereby directed to encourage the Board of Directors of the American Medical P litical Action Committee to amend its Bylaws to provide for the election of i Board of Directors through and by the membership of the American Medical Politic Action Committee.

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ORIGINAL

BEFORE THE FEDERAL ELECTION COMMISSION

IN THE MATTER OF:	
AMA, AMPAC, et al.	MUR 253, et al.

Washington, D. C.

Friday, February 16, 1979

Deposition of

JAMES WILLIAM FORISTEL

a witness in the above-entitled matter, called for examination by counsel for the Federal Election Commission, taken at the offices of the Federal Election Commission, 1325 K Street, N.W., Washington, D. C., beginning at 1:35 p.m., before Bobbie C. Lake, a notary public in and for the District of Columbia, when were present on behalf of the respective parties:

MILTON & GREENWOOD REPORTING ASSOCIATES, INC.

For the Federal Election Commission:

ANNE CAUMAN, ESQ.
DAVID BRANCH, ESQ.
SCOTT THOMAS, ESQ.
FEDERAL ELECTION COMMISSION
1325 K Street, N.W.
Washington, D. C.

For James William Foristel:

WILLIAM H. SCHWEITZER, ESQ.
BAKER, HOSTETLER, FROST & TOWERS
818 Connecticut Avenue, N.W.
Washington, D. C. 20007

C O N T E N T S

WITNESS:	EXAMINATION BY COUNSEL FOR: FEDERAL ELECTION COMMISSION (Ms. Cauman)
JAMES WILLIAM FORISTEL	3

E X H I B I T S

Marked for identification and attached:	Page
Exhibit No. 1 - copy of the April 5, 1972 letter from James W. Foristel to J. E. Ballentine	23
Exhibit No. 2 - copy of the January 2, 1974 letter from James W. Foristel to Jack Ballentine	31
Exhibit No. 3 - copy of the February 5, 1973 letter from Hadley Williams to James W. Foristel	33
Exhibit No. 4 - copy of the May 22, 1975 letter from James W. Foristel to Chuck Edgar	41
Exhibit No. 5 - copy of Minutes, American Medical Association Board of Trustees, Sept. 9, 1960	50

Thereupon

JAMES WILLIAM FORISTEL

a witness, was called for examination by counsel for the Federal Election Commission, and after having been sworn by the notary, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR THE FEDERAL ELECTION COMMISSION

BY MS. CAUMAN:

Q Would you please state your name.

A James William Foristel, F-o-r-i-s-t-e-l.

Q What is your present home address?

A 2001 Windsor Road, Alexandria, Virginia.

Q What is your present occupation or employment?

A I represent the American Association of Opthalmologists, and since I retired from the AMA three years ago, I have been working over there two and a half days a week. It is my semi-retirement job.

MR. SCHWEITZER: Excuse me. You mean by working over there --

THE WITNESS: The American Association of Opthalmologists.

BY MS. CAUMAN:

Q You said you retired from the AMA three years ago?

A It will be three years the first of July.

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Q So it was July 1st, 1976, you were referring to?

A Correct.

Q What was the position you held at the AMA at the time you retired?

A At the time I retired I was one of the five lobbyists for the AMA.

Q Did you have a title in that?

A Yes. I was Assistant Director, Department of Legislative Relations.

Q And for how long did you hold that position?

A Well 12 years earlier -- no; nine years earlier. Twelve years now or maybe 13. I had a heart attack, and prior to the heart attack I had been director of the department of lobbying, so to speak, for AMA.

Q I am sorry; I am a little confused. You are saying that 12 years ago, which takes us back to 1966 --

A '65.

Q '65; you had a heart attack, and you changed your position?

A Changed my position by stepping down to be a member of the lobbying team.

Q Was there a period when you were not working for AMA?

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A There was a period earlier.

Q Can you pinpoint for me at what point you became a member of the lobbying team as opposed to --

MR. SCHWEITZER: Just ask him -- you ask. What do you want to know?

THE WITNESS: I think it will be easier for you and me if I start at the beginning at AMA. Then I can give you a good sequence. I was employed in 1948, in December. My job then was legal and legislative representative for the American Medical Association. I held that job at AMA until 1954. I then went to the Department of Health, Education and Welfare and became Associate General Counsel for two years, '54 and '55. When I came back in '55, AMA had changed their procedure for calling on the Hill. Prior to that time they had doctors calling on the Hill. At that time they employed only people that had worked on the Hill. So I became the first non-doctor lobbyist for the AMA. In 1956 we then hired two other lobbyists, and I stayed in that job until I had my heart attack. In the beginning we did not have a director. We had three lobbyists, and we all were prima donnas on our own.

Somewhere about five years before my heart attack they

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decided to have a director of the lobbying team, and I was made director at that time.

BY MS. CAUMAN:

Q That was approximately 1960?

A About 1960. No; I think it was possibly 19-- -- I think maybe '53 I became director. All of this doesn't mean anything, but I am giving an idea of the sequence.

Q And you remained in this position until your heart attack in '65?

A Right.

Q In the most recent time period as an assistant director, did your responsibilities vary in that time period?

MR. SCHWEITZER: Why don't you ask him what his responsibilities were?

BY MS. CAUMAN:

Q What were your responsibilities as an assistant director of AMA legislative relations; did you say it was?

A By this time we had either four or possibly five lobbyists when I stepped down as director. Either four or five. I think we had four at the time I stepped down. Later on we added another person. In any event, during those years I did the same thing I did when I was director. The director

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was merely a title because their arrangement was we divided the number on the Hill by the number of lobbyists, and you took your full share of Members of Congress, and your contacts, and that would vary depending on who your persons were on the Hill. It was very informal, so at the very end when we had five, I had approximately ten states. We each carried a full share of states. I say states -- the equivalent of states. We each carried the same number of Congressmen, Senators, and House people. In other words, five lobbyists and there were 535 Members of Congress; you had 110 responsibilities on the Hill. When we had three lobbyists, you divided 535 by three, and that is how many responsibilities you had on the Hill. Does that give you an idea?

Q Yes. Thank you.

You say that the -- or I understood you to mean the Congressmen you covered varied. Would you cover Congressmen by states?

A Well, generally, yes. For instance, almost always through my career I had Florida, Missouri, Illinois, Ohio, Indiana and Wisconsin. And then I have had states like New York, California; in and out, because there, you have had

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a lot of movement among the parties. But those states I named you first were pretty much my responsibility.

Q And were these states --

A Virginia as well.

Q Were these states you named as regulars, Florida, Missouri, Illinois, Ohio -- did you say?

A Yes.

Q Indiana, Wisconsin; you were dealing with these states up until the time of your retirement?

A Yes. They never changed. I had the same pattern of Representatives, about the same pattern. In some states as AMA took on new lobbyists if he had a good friend it was logical for him to cover that person. But generally those states I mentioned were my old regulars. In other words, it never exceeded a third, and in more recent years it never exceeded a fourth or fifth of the Members of Congress.

Q When you were assistant director of the legislative relations department --

A After '65.

Q -- after '65, who became the director? Whom did you report to?

A There was a series. Bill Colley was director

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for a short time then.

Q Bill Colley from '65 --

A Until Zapp got there about six years ago or seven when he finished his tour of duty as Assistant Secretary of HEW.

Q Would that be 1965?

A Dates are difficult for me.

Q Did you report to the director then in your activities?

A No. As I told you earlier, it was a very informal thing, and still is today, I expect. I haven't been there for three years. In the old days, and even up to the time I quit, everybody had their own responsibilities, and the director was kind of a name, although for some purposes, to appear on a program of the AMA, it would be important to have the director because he had a title.

Q Carrying out your responsibilities as a lobbyist, what did you do? You contacted Congressmen?

A Members of Congress, their staffs, and we had some responsibilities with the major committees. There are four committees in Congress that have jurisdiction over health, so all of us on an informal basis had a certain

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responsibility to cover the professional staffs as well.

There were occasions where you would respond to a speaking engagement; maybe a college group. AMA was always called upon to help college students here. They would want to see AFL-CIO and us next. We had a variety of duties.

Q Now when you covered Congressmen from specific states, did you always, as part of your responsibilities, serve as a liaison function with state medical associations?

A No. To the extent that if a state was having an annual meeting, and if they thought a person from the Washington office could give a legislative report and add quality to their program, they might ask you to come and make a speech.

Q Say at the end, how frequently --

MR. SCHWEITZER: What do you mean, at the end?

MS. CAUMAN: 1975; 1976.

MR. SCHWEITZER: He wasn't there for 1976.

THE WITNESS: I was there part of 1976.

MR. SCHWEITZER: Excuse me.

THE WITNESS: How often?

MS. CAUMAN: Yes.

THE WITNESS: Just as often as before; about every two

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years at the annual meetings each of those states I had responsibility for would say come out and speak to our house of delegates or general session, and I would go.

BY MS. CAUMAN:

Q What would you speak to them about?

A About legislation; the only job I ever knew.

Q Did you have other contacts with the state medical associations in your position?

A I had plenty to do right here.

Q Did the state medical associations from the states you were covering ever contact you for information on legislation?

A Oh, yes. "Send me copies of a bill; get us a report; talk to our Member and see how he feels about it." I usually had it done by the time I was asked. If they made a special request, I made a special phone call or trip.

Q How frequently -- again, let's say in 1975 and 1976 -- did you get a request from the state association to check with the Member on a position?

A Oh, maybe once a month. It isn't anything I ever kept a record of. I have no idea. Part of my job was to keep any member of AMA who would call happy; he was my boss.

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I worked for as many doctors as there were members of AMA.

Q When you received a request from a state medical association for information who would you receive it from?

A Sometimes from a doctor who was interested; sometimes from the executive secretary; sometimes from his assistant; sometimes from his secretary. It didn't follow any pattern. Whoever had a question to ask and wanted it answered.

Q Did you ever send information to a state medical association without their contacting you specifically and asking?

A Not that I recall. You had plenty to send with the requests you got. I didn't try to stir up any work.

Q Did you ever check the state medical associations about their positions on legislation in regard to the Congressmen you were dealing with?

A Well, very few states -- very few states had ideas about legislation that were in conflict with AMA because they were all hammered out in the house of delegates or legislative committee that operated as a part of the AMA. So you didn't really have a state position in conflict with AMA. So all their questions were answered either by

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American Medical News or by a legislative newsletter that went out every week to every state, to their legislative committees if they had one interested in national affairs. I was not in charge of that roster, but I do know such a thing went out under the auspices of the secretariat of the legislative committee.

Q But you didn't receive a state position from the state associations?

A No. My only boss was AMA. And the policy was set, the guidelines for our conduct, by AMA.

Q How would you know about the policy?

A I would read all the material that came out of the house of delegates every year after the two big meetings, and the board of trustees, or the legislative committee -- they all had publications that I had to read. Part of my job every day was to read all the publications that came across my desk so that is how I kept up.

Q Did you attend the meetings of the -- the two meetings you referred to of the house of delegates?

A I don't think I missed more than a third of their annual meetings, and I would attend at least one meeting of the legislative committee every year just to get the flavor.

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The lobbyists would take turns going to the meetings, however, it wasn't a necessary thing because you could read everything that was sent along after the meeting was over.

Q Did you ever attend board of trustees' meetings?

A I had an opportunity to sit in on one or two, but only as an observer.

Q What would prompt your sitting in as an observer?

A If I would be in town, in the headquarters office, which I did rarely. If you were there you were invited to sit in along the wall as an observer. I am trying to respond to your question. I have sat in on a couple of meetings; not the whole day; perhaps a half hour; fifteen minutes.

Q Aside from attending the various AMA meetings and reading their proceedings, did you receive instructions from sombody in the AMA Chicago office?

A From the ~~secretariat~~ executive secretary or the legislative committee which was carrying out the wishes of the house of delegates or the board of trustees that ran the association in between meetings of the house of delegates. Yes. I would get instructions that were in the form of positions of the AMA which we were expected to carry out and carry to the Hill. We were telephone lines from the ruling body of the AMA to

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Members of Congress who we covered. And --

MR. SCHWEITZER: You answered the question.

BY MS. CAUMAN:

Q And this procedure -- did this procedure remain the same throughout the time you were at AMA?

A Throughout the time I was a lobbyist; yes. Prior to that, when I was an attorney, I had other duties, writing bills, preparing testimony, et cetera.

Q In your contacts with Members of Congress did you visit personally with Members of Congress?

A Yes.

Q Did you visit personally with their staffs?

A Yes; when they came along. There was a time when you didn't have so much help in every office. Health aides have proliferated. In the old days you saw the Member or their AAs. Presently you see the staffs and their Members occasionally. It is a different ball game.

Q When you visited with Congressmen, and I mean Congressmen, including Senators, in the generic sense, or when you visited with their staffs, did anybody else ever accompany you on these visits?

A Occasionally. Occasionally a man would come to

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town from a district, and of course, if you had an opportunity it was fine to take him along to indicate that you were there with a constituent, and of course, that bolsters a lobbyist's position because ~~their~~ a constituent is ~~representing~~ ~~somebody back home~~. important to a congressman.

Q How often would you visit Congressmen with a constituent?

A There might be one every month if they happened to be in town, and I would be happy to take them up. Most of them wanted to see their Congressmen. It is an adoration that goes on in this country.

Q Would this be, the time frame that this happened, would it be once a month?

A From the beginning.

Q Who would these constituents be?

A Always a doctor. Very rarely staff people would come. A doctor from home; he might be on one of their committees, an officer from home, or a visitor. Our office was a vehicle for doctors. They knew they had a man in Washington. They might stop on a social visit and see their Congressman. And, of course, it helped us as well.

Q When you say he might be on one of their committees --

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A ~~One~~ of the state medical societies.

Q Did you ever visit Congressmen or their staffs with members of the state medical pacs?

A No. You see, we kept a very -- when PAC was started -- when AMPAC was started, there was a very very definite cleavage between legislation and AMPAC. I think there were several reasons for it. One, in every association, whether medical or whatever, ~~counsels~~ councils have their own ~~bailiwick~~ turf which they protect, so the legislative committee was never happy to have PAC around, and PAC was -- well, they might have been anxious to get in, but we didn't let them. It was a rule when they came into being, a rule pretty well accepted by the board and house of delegates, and that is the way it was.

Q Thank you.

Did you ever visit Congressmen or their staffs with delegations from state medical associations?

A Yes. We used to bring in ~~one~~ once a year from every state if we could get them to cooperate. ~~We~~ They would host a luncheon, host a luncheon in the Rayburn Room or a hotel downtown. They always arranged the meeting, and we would brief them ahead of time about what the legislative issues

clarification

were before the ~~House~~ Congress at that particular time, and they would take it from there.

Q When you referred to "they," to whom are you referring?

A They, meaning the people who came for lunch with their Congressman.

Q From the state medical associations?

A Right, who would normally arrange the meeting; right.

Q You started by saying -- I believe you started by saying, "if we could arrange it." Did you try to encourage them to come in and visit their Congressmen?

A I was happy they came because it was identification for me from back home. It is always well for a lobbyist to be seen with a constituent. I was happy they were there. I don't think they had to be encouraged too much. Once it was written up in the news that a state had sent a delegation and they had a lunch for their Member, other states would want to do that.

Q Would they call up and --

A They would call and say, "Will you give us a briefing ahead of time and accompany us to the luncheon." There were times that I would arrange for the dining room.

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The Rayburn Room was always good for the small states. It was never big enough for the large states. If New York came, or California, you would have to go outside or over to the Rayburn Building and use one of the rooms set up for a hundred people. The Rayburn Room holds 40 people at the most. Once you had the doctors and members there it would fill the Rayburn Room. Anytime you had over that you couldn't use the Rayburn Room. There were not enough chairs around the table.

Q Did you generally accompany the delegations on these visits?

A As often as I could.

Q You mentioned this procedure; when did it begin?

A When did it begin? Oh, I suppose about -- I'd say the practice got pretty prevalent in the sixties although a few states might have done it in the fifties. I think Florida may have, or maybe Illinois, but I rather doubt that it was much before 1958. It couldn't have been before '58. We didn't have our lobbyists set up, as it was, until '58.

Q And this procedure was in effect at the point when you retired from AMA?

A Yes. It still goes on.

Q State medical association delegations visit?

A One doctor on each Congressman. It is kind of a waste of time in a way because your real targets are the members of those four health committees. Almost any time a health bill gets through the committee ~~to~~ it will pass on the floor so your prime targets are on the health committees.

Q Do you know if members of the state medical pacs are ever part of the delegations that visit?

A Could be they were, but that was not the test. The test was the state would pick a person who was either a doctor of or a very very close friend of a congressman. He might or might not have been a member of PAC. That was no concern to me. My instructions were to stay clear of PAC, and I did.

Q When the state medical associations visited, who paid for their visit?

A They did. It wasn't much expense. It was a hotel room, travel down here, and lunch; and lunch on the Hill was pretty cheap; probably still is.

Q Did the AMA's Washington office pick up any of the expense of these visits to your knowledge?

A No. But if they had there wouldn't have been

Clarification

anything wrong with it. The answer is no. They were all AMA members.

Q When you said that there was one doctor to one Congressman --

A Usually.

Q -- what did you mean by that?

A One doctor to one Congressman, and that doctor was from the Congressman's district, and a person generally who knew him. They wouldn't send a stranger up to be a contact man from back home. It would be somebody who played golf with him, something like that.

Q Are you saying only one doctor would go to visit each Congressman?

A Yes. A doctor from home. Otherwise there would be too many people.

Q And there would be a luncheon and --

A And sitting next to him was his doctor from home, his contact man.

Q And he would have seen him previously?

A We encouraged him to spend the afternoon.

Q Did you set up --

A Some of them knew ~~them~~ how themselves, and all they

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had to do was call a member of Congress from the delegation, and that Member would call the person that puts on meals on the Hill and arrange for the meal and the food. If they were lazy and wanted some help, I would be happy to do it for them. Commissary officer, I think they called him.

Q In your position as a lobbyist did you ever receive inquiries from Congressmen about possible contributions to their campaigns?

A I had a lot of them ask. And, of course, I had a standard answer. "You have a state pac back home; talk to them."

Q Would you refer them to the state pac?

A No. I would just tell them they had a state pac back home.

Q Would you supply them with names and addresses of state pacs?

A No. I didn't have to. Most of them knew how to get to it.

Q Did you ever refer inquiries from Congressmen to AMPAC?

A Of course. I used to get in the mail, usually three or four a day, requests to attend receptions, and those

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I would forward to AMPAC. I had no authority.

Q How would you forward those to AMPAC?

A In the mail; put them in an envelope and ship them out to AMPAC's office in Chicago.

Q Would you address them to any particular person in Chicago?

A Lee Ann Elliott and Bill Watson.

Q And would you receive a response from them about these fundraisers?

A No. Because they would decide themselves. If they decided to purchase tickets for the function, and because they had nobody else in town, they would send the ticket back saying, "We have sent a check to the Congressman. Would you please attend?" They were only the people I called on that I would forward. I used to get requests from all of them on the Hill, but the only ones I ever forwarded were the ones I covered myself. Each lobbyist got the same kind of thing. We were on all the mailing lists. I still am.

Q You said if they had no one else in town --

MR. SCHWEITZER: He didn't say that.

THE WITNESS: I said because they had nobody else in

town, ~~and because~~ I would covered it, they would send a ticket to me and say, "We have sent a check. Would you please attend if you can, and I usually did.

BY MS. CAUMAN:

Q Do you know if AMPAC contacted the state pac for that state when they --

A I wouldn't have any idea. I have never spent any time in their office. I have an idea the Congressman knew where his state pac was; but I don't know.

Q Did you forward to AMPAC any contribution requests other than for the fundraisers you have mentioned?

A I wouldn't get any others. That is all I ever got. All I ever got were the invitations to attend a reception for $100. And then they went to 200. And some of them now are 250.

Q Were there any changes in this policy? When you forwarded requests for fundraisers was the practice the same for the entire period you were a lobbyist?

A Entire period of people asking; sure. Since I had no way of doing it myself, the only way I had to do it was to send it to them, and it was their choice whether or not they wanted to purchase one.

Clarification

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Q When you say the entire period of people asking, what was that? Was that different from the time period you were a lobbyist?

MR. SCHWEITZER: Object. I don't understand the question. Would you restate it?

BY MS. CAUMAN:

Q Sorry.

A I don't believe that the practice -- I can answer this way. I don't think the practice of the receptions really started until about the sixties. That is when the idea caught on on the Hill. Once it caught on, it never stopped.

Q This practice was in effect from the sixties through the time you retired?

A Right.

Q And you handled these fundraisers in the same manner?

A Same manner.

Q How often would you receive requests for these fundraisers?

A On the average of four a day, work days, toward the end at least. In the early days it started slow, but the rate at the end was perhaps four a day.

Q Were there four a day for the Congressmen you covered?

A No. I was on everybody's list. Once you get on a list you never get off.

Q Approximately how often did you receive these requests for fundraisers from the Congressmen you covered?

A Well, at no more of a rate than I received the others. My four a day was from everybody. I don't think I can segregate my own. I know on the average I received one, or attended one or two a week. AMPAC would tell me -- they would send me tickets, and if I had nothing more pressing, I would attend, but I only attended those of the people I covered. I didn't attend any others which the other lobbyists covered. The Congressman would be happy if I went and ate his food and drank his whiskey as long as he got his check.

Q Can you estimate for me what percentage, or share of the requests, you forwarded to AMPAC and AMPAC bought tickets for?

A Well, I wouldn't know how to compute that. I would say I went to one a week during the reception season. The reception season usually begins about the 1st of March,

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and runs right up to election time, and I would attend one a week. At the same time when I was covering one-fifth of the Congress, you get a good idea of how many there were. Some weeks there wasn't a reception. If they had what they called home days, which means a holiday; ~~day -- or they do have holidays off~~; they call them district work days, not recesses like they used to.

Q When you forwarded these requests to AMPAC did you notify the director of the legislative office?

A No. As I told you, we had a very informal arrangement. The director was just one of the boys always.

Q Did you notify anybody else in the Washington AMA office?

A No. The people I had were my responsibility, just as the other four lobbyists had, or the other three, or how many others we had at the time.

Off the record.

(Discussion off the record.)

BY MS. CAUMAN:

Q Did you or did your office have any information indicating for Congressmen who they could contact in their home districts in regard to contributions from state medical

clarification

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conversation?

A No. I don't remember; 1972, I certainly don't.

Q Do you remember having any conversations with Congressman Quillen in regard --

A I am not denying I had a conversation because whatever is in this letter I have written, and it is my signature.

Q I am not doubting what you are saying. I am asking if it happened at other times? Do you remember any conversation with Congressman Quillen where he was inquiring about participating in his campaign or funds to be given to --

MR. SCHWEITZER: That is two questions. Who don't you ask one question. I will object.

BY MS. CAUMAN:

Q Do you remember any conversation with Congressman Quillen in regard to participation in his campaign by TMA?

A I don't remember this event, but I am not denying I had the conversation because this is my signature, and I have no doubt I wrote the letter, but I don't remember the conversation. I saw Jim Quillen, I would say once a month. He was not on the four health committees, but I

pacs?

A Not that I recall.

Q Mr. Foristel, I am handing first to your attorney and to you what I will mark for identification as Exhibit No. 1.

(The copy of the April 5, 1972 letter from James W. Foristel to J. E. Ballentine was marked Exhibit No. 1 for identification and attached to the court copy of this deposition.)

THE WITNESS: That is my signature, and I did write such a letter.

BY MS. CAUHAN:

Q You are beating me to the punch. Who was Jim Quillen?

A Jim Quillen was a member of the Rules Committee, I guess, in '72. He was a Member of Congress from Tennessee, a place called Johnson City, I think, was his home.

Q Thank you.

Do you remember the conversation with Mr. Quillen referred to in the first sentence of this letter?

A I have no doubt I had a conversation because there is my signature.

Q Even looking at the letter you don't remember this

saw him at least once a month. Tennessee was one of my states. I should have included that one as well.

Q I am sorry. I think you misunderstood the question. Do you remember any conversation with Congressman Quillen at any point in regard to participation in his campaign by the Tennessee Medical Association?

A Well, I must say that this had to have happened, but I don't remember the details of the conversation, but I am not denying it did happen.

MR. SCHWEITZER: Fine.

BY MS. CAUMAN:

Q Do you know if, in fact, the Tennessee Medical Association did participate in his campaign?

A I would have no idea.

Q Do you know if the Tennessee Medical Association forwarded this information to AMPAC?

A I would have no idea.

Q When I speak of IMPACT I am referring to the Independent Medicine's Political Action Committee for Tennessee. Do you know that?

A I understand they have different names in different states. I don't recall what their name was.

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Q Do you know if TMA made a request to AMPAC for a contribution to Congressman Quillen's campaign?

A I have no independent recollection. I have no idea.

Q Do you know if IMPACT ever made a request to AMPAC for a contribution for Congressman Quillen?

A I have no independent recollection.

Q Do you remember on any other occasion referring a request or inquiry for funds to the Tennessee Medical Association?

A No. I don't. But if you have a letter, I will be happy to identify it.

(The copy of the January 2, 1974 letter from James W. Foristel to Jack Ballentine was marked Exhibit No. 2 for identification and attached to the court copy of this deposition.)

THE WITNESS: This is my signature; I have no doubt. Sure.

BY MS. CAUMAN:

Q Having looked at this letter, do you have any recollection of sending this letter to the Tennessee Medical Association?

A I am sure I sent it.

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Q Do you have any independent recollection though?

A No. I really don't.

Q Looking at the letter doesn't remind you?

MR. SCHWEITZER: He answered the question.

BY MS. CAUMAN:

Q Do you have any independent recollection of the details discussed in the letter?

A With LaMar Baker? No. But I have no doubt I did.

Q Thank you.

MR. SCHWEITZER: Are you done with that?

MS. CAUMAN: Yes.

MR. SCHWEITZER: Let me have it just a second.

BY MS. CAUMAN:

Q. Do you remember any instances of sending inquiries from Congressmen to other state medical associations?

A I don't just now, but if you have any letters, I would be happy to identify them.

Q Thank you.

Do you remember any instances of sending inquiries from Congressmen to any state medical pacs?

A To the pac, itself: no. Because my contact in a state would be to the executive secretary. If they had a

pac they could have forwarded it to the pac if I forwarded such a letter. I have no doubt that both of those letters were sent to the pac.

(The copy of the February 5, 1973 letter from Hadley Williams to James W. Foristel was marked Exhibit No. 3 for identification and attached to the court copy of this deposition.)

MR. SCHWEITZER: May I ask where you received the letter from the Tennessee Medical Association from?

MS. CAUMAN: We received these letters from the Tennessee Medical Association.

MR. SCHWEITZER: How about Exhibit 3; where did you receive that from?

MS. CAUMAN: From the Tennessee Medical Association.

MR. SCHWEITZER: All right.

THE WITNESS: I don't remember receiving this letter, but I was very interested in all the people involved, especially Dick Fulton.

BY MS. CAUMAN:

Q Do you recall a conversation with Dick Fulton about a contribution?

MR. SCHWEITZER: About a contribution? That is all;

just generally about a contribution? When?

MS. CAUMAN: At the end of 1972 or possibly January of 1973.

MR. SCHWEITZER: Independent of this letter, do you recall?

THE WITNESS: I do not recall.

BY MS. CAUMAN:

Q Could you tell me who Dick Fulton is?

A Dick Fulton was a member of the House Ways and Means Committee and presently is the mayor of Nashville, Tennessee. He was an assistant whip in the Democratic Party in about 1973 or '74.

Q Do you remember any conversation with Congressman Fulton after February 5th, 1973 about a contribution?

A I don't recall it, but if you have a letter, I would be happy to identify it.

Q Can you tell me who is Hadley Williams?

A Who?

Q Hadley Williams.

A He was at that time the assistant executive director of the State of Tennessee Medical Association and presently the director of the state association since Jack Ballentine retired.

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Q Do you remember any conversations with Mr. Williams about campaign contributions to Congressman Fulton?

MR. SCHWEITZER: When?

MS. CAUMAN: At the end of 1972 or the beginning of 1973; January, or the first few days of February, 1973?

THE WITNESS: No. Because I would have been in contact with Ballentine who was at the time executive director.

BY MS. CAUMAN:

Q Do you remember any conversations or any contacts with Mr. Ballentine about contributions to Mr. Fulton beginning in the same time frame?

A I can't recall at this point.

Q Do you recall talking to anybody at AMPAC about contributions to Congressman Fulton's campaign, again in the same time period?

A Not that I can recall. If he sent an invitation to a reception or a letter I might have received, I might have forwarded it. I don't know that I did.

Q Do you recall receiving information from state medical association personnel about contributions to the campaigns of Congressmen you dealt with?

A I must have in the case of Tennessee. In one of

those last letters I looked at I have no doubt I received such a letter, and it does state a contribution was made to Fulton by the state pac, and I have no doubt that it was.

Q Independent of that.

A I have no independent recollection; no.

Q Do you remember receiving a similar letter from another state medical association? A letter about --

A You mean regarding another candidate?

Q Yes.

A I possibly did receive a letter perhaps from several others, but I have no independent recollection of it at this time.

Q Of ever receiving such a letter?

MR. SCHWEITZER: He answered that. He said he possibly could, but he has no independent recollection at this time. He answered the question.

THE WITNESS: That is my answer.

BY MS. CAUMAN:

Q The last sentence of the letter mentions your coming down for a conference. Do you remember attending a conference in Tennessee?

A I remember attending at least five conferences in Tennessee, but I can't tell you what dates they were. Yes; I was invited there many times. About every two years I went to each of my states. Some states like Missouri, almost every year.

Q Who were these conferences run by?

A The state medical society. There would normally be an annual meeting, and in the general session some would be 300 people, some would be 500 people, and they would ask you to take the podium and talk about the status of health legislation that was pending, and that is what I talked about.

Q Did the state medical pac play any part in these conferences?

A They were a function of the state medical society. The pacs were small groups, maybe eight or ten people.

MR. SCHWEITZER: Are you done with this exhibit?

MS. CAUMAN: I am through with it.

MR. SCHWEITZER: Off the record.

(Discussion off the record.)

BY MS. CAUMAN:

Q Other than the fundraisers you referred to previously,

did you receive notice from AMPAC of contributions to Federal candidates?

A Somehow I became aware from time to time that they had made a contribution. I don't recall how I found out. I don't know that I ever received a written communication from AMPAC telling me how much was given to a candidate by the group. By the grapevine I may have learned they had made a contribution.

Q By grapevine, who would be the grapevine?

A Now who knows in an organization as large as we were; maybe a thousand people.

Q Are you referring to somebody else at AMA?

A Or possibly -- I just don't know how I would find out.

MR. SCHWEITZER: You have answered the question.

THE WITNESS: But I was aware at the time that a contribution had been given to a candidate; yes.

BY MS. CAUMAN:

Q How often would you be aware of contributions to candidates?

A It is a question I can't answer.

Q Would this typically happen once a year?

A It could only happen once every two years because it would be near election time. I would say probably in September or October of election year I might somehow come into possession of a second-hand report that so-and-so had been helped. I received nothing in writing that I would recall. Maybe I did. I can't recall that. I could almost guess who was going to be helped ahead of time.

Q Did you ever receive notice from the state medical political action committees of their contributions to Federal candidates?

A Well, apparently I did, according to this letter from Tennessee.

MR. SCHWEITZER: Those are from the Tennessee Medical Association.

THE WITNESS: I understand, but again, perhaps by the grapevine I would hear the state pac had made a contribution. Normally I wouldn't know, however. But I see I did know in one case here according to your exhibit. But I don't have any independent recollection at this time how much a candidate received. It is way back in history you are talking about.

BY MS. CAUMAN:

Q Did you ever receive copies of state pac contributions and expenditure reports?

A No. I did not. I was inquisitive enough after they set up that office on the second floor of the Longworth Building to go and have a look at the microfilm to see where money came from for many candidates to find out who his friends were, but I have no independent recollection of ever seeing a report from the state pac. They had no responsibility to me nor I to them.

Q Did you ever receive reports of contributions and expenditures from AMPAC?

A Not in writing that I have ever seen; no. Not that I recall. If you have one, I would be happy to identify it.

Q To the best of your knowledge, did anyone else in your office ever receive notice of state pac contributions to Federal candidates?

MR. SCHWEITZER: If you know.

THE WITNESS: I wouldn't know if anybody else did. From time to time the head of the office might have attended AMPAC meetings, but I doubt if they had any contact with state pacs.

State pacs were very jealous of their own independence. Normally in an organization, trade, or professional group all these entities want to protect their own domain, but to answer your question, no; I don't know if anybody else at the office ever saw any state pac lists.

MS. CAUMAN: Can you mark this, please?

The copy of the May 22, 1975 letter from James W. Foristel to Chuck Edgar was marked Exhibit No. 4 for identification and attached to the court copy of this deposition.)

THE WITNESS: That is my signature all right.

BY MS. CAUMAN:

Q When you say that is your signature --

A I don't remember writing the letter, but I don't deny --

Q You are now looking at Exhibit No. 4?

A Right; 1975. Congressman Kindness was one of my responsibilities, as all representatives were in Ohio at that time. I guess this is possibly his second election.

MS. CAUMAN: We received this document from the document production from the Ohio State Medical Association.

MR. SCHWEITZER: Thank you.

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BY MS. CAUMAN:

Q Could you tell me, please, who Chuck Edgar is?

A An old friend of mine who worked in the state office. At this particular time he was the assistant or the deputy executive director of the Ohio State Medical Association.

Q And who is Dave Rader?

MR. SCHWEITZER: If you know.

THE WITNESS: He worked -- I think he worked in the office out there of the state society.

BY MS. CAUMAN:

Q How do you know him?

A Just by name. I was covering Ohio for 20 years; I knew all the personnel out there in the office and the top three people I knew out there were Hart Page, the executive director, Chuck Edgar, and Rader, whatever his name is. I remember that name.

Q Did you have contact directly with Mr. Rader?

A No. I usually had my contacts with Chuck Edgar in this particular case. He handled state legislation, and Hart Page delegated to him the responsibility of making any contacts with me, to ask any questions or they wanted copies of bills; anything they wanted of me by way of information.

That happened to be a state where other than the executive secretary had the responsibility to correspond with me.

Q Let me hand the letter back. Do you have any idea why you were referred to contacting Rader?

MR. SCHWEITZER: Do you have any independent recollection?

THE WITNESS: No; I don't. Probably Chuck Edgar mentioned his name to me at this point as having interest in this matter, and I may have talked to Chuck on the telephone prior to the letter.

BY MS. CAUMAN:

Q Do you know if Mr. Rader had any function in the state medical pac?

A I don't know that he did. I know he worked for the state medical -- and I think he was probably there for about ten years, although he is the youngest of the three.

Q Do you know if Edgar had any function --

A I don't know. ~~that he did, although~~ He was Deputy Director ~~he was director~~ of the state ~~pac~~ medical society and still is. I knew Chuck Edgar when he was assistant director of West Virginia.

MR. SCHWEITZER: When you said state medical, you meant state medical association?

To correct stenographic errors

THE WITNESS: Yes. And still is executive director of the state medical association.

BY MS. CAUMAN:

Q Do you have any memory of contacting Bill Watson about a contribution to Congressman Ashbrook?

A No; I don't. I have no doubt he was one of the fundraiser people by way of receptions. I have no doubt I forwarded those invitations along to either Bill or Lee Ann Elliott, but I don't have any independent recollection of talking to Ashbrook. This letter indicates, "I have interviewed Cong. Ashbrook in connection with our survey." I don't know what that survey might have been.

Q The last sentence mentions, "I'll pass the information along to Bill Watson."

A "I'll pass the information along to Bill Watson."

Q Do you have any recollection of doing so?

MR. SCHWEITZER: Independent of this letter.

THE WITNESS: No. I really don't.

BY MS. CAUMAN:

Q Do you have any recollection of -- other than the fundraisers you have previously mentioned -- of passing contribution requests to Mr. Watson?

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A If I had referred a letter from a Member of Congress other than an invitation that had anything to do with a request for a contribution I would have passed it on to either Watson or Lee Ann Elliott, but I don't have any independent recollection of doing that, but if I did receive them, and I have an idea they were received, I have no doubt I did send them. That would have been my normal route to follow.

Q Can you estimate for me how often you received such requests from Congressmen other than for fundraisers?

MR. SCHWEITZER: Object. It hasn't been established -- you are assuming he did receive such requests. He said he has no independent recollection of receiving such requests. You are asking him now how often he did, and you have never established he ever did receive such requests, other than the requests for the Washington receptions.

MS. CAUMAN: I believe Mr. Foristel did suggest he received such requests.

MR. SCHWEITZER: I don't recall that; indeed, I am sure he did not say that.

MS. CAUMAN: Our memories differ.

BY MS. CAUMAN:

Q Mr. Foristel, do you remember receiving any requests other than requests for fundraisers which we have discussed previously?

A Not that I can identify at this point. My answer to you was if I did, and I don't doubt I did, my normal route would have been to forward them either to Bill Watson or Lee Ann Elliott, and if I did receive them I would have sent them. If you can find an instance, I certainly wouldn't deny it.

Q Mr. Foristel, if you received a request for a contribution to a Congressman, how did you determine whether it went to AMPAC or to a state pac?

A Well, of course, I would have determined ~~it had~~ ~~I received one~~ by the tone of the letter. If a man was asking for a contribution without identifying anybody, I would sent it to AMPAC. If he wanted a doctors' committee perhaps -- in the old days they didn't want contributions; they wanted doctors' organizations for Congressmen. In other words, Doctors for Smith. That was the old days. I thought the better methodology if I were a Congressman, I would rather have a doctors' committee. But the tone of

the letter, the words in the letter would indicate where I would send it. If it had to do with contributions without identifying whom, I would send it to Bill Watson or Lee Ann Elliott. If I received a letter which I don't recall, indicating he wanted state help or a doctors' committee, I would have sent it to the executive director of the society.

Q If a letter referred to requests for funds from a state pac and AMPAC --

A I don't recall any letter ever doing that, but go right ahead.

Q If it did --

A I would have probably photostated it and sent one to each one.

Q Excuse me for one minute. I just want to check what I have.

Did you have any contacts with AMPAC other than in regard to the fundraisers we have discussed previously?

A I don't know what you mean by that. What kind of contacts?

Q Did you ever receive requests from AMPAC for information about Congressmen?

A About Congressmen?

Q Yes.

A Well, I don't recall if I did, but if I did, I would have responded to it immediately. They had a job to do, and sometimes I suppose their intelligence would have to depend on somebody down here rather than some place else, but I don't recall any. If you have such a memorandum, I would be happy to identify it and see if I can refresh my recollection.

Q Did you ever receive a request from AMPAC for information about legislation?

A No. They didn't play with legislation, and they were barred from doing so from the time they were set up, and of course, the legislative committee was barred from any contact in fundraising. They had two separate and distinct domains, and that still pertains, although I haven't been around for three years.

Q Did you ever receive requests from state political action committees for information about Congressmen?

A Well, I would suppose they would route it through the executive secretary because I did, and a lot of inquiries from the state secretary -- if I got a call from the state secretary, he is the real power. Doctors come and go.

Members are transitory as birds, but the executive secretary will stay for 30 years. So when I got a request from the state secretary I tried to respond to it to the best of my ability, whatever it took to get an answer in whatever field it might have been.

Q Were you ever aware of such a request coming from the state pac?

A Not from the pac; no. They had to route anything they had, if they wanted information from me, through the state director, or whatever they call them in that state, and I would respond to him.

Q When you received a request for information from a state medical association executive director, were you ever aware that the information requested was for the state medical pac?

A Not that I know of, but I would imagine some of those could have been. I don't know. I have no idea.

Q Excuse me for one second.

Now I am changing tracks, and I am going to ask you to try to stretch your memory back a long time ago. Do you remember in 1960 any regional political action conferences sponsored by the American Medical Association held in

either Salt Lake City, Utah --

A I have never been to a meeting of the AMA, with AMPAC in Salt Lake City that I can remember. I have been to Salt Lake to a state medical society and spoken to their group on a number of occasions. At one time I had Utah, and I had it up -- somebody else had it for a while, and I took it back because of Senator Bennett who was a very good friend of mine.

Q I am referring to a regional political action conference sponsored by the AMA in 1960, prior to the formation of AMPAC, either in Salt Lake City, Utah or French Lick, Indiana, or Hershey, Pennsylvania.

A I have never been to French Lick in my life. I have been in Hershey, but I am almost certain it was not in connection with ~~my~~ such a meeting -- ~~except~~ only to an A.M.S.E. meeting ~~AMA~~ AMSE is American Medical ~~Secretaries~~ Society ~~Association~~ Executives, whatever. I have been a member of it, and I remember going to Hershey only on one occasion, and I know that was not an AMPAC meeting. Salt Lake City, I don't recall.

MS. CAUMAN: Would you mark these, please.

(The copy of Minutes, American Medical Association Board of Trustees, September 9, 1960, were marked Exhibit No. 5 for identification and attached to the court copy of this deposition.)

Typo error
To conform to the facts

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BY MS. CAUMAN:

Q We are handing you what has been marked as Exhibit 5. We received this from document production of the American Medical Association.

A Let's see the other one. This one doesn't help me.

Q It is the exact same thing.

A I don't remember ever seeing this, this set of minutes, and I have no idea what they are talking about.

Q You have no memory of --

MR. SCHWEITZER: Are we talking about the document?

BY MS. CAUMAN:

Q Have you ever seen this document?

A I don't recall that I have ever seen this document, and I certainly have no recollection of ever attending a meeting in French Lick, and the only meeting I attended in Pennsylvania had nothing to do with PAC that I recall, and I doubt I was ever in Salt Lake City on a PAC mission of any kind. It was a long time ago, in 1960.

Q Thank you.

Do you remember attending one of the AMA annual house of delegates meetings in Denver in November of 1961?

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A I have been to Denver once in my life, and I think that was in 1961, and I stayed at the Brown Palace. It is quite possible it was '61. I have no doubt I did because in those days I was attending all the annual meetings.

Q At that meeting in November 1961 in Denver do you remember any discussion of the formation of AMPAC?

A I certainly don't remember any discussion. I can't recall it now. It is possible there was because I think it was formed in '61, but I don't remember any of the details of it. I had no part of AMPAC and its formation, so I wouldn't have any recollection.

Q Did you have any part in the formation of any state pacs?

A Not that I ever remember; no. I never worked for AMPAC or the state pacs; never been a field man for AMA. Some of them may, but I know I wasn't.

Q Coming back to the present, do you know how AMPAC makes contribution decisions?

A Do I know how they make --

MR. SCHWEITZER: How they make contribution decisions.

THE WITNESS: I have only heard it through the grapevine that they have a committee that decides themselves; the

AMPAC board -- call it the AMPAC board -- makes the decisions. That is all I know about it.

BY MS. CAUMAN:

Q When you were the director of the legislative relations office, did you ever attend any AMPAC meeting where such decisions were made?

A No; I never attended a meeting that I ever recall. They had what they call a yearly round-up in Washington in March of several years, and that was an open and general meeting. That was all I ever attended. Everybody in the whole office attended that. It was attended by 600 people. My only role there was to help with the state groups and talk about legislation. I wasn't there to talk about political action. They used to be held at the Shoreham, or what is the one next to the Shoreham? It is a big hotel. We had a big crowd.

Q When you met with your state groups as part of these conferences, do you know if representatives from the state pacs were part of the groups you were meeting with?

A Representatives of state pacs were part of the group, and while they were here they would normally have half a day off to hit the Hill, and visit their Congressmen,

so my role would be to brief my own states in a separate meeting room, and they would take off to see their Congressmen and say hello. I would have no role in decision-making. It was an opportunity for me to see a state. Anybody from a state was a help to me. I didn't care if it was a doctor from the country, big-city doctor, or what committee he might serve on at the state level. He was an asset for me on the Hill. It would be a help to me in the duties I was charged with on the Hill.

Q Do you have any knowledge of how AMPAC contribution checks were delivered to Congressmen?

A I never delivered any checks. That was not my job. If I did, I can't recall.

Q You have no knowledge of how they were delivered?

A Not in my bailiwick.

Q Do you have any knowledge of how state medical pac contributions were delivered to Congressmen?

A I could only guess; I don't know.

MR. SCHWEITZER: Don't guess.

BY MS. CAUMAN:

Q In these meetings you had with these state medical associations did you ever discuss a contribution to a

Federal candidate?

A That was not my role, and somewhere in that audience would have been sitting some member of their pac. Perhaps they would be ten of 300 people there, and if I opened my mouth about their business, I would be in trouble. My role was a departmental one, legislation; that was what I tried to do.

MS. CAUMAN: I can't think of anything else. Thank you very very much.

MR. SCHWEITZER: We have no questions. We will want to read the transcript before it is submitted.

(I have read the foregoing pages 3 through 55, inclusive, which contain a correct transcript of the answers made by me to the questions therein recorded.)

JAMES WILLIAM FORISTEL

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CERTIFICATE OF NOTARY PUBLIC

I, Bobbie C. Lake, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in shorthand and thereafter reduced to typewriting by me; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Bobbie C. Lake
Notary Public in and for
the District of Columbia

My commission expires
January 1, 1983

AMERICAN MEDICAL ASSOCIATION

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AMA WASHINGTON

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Assistant Director

DEPARTMENT OF
CONGRESSIONAL RELATIONS

WILLIAM J. COLLEY,
Director
JAMES W. FORISTEL
Assistant Director

Hollen

April 5, 1972

Mr. J. E. Ballentine
Executive Director
Tennessee Medical Association
112 Louise Avenue
Nashville, Tennessee 37203

Dear Jack:

I had a phone call today from Jim Quillen inquiring whether TMA will participate in his campaign and if they will make a request to AMPAC for a contribution.

He indicates that his percentage of votes received dropped 14 percent in the 1970 election as compared with the 1968 election. He believes that he will certainly have Democratic opposition. As you know, he is scheduled to move up one place in seniority on the Rules Committee with the advent of H. Allen Smith's retirement from Congress. Thus, next year if he is elected he will stand third in rank on the Republican side.

Mr. Quillen is a sponsor of Medicredit. I would appreciate being informed about what decision is made whenever your PAC considers.

Sincerely,

James W. Foristel

JWF/jkb

Exhibit 1

Exhibit 2
3-4
2/4/74

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HARRY R. HINTON, Director
WAYNE W. BRADLEY, Assistant Director

DEPARTMENT OF CONGRESSIONAL RELATIONS

WILLIAM J. COLLEY, Director
JAMES W. FORISTEL, Assistant Director

January 2, 1974

Jack Ballentine
Executive Director
Tennessee Medical Association
112 Louise Ave.
Nashville, Tennessee 37203

Dear Jack:

I am enclosing a letter which I received from the campaign finance chairman of the Committee to Re-elect LaMar Baker.

I hope you will take this matter up at the next meeting of the Tennessee Medical PAC. I need not remind you that Baker is a strong supporter of ours, a sponsor of Medicredit and willing to sit down and discuss legislative matters with us at any time.

Sincerely,

James W. Foristel

JWF:bjr

Enclosure

MEAN MASTERS OFFICE: 535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS • PHONE (312) 751-6666

February 5, 1973

Mr. James W. Foristel, Assistant Director
Department of Congressional Relations
American Medical Association
1776 K Street, N.W.
Washington, D.C. 20006

Dear Jim:

I have double-checked the records regarding contributions during the 5th District Campaign last year. I find the following: Dick Fulton received $2,500 which came down from AMPAC. Alf Adams received $300 which came from the 5th District Account. Adams got no other help, either from the State Account or from AMPAC. None was requested.

As I indicated yesterday, this was a very late contribution due mainly to the pressure of local Republican doctors who felt some support should be given Republican candidates. The only other help given from the 5th District Fund was for a Democrat who was running for the State Legislature. That was it. I hope this will help you explain to Dick. With the new reporting requirements, our folks will cease supporting both sides of a race just to appease someone. When it comes out in the paper, both candidates get sore at you. They've got to learn to pick one horse and ride with him or stay out of the race altogether.

Sure did appreciate you coming down for our Conference. Your presentation was just what we wanted. Thanks again.

Sincerely,

Hadley Williams
Assistant Executive Director

HW/jp

KINDNESS FILE

AMERICAN MEDICAL ASSOCIATION

1776 K STREET, N.W. • WASHINGTON, D.C. 20006 • PHONE (202) 833-8310 • TWX 710-822-9409

Ohio State Medical Association
Columbus, Ohio
RECEIVED
MAY 27 1975

AMA WASHINGTON

HARRY R. HINTON, Director
WAYNE W. BRADLEY, Assistant Director

DEPARTMENT OF CONGRESSIONAL RELATIONS

JOHN S. ZAPP, D.D.S., Director
JAMES W. FORISTEL, Assistant Director

May 22, 1975

Chuck Edgar
Ohio State Medical Association
600 S. High Street
Columbus, Ohio 43215

Dear Chuck:

I have interviewed Cong. Ashbrook in connection with our survey. Incidentally, he became a sponsor of our bill.

During our conversation he expressed a concern that so many Republican voters stayed home last election and that he wound up with very little over an even 50% of the votes cast. For that reason he has decided he must rebuild and will use more often published constituent Reports From Congress. He therefore seeks help from OhioPAC and AMPAC in the form of perhaps a $1,000 contribution toward his next election from each organization, in this calendar year, with the understanding that any contribution which they make in 1976 would be that much less. You may wish to pass this along to Dave Rader and I'll pass the information along to Bill Watson.

Sincerely,

James W. Foristel

JWF:bjr

cc: Bill Watson

P.S. Kindness refused to go on the bill at this time. Incidentally, he considers Ernest Davis, Herschel Clemmons, & Charles Patterson (his old primary opponent) as helpful doctors. You may wish to approach him through one or more of them.

Exhibit 5 [illegible]

MINUTES

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

Board Conference Room
AMA Headquarters
Chicago, Illinois

September 9, 1960
10:00 a.m.

Present:

Julian P. Price, M. D., Chairman
James Z. Appel, M. D.
George M. Fister, M. D.
Percy E. Hopkins, M. D.
Hugh H. Hussey, M. D.
Raymond M. McKeown, M. D.
R. B. Robins, M. D.
E. Vincent Askey, M. D.
W. F. Costello, M. D.
Milford Rouse, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
Mr. C. Joseph Stetler

Absent:

Gerald D. Dorman, M. D.
Cleon A. Nafe, M. D.
Leonard W. Larson, M. D.
Norman A. Welch, M. D.

National Committee for Good Government: Consideration was given to a proposal that a committee for good government be established on a national basis. Also discussed was a letter from Dr. Dwight Wilbur which suggested the formation of a committee to coordinate the activities of the various medical organizations of America.

The Board voted that the proposal for a good government committee and the letter from Dr. Wilbur be referred to the Council on Legislative Activities for study and report to the Board. (See also page 17, these minutes for further action on letter from Dr. Wilbur.)

Regional Political Action Meetings: The Board accepted as information a report on three regional political action conferences sponsored by the Council on Legislative Activities and held in Salt Lake City, Utah, July 29-30; in French Lick, Indiana, August 12-13; and in Hershey, Pennsylvania, August 26-27, for the purpose of presenting practical guides and instructions for political organization and action at the local and state levels; to review the actions of the 86th Congress with respect to health proposals; reviewing the legal aspects of political activity and presenting the experiences of state and local medical groups which have been active politically in recent years. These regional political action conferences were planned with the theory of bipartisanship

as the basic theme and were designed to provide assistance and information necessary to show physicians how to organize and work effectively.

In this connection, attention was called to the apparent lack of knowledge on the part of medical students of the socio-economic and political problems of medicine, and the question of how to handle such a problem was discussed.

The Board voted that this question be referred to the Council on Legislative Activities for study and report.

Milton & Greenwood Reporting Associates, Inc.

R. E. Milton
President
P. L. Greenwood
Vice President
Secretary
Y. Deutschman
Treasurer

General Stenotype Reporting
Suite 301
1601 Connecticut Ave., N.W.
Washington, D.C. 20009

Phone:
202-833-3598
202-833-3599

Notary Public
D.C.-Va.-Md.

April 26, 1979

Anne Cauman, Esq.
Federal Election Commission
1325 K St., N.W.
Washington, D.C. 20005

Re: Corrections and changes to the deposition of James William Foristel, taken on February 16, 1979, AMA, AMPAC, et al.

Dear Ms. Cauman:

The following corrections and changes have been made by Mr. James William Foristel to his deposition taken on February 16, 1979:

PAGE	LINE	FROM	TO
13	5	"secretariat committee"	"secretariat of the legislation committee"
14	16	"secretariat"	"executive secretary"
15	14	"have help"	"have so much help"
16	3	"bolsters a"	"bolsters a lobbist's"
16	4	"their"	"a"
16	4	delete "representing somebody"	
16	5	"back home."	"important to a congressman."
17	1	"One of"	"Of"
17	8	"counsels"	"councils"
17	8	"bailiwick"	"Turf"
17	18	"one"	"once"
17	19	"We"	"They"
18	1	"House"	"Congress"
18	13	"me back"	"me from back"
19	6	"RNs"	"members"
20	6	"to the floor your"	"it will pass on the floor so your"
20	12	"doctor or"	"doctor of or"
20	12	"friend.	"friend of a congressman."
21	22	"them"	"how"
22	1	"call the"	"call a member of congress from the"
24	1	"and because I covered"	"I would covered"
24	14	"100."	"$100."

Milton & Greenwood Reporting Associates, Inc.

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Notary Public
D.C.-Va.-Md.

PAGE	LINE	FROM	TO
27	5	"a day -- or they do have"	"a holiday;"
27	6	delete "holidays off;"	
27	6	"district days,"	"district work days"
43	18	"I don't know that he did, although he was director"	"I don't know. He was Deputy Director"
43	19	"pac"	"medical society"
44	1	"is executive"	"is assistant executive"
46	14	"it had"	"that"
46	15	delete "I received one"	
50	15	"my meeting"	"such a meeting"
50	15	"except AMC"	"only to an A.M.S.E. meeting"
50	16	"Secretaries Association,"	"Security Executives,"

Very truly yours,

MILTON & GREENWOOD
REPORTING ASSOCIATES, INC.

Fred R. Joyce

Fred R. Joyce, Vice President

cc: William H. Schweitzer, Esq.
File

October 7, 1977

TO: John F. Rineman

FROM: Robert H. Craig

This morning I participated in a telephone conference called by the AMA's Washington office. The call was placed on short notice and was of an emergency nature.

Apparently the Sub-Committee on Public Health and Environment of the House Committee on Interstate and Foreign Commerce will begin next Wednesday a "mark-up" session on HR-6575, the so-called "Hospital Cost Containment Act of 1977". This activity in the House has been spurred by the activity in the Senate by Senators Kennedy and Talmadge on their own bills.

The AMA is anxious that we all get behind an effort to discourage several things from being on any draft coming out of those mark-up sessions. The rumored undesirable amendments seriously being considered are as follows:

1. A 9% cap on hospital costs;

2. A provision (explained vaguely) that would set spending limits for hospital construction on a regional (across the country) basis;

3. A certificate of need feature with a $150,000 "deductible" -- that is, any expenditure over this amount would require approval. The new twist is that physicians' offices would be included; the idea being to stop the prolifiration of CAT scanners. There is an additional hooker which would leave the decision up to the Secretary;

4. Finally, and most dangerous, is an alleged provision which would require all hospital-based physicians to be salaried, and, specifically prohibiting any "percentage" arrangement. Added to this would be a prohibition against paying a physician for any service that a technician or nurse could do.

The AMA is anxious for us to begin a campaign to our members of the Interstate & Foreign Commerce Committee, and any who might be on the Sub-Committee. Pennsylvania has three members on the big Committee, one of whom is on the Subcommittee.

John F. Rinehan October 7, 1977

The Subcommittee member is Representative Douglas Walgren; the other two are Representatives Fred Rooney and Marc L. Marks.

They are also anxious for us to have all people write to Representative Paul Rogers, Chairman of the Subcommittee and Representative Tim Lee Carter (M. D.), who is the ranking Republican on the Committee.

- 0 - - H -

(202)
Douglas Walgren - 225-2135 (412) 644-2876

Fred Rooney - 225-6411 (215) 866-0916

RHC/da Marc Marks - 225-5406 (Erie) (814) 455-1313

8 1 0 1 0 2 5 4 7 3 0

Ex. #47 p.1

October 14, 1977

TO: John F. Rineman

FROM: Robert H. Craig, Jr.

This morning Patti Adami, Jerry Rothenberger and I sat in on a telephone conference called by the Washington Office of the A.M.A. The purpose was to bring us up to date on the activities of the Sub-Committee on Public Health and Environment with respect to HR-6575, the so-called "Hospital Cost Containment Act".

The Sub-Committee worked all day yesterday on the bill, and last evening voted to report the bill to the full parent committee (Interstate and Foreign Commerce.

One of the amendments that was added to the bill, which we wanted, was offered by Dr. Carter, and would eliminate physicians' private offices from the scope of the "Certificate of Need" provisions. This is a significant victory for us.

Another amendment that was offered but not accepted in its entirety was to have eliminated the provisions restricting payments to hospital-associated physicians. Our understanding of the present language is that anesthesiologists and radiologists have been removed, but that pathologists are still included with the proviso that they may be on a fee-for-service basis as long as the fees paid by the hospital don't aggregate more than an acceptable salary. A further attempt will be made before the full committee to have an amendment offered to remove pathologists entirely. The argument for so doing is that no hearing or testimony has been heard in this general area, and, further, that it should be the exclusive subject in a separate bill.

Of course, the A.M.A. is still unhappy with the 9% cap on hospital costs that is still on the bill, and they feel that if this remains it will only

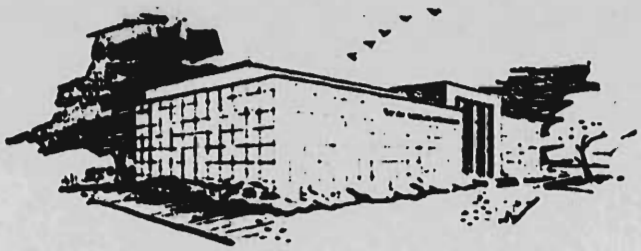
be a short time until the principle is extended to physicians' fees.

The A.M.A. is jubilant over the victory about excluding physicians' offices, and has recommended that we thank Representatives Carter and Chairman Rogers for their work. They feel that these thank-yous will lock them in to this position -- I agree! This locking-in will become important if the bill winds up in conference, which it probably will. I might add that the Senate version of the "cap" legislation still includes doctors' offices.

I have asked that Patti prepare a PLAN letter next week to urge our members to contact all Pennsylvania members on the Interstate and Foreign Commerce Committee to support the further Carter amendment to exclude pathologists, and to continue to oppose the 9% cap. In addition, they should wire Carter and Rogers to express their thanks for work done thus far.

cc: Patti Adami
Bob Lamb
Don McCoy
Jerry Rothenberger ✓
David Small

Ex #48 p.1



TEXAS MEDICAL ASSOCIATION

1801 NORTH LAMAR BLVD. • AUSTIN, TEXAS 78701 • AC 512 477-6704

November 21, 1978

Robert

Mike A. Riley and the Washington Office of the American Medical Association has asked us to provide a "Profile" on each of the new Congressmen from Texas.

As you know, of course, our new Congressmen are Phil Gramm, Marvin Leath, Joe Wyatt, Charles Stenholm, Mickey Leland, Ken Hance, Tom Loeffler, Dr. Ron Paul, and Martin Frost.

In addition to profiles, the AMA Washington Office is interested in securing (1) our own organizational experiences with those new Congressmen; (2) those Congressmen with whom we are acquainted; and (3) our perceptions of their special interests in the health care field.

You will find enclosed a copy of the communication which we have received from Mike Riley.

We will be grateful if you will endeavor to be helpful to Mike and the AMA Washington Office.

Linc

CLW/be
cc: Mike A. Riley

8 1 0 1 0 2 5 4 7 8 3

AMERICAN MEDICAL ASSOCIATION

1776 K STREET, N. W. • WASHINGTON, D. C. 20006 • PHONE (202) 857-1300 • TWX 710-822-9409

November 15, 1978

AMA WASHINGTON

MIKE RILEY
Director

Mr. C. Lincoln Williston
Executive Secretary
Texas Medical Association
1801 N. Lamar Boulevard
Austin, Texas 78701

Dear Linc:

We were pleased to send to you, in early October, a report of contacts made by members of our Congressional Relations staff with members of your Congressional Delegation during the second quarter of this year.

Attached is a similar report covering the period July 1 through adjournment of the 95th Congress. Your next report will cover the period commencing with the convening of the 96th Congress through the first calendar quarter of 1979.

NOW: IT WILL BE OF IMMEASUREABLE HELP TO YOUR WASHINGTON AMA OFFICE IF YOU WILL ASSIST US IN DEVELOPING THE BEST POSSIBLE RELATIONSHIPS WITH YOUR NEW CONGRESSMEN, AND TOWARD THAT END I WOULD APPRECIATE RECEIVING FROM YOU, AT YOUR CONVENIENCE, A "PROFILE" OF EACH OF YOUR NEW MEMBERS.

Phil Gramm - Marvin Leath - Joe Wyatt - Chas. Stenholm - Mickey Leland - Ike Andrews - Tom Loeffler - Ron Paul - Martin Frost -

The Congressional Directory and many other sources provide biographical sketches of the Members, but the profiles you can give us will, we are sure, highlight the types of materials that are most pertinent for our purposes, including (1) your own organizational experiences with these individuals, (2) those Members with whom you are personally acquainted and (3) your perceptions of their special interests in the health care field.

Thank you for your cooperation.

Sincerely,

Mike

Mike A. Riley

MAR/nr
Attachments

807227

FEDERAL ELECTION

'78 OCT 23 PM 4:07

GCC 5298

IN THE MATTER OF THE

FEDERAL ELECTION COMMISSION

Deposition of: JOHN F. RINEMAN

Taken by : Virginia Loria, RPR
Notary Public

Date : September 29, 1978

Place : Pennsylvania Medical Association
20 Erford Road
Lemoyne, Pennsylvania

COUNSEL PRESENT:

SUSAN PROPPER, Esquire
ANNE CAUMAN, Esquire

for - Federal Election Commission

THOMAS B. SCHMIDT, III, Esquire
Fred Speaker, Esquire

for - witness

JOHN F. RINEMAN, called as a witness, being duly sworn, testified as follows:

BY MS. PROPPER:

Q What is your present occupation?

A Executive Vice-President and Treasurer of Pennsylvania Medical Society.

Q How long have you held that position?

A Nine years.

Q That would be since 1969?

A That's correct.

Q Have you been employed by the Pennsylvania Medical Society prior to 1969?

A Yes, I have been employed by the Medical Society for 23 years, since 1955.

Q What is your business address, please?

A 20 Erford Road, Lemoyne, Pennsylvania.

Q Did you or did the Pennsylvania Medical Society receive a subpoena for the federal election committee under cover letter dated August 4, 1978?

A Yes, I assume that's the date.

Q Are you custodian of the Pennsylvania Medical Society documents?

A Yes, I would presume so, the reason I'm hesitating, as a chief administrator officer of the society I would be custodian of the records.

Q Could you describe for me the actions that you took to comply with the commission subpoena?

A That I personally took or the society took?

Q Did you designate someone to go through the files?

A Yes, when I received the subpoena I immediately contacted our attorneys who looked over the subpoena. Mr. Speaker asked me to -- either I or I would designate somebody on the staff to search out the documents for his information and Mr. Paxton who's our director of administration was given that responsibility.

Q Was Mr. Paxton then the person that went through the files?

A I'm not sure who all went through the files, he did. I would assume other members of the staff also looked through the files to generate the proper information.

Q Would this be other members of the staff in each department?

A That's correct.

Q The commission has received a typed written sheet which is headed Pensylvania Medical Society Federal Election Commission Subpoena Privilege Document and there are three documents listed on this sheet.

Are these the only three documents to which the Pennsylvania Medical Society is claiming a privilege in terms of documents that would otherwise come within the subpoena?

A To my knowledge, yes.

1 Q I would like to ask you some questions regarding the
2 documents that we did receive. What I would like to do is to
3 try and describe how each document is headed and show it to you
4 and ask you some questions. I have here two documents, the
5 first is headed Index of Proceedings 1977 Annual Session of the
6 House of Delegates. The second one is headed 1977 Official
7 Reports to the House of Delegates, Pensylvania Medical Society.
8 Could you tell me what the distinction is between the
9 Index of Proceedings and the Official Reports of the Pennsylvania
10 Medical Society?
11 A Yes. The difference is the one headed the Official
12 Reports is the booklet that's prepared in advance of the meeting
13 of the House of Delegates indicating the various resolutions and
14 reports that will be considered by the House of Delegates. This
15 is the advance publication.
16 Q That then is what is passed out to the Delegates --
17 A In advance of the meeting, that's correct. And the
18 Proceedings, the Index and the Proceedings will indicate then the
19 actions which have been taken by the House of Delegates.
20 Q The proceedings would then be the minutes?
21 A Essentially, that's correct.
22 Q When we were xeroxing documents we noticed that there
23 was a reference in the Index of the Proceedings to Appendix
24 eight of PAMPAC Annual Report, we were unable to locate it, for
25 the 1977 sessions.

A From this report?

Q Yes. It wouldn't be in there, that is selected pages that we did xerox.

Do you recall whether an annual report was presented in 1977?

A Yes, I think it was, to my recollection it was.

Q Is that an annual occurence?

A It's an annual occurence. I believe also, I would have to check officially, but I think the report of PaMPAC is considered as information and it's not referred to a reference committee as is the normal business of the House of Delegates.

Q Would that mean then that the text of the report might not be contained within the proceedings?

A Yes.

Q Nor would it be contained in the official reports?

A You mean in advance?

Q Yes.

A Yes. Actually to my knowledge I don't recall it ever being in the official reports because it is a verbal report given by the Chairman of PaMPAC at the time of the meeting.

Q We have here copies of several documents which is all entitled Pensylvania Medical Society budget calculations, one is for 1975, one is for 1976 and one is for 1977.

In the 1975 and 1976 versions, there is a reference to a budget allocation for PaMPAC entitled PaMPAC contribution

1 under account expenditures. The top of the sheet on which the
2 PaMPAC reference is made is entitled expenditures. There is a
3 subheading of account and there is an item 214 on each one which
4 refers to PaMPAC contributions.
5 On the 1976 version, we note that there is a line
6 through the amount allocated to PaMPAC. And on the 1977 version,
7 under expenditures we have noted that there is no reference to
8 an expenditure on behalf of PaMPAC. Was that expenditure
9 discontinued?
10 A It was.
11 Q Was it discontinued in 1976?
12 A '76, that's my recollection.
13 Q Do you recall why?
14 A Yes. Prior to1976 the Society made this contribution
15 to PaMPAC and then PaMPAC from that point on handled its own
16 expenses for staff, whatever expenses they had.
17 In 1976 the Society discontinued making that financial
18 contribution to PaMPAC and at that particular time the person
19 who was the Executive Director of PaMPAC became Assistant
20 Director of legislative activities for the Medical Society. And
21 the Medical Society then actually had -- now has that particular
22 person on the Society's payroll.
23 Q Prior to that it was --
24 A Prior to that he -- the contribution was made to
25 PaMPAC and PaMPAC paid its own expenses including salaries and

so on. He was not the Assistant Director of the legislative activities of the Medical Society.

Q At this time does the Pennsylvania Medical Society pay for any of the expenses of PaMPAC?

A You mean in dollar contributions?

Q From --

A I assume that it could be said that it pays expenses in the sense that it does not charge PaMPAC for office space or for services of that nature. So in that sense I suppose it could be assumed that it is paying expenses but there is no dollar contribution to PaMPAC per se as shown in the previous budgets.

Q Is there any writted agreements between the Pennsylvania Medical Society and PaMPAC which would reflect either that expenses are being paid by the Pennsylvania Medical Society to reflect the change in procedure that occurred in 1976?

A In 1976? To my knowledge there is no written agreement reflecting that change.

Q Was this a decision that was made by the Pennsylvania Medical Society House of Delegates?

A No. This was a decision that was made first by the finance committee and then by the board of trustees of the Pennsylvania Medical Society. The board of trustees of the Society has the financial responsibility for the financial affairs of the Society. The House of Delegates, that budget is

1 the type of budget that is presented to the House of Delegates.
2 But the House does not have the final approval, the bylaws of
3 the Society gives that responsibility to the board of trustees.
4 Q Who prepares the budget, is that prepared by the finance
5 committee?
6 A Well, I have the responsibility for initially preparing
7 the budget and then presenting it to the finance committee and
8 then the finance committee ultimately presents it to the board
9 of trustees.
10 Q There are two columns on the front page of each of
11 these.
12 A This in a sense is what I would call a work sheet. In
13 other words, the preliminary estimate indicates what the initial
14 allocation is. When the finance committee meets they may take
15 some action to reduce an account or increase an account.
16 And then the board may also take some action so that
17 the final budget would be a combination of all of those various
18 actions. So this is a -- this record would show where the budget
19 started, what action the finance committee -- if they changed
20 the original allocation. Then if the board made a change in the
21 allocation. So that's the reason for the three columns.
22 Q I would like to show you now a document
23 that is entitled the Pennsylvania Medical Society report on
24 examination with supplementary information years ended December
25 31, 1975 and 1974. On the third page of this document which is

1 entitled the Pennsylvania Medical Society balance sheet, December
2 31,1975 and 1974, there are two columns assets and liability.
3 Under liability there is a subheading for accounts payable and
4 then there are references to PaMPAC and the AMA.
5 Would this be reference to dues that were still in
6 PMS accounts intended for PaMPAC and the AMA?
7 A It could be. Dues come in all year -- throughout the
8 year although without checking with our bookkeeper I wouldn't be
9 sure what those figures are. But it could very well be that
10 they are dues either collected that are owed but have not been
11 turned over.
12 Q Are there any other monies that are held by PMS that
13 would go to either of these groups?
14 A Other than dues?
15 Q Yes.
16 A No.
17 Q The next series of documents all seem to concern
18 the process of dues collection. There are two documents that I
19 have here both of which appear to be dues statements, one how-
20 ever has a notation on it County Medical Society, the other has
21 a notation Medical Society.
22 Are these the current forms that are used by the
23 Pennsylvania Medical Society?
24 A To the best of my knowledge they are.
25 Q Would you know offhand how long these forms have been

1 in use?

2 A This particular form?

3 Q Yes.

4 A No, not without checking.

5 Q Has it been for the past several years, to the best

6 of your recollection?

7 A To the best of my recollection, it would be.

8 Q I notice that there are references to the AMA, to PMS,

9 to County Medical Society, there is a miscellaneous section and

10 then a voluntary section.

11 How long has PMS been billing for the American Medical

12 Association, if you know?

13 A I don't know, it has been a long time. In fact to my

14 knowledge it's the only method that I have ever known the AMA

15 collecting dues that is through the State and County Medical

16 Society. So as far as I know it has been in effect for a long

17 time.

18 Q How is the Pennsylvania Medical Society notified of

19 the amount which the AMA wishes to charge as its dues?

20 A The dues are set by the AMA, by the House of Delegates

21 of the AMA, usually at the June meeting and so we would know

22 in advance what the dues are for the various categories.

23 Again, I am not intimatately involved with all of the

24 correspondence that goes back and forth even between our office

25 and the AMA. But there are various categories of memberships,

1 our membership department would know the amount of dues to put
2 in for the AMA, whether it is for a full active member or
3 any other category of membership, but they would know the exact
4 amount based on the actions of the AMA with the dues that are
5 set by the AMA.
6 Q Could you tell me what this voluntary category refers
7 to?
8 A Let me go back if I could, to explain how the dues
9 statement is prepared, because the voluntary category could mean
10 a number of areas. We prepare, that is the State Medical Society,
11 prepares the dues for all of the County Medical Societies I think
12 except one. I think that exception is Allegheny County. I think
13 Montgomery County used to prepare their own but I believe we
14 prepare those now.
15 Q Is that why this one says Medical Society and this
16 one --
17 A It could be, I don't know it does really. But it
18 could very be that this would be Allegheny Medical Society and
19 the rest might be Pennsylvania Medical Society. I really don't
20 know what the difference is.
21 But at any rate we fill in what the AMA dues, we know
22 what the PMS dues are for the individual, the County Society
23 indicates to us what their dues are. And then the miscellaneous
24 and voluntary would be for a variety of areas. I believe that
25 for instance is the area in which the AMPAC-PaMPAC --

1 Q This is the voluntary section?

2 A I believe that is the point where this goes in as

3 voluntary contributions. That the physician can then decide what

4 dues he's going to pay and he makes the payment accordingly.

5 It could be that other amounts might go in. For

6 instance, a County Medical Society might have some sort of a

7 program of a voluntary nature to a scholarship fund or something

8 of that nature. That could also possibly go in either to the

9 miscellaneous or to the voluntary account. Again, I don't know

10 specifically without going back and checking the dues billing.

11 But that's the reason for those various blocks.

12 Q Would miscellaneous also include such things as

13 auxilliary and so forth?

14 A I would assume that's where -- again I think some

15 County Medical Societies have building funds in which they want

16 a contribution so they may put it in that miscellaneous box.

17 Q Does each County Society then notify PMS of which

18 categories it would want to have included in the miscellaneous

19 and voluntary categories?

20 A That's correct.

21 Q Do all the counties to your knowledge include PaMPAC-

22 AMPAC contributions in voluntary categories, is that a decision?

23 A That is a decision by the County Medical Society and

24 frankly to the best of my knowledge, I haven't checked in a

25 while, I think there might be one or two counties that do not

1 include it. At least I know there were some at one point, I
2 really don't know where that stands at the moment.
3 Q Do you know how long PaMPAC-AMPAC dues have been
4 included on these dues statements?
5 A No, not without going back and checking. Again, it
6 has been a number of years but I wouldn't know the exact time
7 that it went into effect.
8 Q Once PMS receives instructions from the County Medical
9 Societies and prints up according to the instructions of the
10 County Medical Society, the various dues statements, who would
11 then mail the statements?
12 A Some are mailed from this office, some are mailed
13 from the County Medical Society's offices, some of the County
14 Medical Societies prefer to mail them on their own and we mail
15 some from this office. Again, it's up to the County Medical
16 Society, which way they want to do it.
17 Q What would be the basis of a decision either way, do
18 you know?
19 A I really don't know. My guess is that the larger
20 County Medical Societies mail their own and the smaller counties
21 let us mail them.
22 Q You don't know why?
23 A I don't know what the reason is.
24 Q I have here a group of documents stapled together. The
25 top document dated December 1977 and it is a memorandum. It is

1 a memorandum directed to each County Society's Secretary Treasurer
2 or Executive Secretary from M. Grace Lovell, Staff Assistant,
3 regarding 1978 dues statements.
4 Could you tell me who Miss Lovell is?
5 A She is a Staff Assistant in our membership department.
6 She has a prime responsibility in the dues billing of the mem-
7 bership, in the membership department.
8 Q On the final page there is a listing of what appears
9 to be all the counties in Pennsylvania with various numerical
10 notations after them.
11 Do you know what this sheet might be used for? You
12 can look at the rest of the document if it will help you.
13 A I really can not say what that particular document
14 would be used for from the information, I'm sure it's a work
15 sheet of some nature but I really couldn't say what. I'm not
16 sure what the numbers mean.
17 Q Have you seen that form before with the listing of
18 counties on it?
19 A Yes. For instance, I see a form usually perhaps in
20 the time when the memberships are really coming in the first of
21 the year, the first five months of the year. I see a document
22 usually penciled with the counties indicating how many member-
23 ships we have received up until that time compared to how many
24 we received last year. It would look something like this with
25 the counties listed, these do represent the County Medical

ieties in the state. I'm not sure what this particular et is.

Q Are you saying then that this form may be used for rious different purposes?

A I would think so plus the one I get does not have this pe of figure on it.

Q The next group of documents begins with a memorandum ted August 18, 1978 to Mrs. Paul E. Buckthal, Treasurer of the edford County Auxilliary from Aline C. Oyler, Executive dministrator.

Could you tell me who Miss Oyler is?

A Mrs. Oyler is the Executive Administrator of the omen's auxilliary of the Pennsylvania Medical Society.

Q She is a PMS employee?

A That's correct.

Q Attached to the end of this document there is a report entitled Pennsylvania Medical Society House of Delegates report dated October 25, 1977. It appears to be a report of the reference committee on the constitution and bylaws presented by Betty L. Cottle, MD. And on the first page, the first item refers to unified membership.

Could you tell me what unified membership is?

A Unified membership that's referred to in that particular report would refer to the situation where in this case a physician who paid dues would have to belong to all three units,

1 the County Medical Society, the Pennsylvania Medical Society
2 and the American Medical Association.
3 Q Is this a policy of the Pennsylvania Medical Society?
4 A No, it's not.
5 Q Has it ever been the policy?
6 A No.
7 Q Next item is a memorandum from Susan McCarty to Grace
8 Lovell regarding 1977 dues statements dated November 3, 1976.
9 There is a reference in this memorandum to EDA.
10 Could you tell me what EDA ia?
11 A EDA is the data processing service that we use, the
12 computer. It's an outside computer service.
13 Q What is the name of the corporation?
14 A EDA.
15 Q It doesn't stand for anything?
16 A It's EDA.
17 (Discussion held off the record.)
18 BY MS. PROPPER: Let the record show that while we
19 were off the record Mr. Paxton indicated that EDA referred to
20 Electronic Data.
21 BY MS. PROPPER:
22 Q The next group of materials came from a set of materials
23 in a black binder that was not titled. However, it was produced
24 in response to a request of ours for a procedures manual.
25 Are you familiar with the procedures manual or a

1 membership manual?
2 A I am not.
3 Q The first group of materials that we received from that
4 binder begins with a memorandum I suppose to Charles G. Appleby
5 from M. Grace Lovell dated September 15, 1978 regarding 1979
6 cash reports.
7 Could you tell me what cash reports are?
8 A There are -- so far as I know in the membership category
9 they are the cash reports -- the membership department gets the
10 mailings initially from the County Medical Societies with the
11 checks and the cash reports then are sent to the bookkeeping
12 department for the proper disbursements. So far as I know, that's
13 what cash reports would refer to, some count of the money --
14 Q I think we may have examples of those, maybe you can
15 explain it a little bit more then.
16 On this first page there is also a reference to Acme
17 Cards.
18 A I have no idea what they are.
19 Q Likewise, there is a reference to Cash Cards.
20 A Again, I'm not aware of what that would refer to.
21 Q There is then a section on the following page which is
22 entitled procedure dues processing part one.
23 If you could look through this, would you know if that
24 is a current procedure for dues processing which is used by the
25 PMS?

1 A I don't know whether it is or not. This is the first
2 time I've seen it.
3 Q You have no responsibility for it?
4 A Again, as I think I mentioned earlier, the details --
5 while I have the overall responsibility for the administration
6 of the society, I have not not -- never gotten into the details
7 of how the money -- how the dues are collected or how the forms
8 are marked.
9 I do get concerned and want to know at what point --
10 at the proper point in time the correct amount of money is there
11 and I get those in a more general report. So as I say I really --
12 when you ask a question am I aware that this is the present
13 procedure, I really don't know if it is or not.
14 Q To your knowledge does Pennsylvania Medical Society
15 in the course of processing the dues and contributions received
16 from the various County Medical Societies, does PMS also process
17 the PaMPAC contributions?
18 A Yes. That is initially in the amount of money that
19 would come from the County Medical Society, the money is going
20 to the County Medical Society first and I think in almost every
21 case.
22 The County Society in most cases would keep its
23 amount of money and then forward on, in this case to the State
24 Medical Society all other monies that are due to any billings
25 that are made beyond the County Medical Society. So that that,

1 it's my understanding that money comes in, then is entered into
2 our bookkeeping department and so that then monies owed to
3 whoever the billing is for is then paid by our bookkeeping
4 department to the proper group or orginization.
5 Q Do you know whether the County Medical Society submits
6 a single check covering all the monies to be sent to PMS or do
7 they submit seperate checks?
8 A Again, I am not totally familiar, to my knowledge it
9 comes in at various times and whatever amount of money might
10 have been collected, let's say in a month or whatever the period
11 of time is, there would be a transmittal of that amount of money.
12 That would not necessarily represent all of the money
13 that will eventually come in to a County Medical Society and to
14 the State Society because the dues collection, fiscal year is
15 a calendar year and so the dues begin to generate in January and
16 probably February. I would say that February and March are
17 probably our largest months for dues collection and there would
18 still be some coming in in October and November.
19 Q I think perhaps I didn't make myself clear. What I
20 was referring to was whether the PAC contributions, that would
21 be forwarded from the County Societies would be included within
22 the same check in which the AMA dues and the PMS dues are made?
23 A I'm not sure, I would presume that it would be.
24 Q But you don't know?
25 A But I don't know for sure.

1 Q On page five of the dues processing procedure, roman
2 numeral four, there is a reference to a membership account book.
3 Would you know what that is?
4 A No.
5 Q There is also a reference under roman numeral seven
6 to a PaMPAC folder.
7 A I don't know what this would indicate.
8 Q Is the PMS processing of PaMPAC contributions a service
9 that PMS renders for PaMPAC?
10 A Yes.
11 Q Are there any documents which would account for the
12 utilization of PMS staff time and processing of the PaMPAC
13 contributions?
14 A As far as the PaMPAC contributions are concerned?
15 Q Yes.
16 A Not to my knowledge.
17 Q Does PMS give PaMPAC a check after the dues are
18 processed for PaMPAC-AMPAC dues?
19 A That's my understanding. The bookkeeping department,
20 our bookkeeping and accounting department get the money and the
21 amount of money that is due PaMPAC as a result of the billing,
22 a check is written to PaMPAC for that amount of money.
23 Q Does that include PaMPAC and AMPAC dues or is it
24 solely PaMPAC dues?
25 A To the best of my knowledge it includes both.

1 Q And PaMPAC then forwards AMPAC shares?
2 A That is my understanding.
3 Q On the final page of this document there is a sheet
4 entitled Pennsylvania Medical Society cash report number blank
5 with a number of columns on it.
6 The first column is ME number. Could you tell me
7 what that is?
8 A It's medical education number of the physician.
9 Q If I could backtrack for just a moment, I believe we
10 referred to a cash report earlier.
11 A Yes.
12 Q Have you seen this form before?
13 A No.
14 Q So you would not know for what it is used?
15 A No.
16 Q The second to last column is entitled MMBR year.
17 Do you know what this is reference to?
18 A No. I assume it means member, but I don't know. In
19 other words, the member year but again, I don't know.
20 Q The final column is entitled record number.
21 Do you know what that means?
22 A I'm not sure what that refers to.
23 Q One section of this binder was entitled dues report
24 processing. There was a memorandum within that section dated
25 January 31, 1975. Directed to all County Society Presidents,

1 Sectretaries, Treasurers, and Executive Director's Secretaries
2 from yourself regarding the AMA one percent dues rebate.
3 Did you draft this memorandum?
4 A Did I draft it?
5 Q Yes.
6 A No. It was drafted by the membership department.
7 Q Do you review it before it goes out?
8 A Yes.
9 Q There is a reference in the first paragraph to both
10 AMA regular one percent dues rebate and an AMA special prime
11 interest rebate.
12 Could you tell what those are?
13 A What the rebates?
14 Q And what the distinction is between the two.
15 A Normally, for a number of years the AMA has been
16 providing to State Medical Societies a one percent rebate of the
17 AMA dues collected as a payment for the work which the State
18 Society does in the collection of the dues.
19 Q To defray billing costs?
20 A That's right, and anything of that nature, that's correct.
21 So that's the one percent. This letter refers to a special
22 prime interest rebate, this was in 1975 and I think for two years
23 the AMA as an incentive to get their money faster than they were
24 getting it also put this particular program into effect. The tie
25 in the prime interest was the fact that what in reality was

1 happening is that -- I might state it didn't happen at the
2 State Society level but at County Medical Societies they were
3 collecting the money but holding it. Because the date in which
4 a member became delinquent might be, I think it was May 1.
5 So if a County Society collected money, rather than
6 forwarding it they were holding it and getting the interest and
7 then forwarding it to the State Society and then to the AMA. So
8 for a couple of years this was evidently that -- I think it went
9 for two years, the AMA as an incentive to try to get that money
10 moving tied this rebate to the prime interest rate. That's the
11 best of my recollection, the prime interest tie-in has been
12 discontinued, the one percent rebate is still in effect.
13 Q The one percent rebate is based on the total amount of
14 dues collected by the Pennsylvania --
15 A AMA dues?
16 Q Yes.
17 A Because that could differ from State Society dues, so
18 it would be the amount of money that would be collected from
19 AMA members.
20 Q It appears from this memorandum that the PMS board of
21 trustees decided to share the rebate received from the AMA with
22 County Society?
23 A That's right.
24 Q Is this the first year in which this was done, 1975?
25 A I'm not sure, I would have to check.

1 Q Does PMA retain any portions of the AMA rebate?
2 A Currently? What we are currently doing and have done
3 for a number of years, I don't recall the number of years, 50
4 percent of the rebate we give back to the County Medical Society
5 based on the number of AMA members of the county. So that as
6 an example Philadelphia county would obviously get the largest
7 amount of that 50 percent because they have the most members.
8 So that it's a 50-50 sharing. There's a decision made by the
9 State Society that we are not required to do that by the AMA.
10 Q It appears that the percentage that is sent to the
11 County Societies varies depending on when the dues are sent?
12 A That's correct. In other words, what we are attempting
13 to do is that the earlier the money is received, the more the
14 amount of the rebate to the County Medical Society.
15 So that the longer the dues are held in the County
16 Society, they less amount of money they would get on the rebate.
17 Again, that was the incentive to try and get the money in early.
18 Q Has that also been the practice for the last several
19 years to prorate?
20 A Yes, I think we still have the prorating schedule in
21 effect to the best of my knowledge.
22 Q I am handing you now two groups of documents both of
23 which begin a sheet entitled report of membership dues collected.
24 Both appear to be during the period of January 1977, one is for
25 Chester County Medical Society and the other one is for

1 Schuylkill County Medical Society.

2 Are these the cover sheets that are received from the

3 County Medical Society when forwarding dues to the Pennsylvania

4 Medical Society?

5 A I don't know.

6 Q Do you know how frequently the County Medical Societies

7 forward dues?

8 A No, I do not know.

9 Q It is something that is individual within the County

10 Medical Societies?

11 A I assume so. I don't know what the schedule is on how

12 frequently they would come in. I would assume it's not any

13 listed schedule, they would come in when the monies are available

14 and the Secretary or the Executive Secretary decides to forward

15 the money.

16 Q With these membership dues reports there are some

17 sheets which appear to have the receipt portions of the dues

18 statements on them. There are various notations, various amounts

19 that are crossed out or circled.

20 To the best of your knowledge, are the amounts that are

21 circled the amounts that are paid by the doctors?

22 A To the best of my knowledge they are. And the total

23 would change accordingly to the amount of money paid by the

24 doctor.

25 Q The doctors have the option of crossing out any of these

for which they --

1 A That's correct.

2 Q Next group of documents begins with an invoice from

3 the Pennsylvania Medical Society to the Pennsylvania Medical

4 Political Action Committee dated 12-27-77. The desciption of

5 the services are administrative and data processing services

6 provided for 3,040 PaMPAC members procedded on 1977 AMA AMPAC

7 cash reports numbers 1 through 27 at 15¢ per member.

8 Is this a form that is sent regularly to PaMPAC for

9 dues processing services?

10 A This form?

11 Q Yes.

12 A I would presume so, it is a form that's sent to any

13 entity organization for which we might do some direct services

14 and we would bill them for those services. So it is --

15 Q Then this would be something that would come out of

16 PaMPAC funds?

17 A It would come out of?

18 Q PaMPAC funds.

19 A Yes, they would reimburse the Medical Society for those

20 services.

21 Q I notice this is 1977 which is after the regular

22 appropriation to PaMPAC was discontinued.

23 Is PaMPAC then now paying for its own operating expenses?

24 A Could you elaborate on what you mean by operating

25 expenses, you mean total administration?

Q I have understood you to say that for example, Mr. Rothenberger's salary is now paid by the Society?

A That's correct, as an employee of the Society.

Q That there is no rent charged and so forth?

A That's correct.

Q However, here there seems to be a charge for the billing?

A Or what I would define for lack of a better term as direct services where there is a cost factor involved of mailing or postage. Or in this case, I presume this is a cost which was incurred as part of a billing procedure. We, to the best of my knowledge, we would bill them for that amount of money that would be paid from PaMPAC monies.

Q Which is received from the contributions?

A Yes.

Q Are there any other services for which PMS would bill PaMPAC?

A I would have to check and see whether there are, I can't think of any at the moment. There would be -- basically I believe what they would be is whether there is a -- where you can identify a direct cost. For instance, a couple of reams of paper or postage or something of that nature.

Q Office supplies and so forth?

A Yes.

Q I have here a document entitled -- consisting of two

1 sheets, the top sheet appears to be a memorandum from M. Grace
2 Lovell to Jerry Rothenberger dated October 4, 1976 regarding the
3 1977 PaMPAC membership cards. In the first paragraph there is a
4 reference to PaMPAC reports.
5 Do you know whether there is a form which is entitled
6 PaMPAC report?
7 A No, I do not know whether there is a form.
8 Q Is there a PMS form which PMS gives to PaMPAC along
9 with the check which encompasses the PaMPAC contributions?
10 A I don't know what accompanies that check. I would
11 assume there would have to be some indication of the names of the
12 physicians who made the contributions. But I don't recall ever
13 having seen the actual transmittal that goes from the -- with
14 the check from the bookkeeping department or from the membership
15 department, whichever way it is done.
16 Q In this first paragraph ther is also a reference to
17 PaMPAC cards.
18 Is this membership cards?
19 A I'm not sure what that would refer to. Whether it was
20 referred to as something that's used in the computer, a computer
21 card or it could refer to membership cards, but I'm not sure
22 what that would refer to.
23 Q To your knowledge are there PaMPAC membership cards?
24 A I think there are, I think I have one.
25 Q Are these sent out by PMS?

A No, they're sent out by PaMPAC.

Q The next group of documents begins with a memorandum headed interoffice correspondence to Ann Roberts from Susan McCarty dated August 31, 1978 subject AMA report number 17-1978. The third document here is a sheet which is headed AMA report number and then there is a dash which says 17-1978. Then there is another heading AMA dues and four columns.

Did you ever see this form?

A No, I have not.

Q You wouldn't know then at what stage of the dues process this would be used?

A No.

Q Would Mrs. Lovell be the one who would know the answers to most of these questions, she would know what forms are used?

A As far as membership and dues billing she would be the proper person to answer those questions.

Q Towards the end there is a long sheet which is entitled PMS report number -- this one is 81-1978 dated August 17, 1978 and there are columns for the county, the check numbers, the amounts, the various PMS dues categories, AMA dues categories, AMA-PaMPAC and QDF.

QDF is the Quackery Defense Fund, is that correct?

A I believe so.

Q Have you ever seen this form before?

A No, I have not seen that form before.

1 Q So you would not know at what point this was used
2 either?
3 A No.
4 Q There is a reference on this form at the bottom, there
5 is a notation saying, please place into suspense and hold $112.50.
6 Could you tell me what suspense is?
7 A No. I would assume there's evidently a discrepancy
8 someplace of $112.50 and that the bookkeeping department is
9 being asked just to hold it in escrow. I would indicate -- it
10 would indicate to me that term is synonymus with escrow just
11 holding it until they would make a determination, but that is a
12 supposition on my part. I don't really know.
13 Q Does the Society have a particular account that is
14 called suspense, a bank account?
15 A No.
16 Q The next document is entitled report of AMA members.
17 It appears to be a form of the AMA, the Pennsylvania Medical
18 Society is typed in under name of state association. This is
19 report number 27-1977.
20 Have you seen this form before?
21 A No, I have not.
22 Q Attached to this form is another Pennsylvania Medical
23 Society cash report, this one is also number 27-1977 is dated
24 January 5, 1978. Under the columns status county code AMA class,
25 there are some numbers.

1 Are these numbers that refer to your computer programs?
2 A I really have no idea what the numbers refer to. I
3 really don't know.
4 Q I am showing you now what is entitled 1978 dues
5 billing print out.
6 How long have you been computerizing your membership
7 records, if you know?
8 A I don't know, it's been a number of years but I really
9 couldn't even make a guess how long we've been doing it.
10 Q Do you know how long you keep the print out records in
11 your files?
12 A No. Of each year you mean?
13 Q Yes. How many years back you would keep your print
14 outs?
15 A I really don't know.
16 Q The first sheet here is entitled a proof list dated
17 9-11-78.
18 Do you know what the proof list is?
19 A No.
20 Q Do you know at what point in the process the data is
21 sent to the computer?
22 A No, I do not.
23 Q Do you know whether copies of these print outs are
24 sent to the AMA?
25 A I don't know.

1 Q There is also in this group a report, a computer
2 print out which is entitled Pennsylvania Medical Society AMA-
3 AMPAC report. This one is number 14 and it is dated 6-15-78.
4 Do you know whether PMS has separate computer print
5 outs for its members and for the AMA dues that are collected?
6 A I don't know, as far as the dues collected, I would
7 assume at some point it would show whether or not the member is
8 a member of AMA. But again, in the process when talking about
9 a print out, I'm not sure what the mechanism would be.
10 In other words, we, as far as the dues, as soon as the
11 dues are reconciled we forward the dues on to the AMA, they
12 might be in our general fund or checking account for five, six
13 days until it's reconciled and we forward the money on to the
14 AMA. So again, I don't know how that would show up in a print
15 out.
16 Q The next item appears to be a sample letter either
17 August 22 or September 1, 1978. It is a letter that appears to
18 have gone out under your signature regarding the AMA rebates.
19 Attached to this group of documents appear to be the receipts
20 from two checks from the AMA which are described as dues comm.
21 Which I presume is dues commission or dues rebate?
22 A I presume so, I don't know.
23 Q Do you know how many such checks PMS receives each
24 year, does the AMA have that?
25 A I don't know. It comes to my attention when we have

1 in the opinion of the [illegible] rebate and then they [illegible] they go to each
2 County Medical Society. And that's usually the first time that
3 I get involved at all in the rebate from the AMA.
4 I don't know how many checks, how often the AMA reim-
5 burses the Society on the rebate process.
6 Q About when during the year are checks sent out to the
7 County Societies?
8 A I think we just did it for this year within the last --
9 perhaps in the last month, month and a half, I recall signing
10 letters.
11 Q Sometime around August or September?
12 A I think it was.
13 Q Is that generally when that is handled?
14 A To the best of my recollection that would be about
15 when it would go.
16 Q I am going to show you now a rather lengthy document,
17 it was a manual put out by the AMA entitled federation membership
18 manual. It appears to have been compiled in connection with a
19 federation billing membership conference held in Washington, D.C.
20 on September 20 and 21, 1978.
21 Did you attend that conference?
22 A I did not.
23 Q Do you know who attended that from PMS?
24 A Mr. Appleby who is our business manager and Mrs. Lovell
25

1 attended that.

2 Q Do you know who paid their expenses to attend that

3 conference?

4 A State Medical Society, we paid their expenses.

5 Q The AMA didn't defray any portion?

6 A No. As I recall, the AMA I believe offered to pay

7 the expenses of four people from a state, that would be including

8 County Medical Societies or State Medical Societies. And at

9 the time I received a phone call sometime before this conference

10 indicating that the procedure would be that they would pay for

11 two people coming from the State Society and two County Society

12 Executives selected at our option.

13 And we felt it important for the County Medical Societies

14 to be represented so we offered to pay the expenses of our own

15 staff people which would allow four County Executives to go at

16 AMA expense.

17 Q That is what occurred?

18 A I don't know for sure whether four County Medical

19 Society Executives attended. I know they were having some

20 difficulty in getting people to attend. But our plan was that we

21 would pay for the expenses of Mr. Appleby and Mrs. Lovell.

22 Q To your knowledge are there copies of the correspondence

23 between the AMA and PMS concerning the arrangements for this

24 conference?

25 A There should be. I recall receiving -- actually I

1 received one phone call and I recall receiving one letter from
2 the AMA.
3 Q I have here a copy of the 1973 official reports to the
4 House of Delegates for the Pennsylvania Medical Society. And
5 on page 84, the first full paragraph on the left-hand column
6 there is a reference to an AMA conference on membership held at
7 the Clinical Convention.
8 How frequently does the AMA hold conference on
9 membership?
10 Let me backtrack for a moment. Do you recall this
11 conference that is referred to here in 1973?
12 A I do not recall it, no.
13 Q Do you recall any other occasions apart from this
14 conference that was held a week ago, any other occasions on
15 which the AMA held a conference of the State Societies and
16 County Societies.
17 A This to my knowledge is the first conference as formal
18 as this one. At AMA meetings and meetings of Medical Society
19 Executives there are frequent discussions on membership and the
20 federation and --
21 Q Billing procedures?
22 A They don't have to do much with procedures as trying
23 to work our energy towards getting as many physicians as possible
24 to belong. It's more what I would term a membership campaign
25 rather than talking about procedures for billing.

1 This particular conference that we referred to earlier
2 has to do specifically with a change in the method of billing
3 for AMA dues which is being contemplated for 1979.
4 Q This is the 1978 conference?
5 A Yes, the one in Washington.
6 Q In these other meetings that you you referred to, does
7 the AMA give suggestions for increasing AMA membership at the
8 state level?
9 A Yes.
10 Q Does it provide materials to be used in membership
11 solicitations?
12 A Sometimes, there have been pamphlets, we have had
13 even in the State Medical Society what we refer to as an
14 ambassadors campaign trying to recruit members not only for the
15 Pennsylvania Medical Society but for the American Medical
16 Association.
17 Q That is a joint membership drive?
18 A Yes, although there is not as I mentioned earlier,
19 there is not a mandate for the member to belong to the State
20 and to the AMA.
21 Q In your ambassadors campaign, does the AMA pay any
22 portion of the cost of the materials that you have used?
23 A I don't believe so. I would have to look at all the
24 materials, it is quite possible that there may be AMA pamphlets
25 in the campaign, but that was primarily a program started by the

1 State Medical Society.

2 I think that our primary time with the AMA would

3 probably be a -- to determine the method of getting the names of

4 physicians who do not belong to the AMA and the State Society

5 and try to build up that type of program.

6 Q Could you tell me what the American Association of

7 Medical Society Executives is?

8 A Yes. It's an organization composed of Medical Society

9 Executives from across the country, people such as myself, we

10 have for instance on our staff I guess about eight or ten of

11 our Executive people who belong, County Medical Society Executive

12 Directors would belong, Executives from the American Medical

13 Association, specialty societies. I think it has a membership

14 of somewhere in the neighborhood of 500 members.

15 It's the -- you might say the management side of

16 medicine meeting periodically. It's a formal organization, has

17 its own Executive Director.

18 Q Is that in any way connected with the AMA.

19 A No. Well, I suppose you would say yes because the

20 headquarters is housed in the AMA building in Chicago. I think

21 over the years the AMA has made a financial contribution to

22 that organization, I'm not sure if they still do. We pay dues,

23 each person that belongs pays dues to the organization. But

24 there is some contribution, there has been from the American

25 Medical Association.

1 Q Are the Executives from the State Societies eligible
2 then for membership?
3 A Yes, specialty societies.
4 Q So it is broader than --
5 A AMPAC.
6 Q These meetings which you were just discussing earlier
7 at which the membership campaigns were discussed, these would be
8 meetions of the American Association Medical Society Executives?
9 A Yes, we would have workshops on the membership.
10 Q Are these meetings held regularly?
11 A There are varying types of meetings but there is
12 usually a two and a half day meeting held prior to the annual
13 meeting of the AMA in June. I'm going to a meeting this week-
14 end which is sponsored by this organization but it's strictly
15 for the Chief Executive Officer of each State Medical Society.
16 We have regional meetings, one I think will be held in November
17 I believe in Washington, D.C. of the Executives of this area
18 of the country.
19 So there are probably two or three formal meetings a
20 year. There are other meetings that go on various subjects
21 other than -- like public relations or something of that nature.
22 Q In response to our subpoena request number six, which
23 asked for materials relating to workshops. PMS produced several
24 pamphlets which related to seminars of the PMS entitled officers
25 conferences. You seem to have at least one for every year since

1 1972.

2 Are the officers conferences seminars that are held

3 for both PaMPAC and PMS?

4 A You mean separately?

5 Q No. Are they joint meetings?

6 A Well, the officers conferences is a yearly event of the

7 State Society in which we invite at our expense, the State

8 Society's expense, the officers and executives of all the County

9 Medical Societies.

10 We pay the expenses for a certain number of officers,

11 depending how large the County Medical Society is. On some of

12 the programs of the officers conference, PaMPAC has participated

13 to the best of my recollection, perhaps having a program on some

14 phrase of politics, sometimes a political speaker, I can recall

15 some being in but they would participate, perhaps have the

16 responsibility for a speaker or some phase of the program.

17 Q On those occasions on which PaMPAC has presented a

18 speaker, does PaMPAC defray those expenses then?

19 A I believe sometimes they do to the best of my knowledge.

20 Q Sometimes it comes from PMS funds?

21 A That's right. We have a budget for the officers

22 conference which includes expenses for speakers.

23 Q Does PMS also conduct seminars on behalf of its general

24 membership which would relate to federal candidates or lesislation?

25 A The Pennsylvania Medical Society?

1 Q Yes.

2 A Not to my recollection, other than the officers

3 conference. The only other large meeting of the State Medical

4 Society is the annual session, the annual meeting which we

5 were discussing in the proceedings earlier.

6 I can't recall any type of formal programs other than

7 those two that would specifically -- obviously we have over the

8 years urged our members to have [illegible] have

9 [illegible] -- for instance [illegible]

10 relations which involves the [illegible]

11 [illegible] to county Medical

12 Societies.

13 Q At these officers conferences, [illegible]

14 [illegible]

15 Sometimes, I think it would depend on the subjects.

16 Sometimes there are accompanying materials, [illegible]

17 would not be.

18 Q Are copies of any manuals or workbooks passed out

19 during these [illegible]

20 Some would be, again I would say that most material

21 that would be passed out at an officers conference probably

22 would be in our files someplace, especially if we produced the

23 material.

24 Like for instance, I can recall material that our

25 legal counsel passed out at his presentation last year, we have

1 that in our files.
2 Q Has PMS to your knowledge ever received any materials
3 from the American Medical Association regarding the yearly
4 public affairs workshops conducted by the AMA?
5 A Yes, we would receive correspondence from the AMA
6 urging attendance, again I'm not sure when the last time one of
7 those meetings were held. I personally have not attended one
8 for the last couple of years but we would receive correspondence
9 from the AMA if the AMA were sponsoring it urging officers and
10 representative of the State Society to attend.
11 Q Does PMS participate in the AMA public affairs workshops?
12 A I would think to the best of my recollection we would
13 usually have somebody in attendance.
14 Q Does the AMA ever pay any of the expenses of PMS
15 personnel to attend these meetings?
16 A I don't think so. I think we -- again I would have to
17 go back and look at the correspondence but my recollection is
18 that we pay the expenses.
19 Q Do you know whether PMS has retained any of the
20 correspondence relating to the public affairs workshops?
21 A I don't know whether it would still be in our files
22 or not.
23 Q Or any of the materials that related to those work-
24 shops?
25 A I don't know whether it would be in the files.

1 Q At the annual meeting that you referred to, does
2 PaMPAC ever invite any speakers to address the House of Delegates?
3 A No, not the best of my recollection, other than the
4 chairman of PaMPAC.
5 Q Which we referred to earlier that presentation.
6 A That's correct.
7 Q Do you know whether PaMPAC conducts workshops during
8 the same time period, during which the House of Delegates meets?
9 A To the best of my recollection, the only meeting of
10 PaMAC would be a meeting of the PaMPAC Board of Directors at the
11 time of the annual meeting. I can't recall of other -- actually
12 the time schedule at the annual meeting is very tight and there
13 is really no room for almost any other item except the transactions
14 of the House of Delegates.
15 Q Does the Pennsylvania Medical Society pay for your
16 membership in the American Association Medical Society Executives?
17 A Pay for mine?
18 Q Yes.
19 A Yes.
20 Q Does it pay for any other PMS employees --
21 A It pays for all -- excuse me.
22 Q -- their memberships?
23 A In the same organization?
24 Q Yes.
25 A It pays the expenses of all Pennsylvania Medical Society

1 emplyees who belong.

2 Q As well as your expenses to attend the meetings of

3 AAMSE?

4 A That's correct.

5 Q You may have stated this earlier but I just ask

6 you again.

7 Do you know how far back your records go?

8 A I don't know how far back they go. When you say

9 membership records you mean how long, for instance we can tell

10 you how long a physician has been a member of the State Medical

11 Society but if you're referring I think initially to the member-

12 ship lists, I don't know how long we retain those.

13 Q You do have cards for each physician member?

14 A That's correct.

15 Q That would indicate every year that he has paid dues?

16 A How long he has been a member, what class he has been,

17 what activities he has held in the State Medical Society, if he

18 has been on committees and so on.

19 Q Does PMS keep ledgers of its receipts and expenditures?

20 A Yes, in our bookkeeping department.

21 Q Do you know whether there are specific ledgers which

22 reflect the monies received and paid out for dues?

23 A You mean of AMA?

24 Q AMA and the monies handled for PaMPAC and so forth.

25 A I have not seen the ledgers specifically but I would assume

1 there would be a ledger because there is a transaction involved
2 and as far as the Society's account is concerned so I would have
3 difficulty if there isn't some ledger there.
4 Q Are you aware of any money that is received through
5 the American Medical Association for anything besides the dues
6 rebates that we discussed earlier?
7 A You mean to the State Medical Society?
8 Q Yes. Has PMS ever received any grants for example from
9 the AMA?
10 A No, to the best of my recollection the closest that it
11 would come to your answer is really not the State Society but a
12 number of years ago in 1972 after the flood, we, the State
13 Society loaned physicians money to rebuild their practices and
14 AMA matched the amount of money. They were interest free loans
15 which came to the State Society, which then had the responsibility
16 of giving that money to physicians who were granted interest free
17 loans. So in that aspect, that was 1972, that happened again in
18 1975, I lose track of when the Johnstown -- and the AMA agreed
19 to do it, although I'm not sure frankly whether they did because
20 our demands were much at that particular than they were in 1972.
21 So that's the only thing that comes to my mind at the moment.
22 Q Were the repayments of those loans also handled
23 through the Medical Society?
24 A Yes. We had records of how much money, where the AMA
25 money was and the State Society's money was and as those loans were

1 repaid that flowed back into the State Society and on to the AMA.
2 Q A lump sum was requested from the AMA for this purpose?
3 A Yes, they agreed to match what the State Society would
4 put up. We put up $300,000, my recollection is that they put
5 up $300,000 so it was roughly about $600,000.
6 Q Are you aware of any correcpondence between the
7 Pennsylvania Medical Society and the American Medical Association
8 concerning candidates or federal office holders?
9 A No.
10 Q For example, during the AMA public affairs workshops,
11 it is my understanding that these are held in Washington, is
12 that correct?
13 A That's correct.
14 Q Has the AMA ever made arrangements for members of the
15 Pannsylvania delegation to meet with Pennsylvania legislators
16 during the public affairs workshops?
17 A That has happened, although, not -- we have done that
18 on a number of occasions but usually not at the time of the
19 public affairs workshops. We find that not to be a convenient
20 time to do it. But we have in the past taken a delegation of
21 our physicians to Washington to meet with the Pennsylvania
22 Congressional delegation.
23 It has been cooridinated by the Washington office, the
24 American Medical Association and they have participated in that.
25 We don't do it at the time of the public affairs. I think some

1 State Societies do -- I mean those that are from a distance,
2 California and so forth. But we have not done that for the
3 past three years at least.
4 Q Do you recall the name of the person in the Washington
5 office who helped you set up these meetings?
6 A Most of the people that I recall aren't in the
7 Washington office anymore. Harry Hinden would be one name, I
8 think he was director of the Washington office at one time. Bob
9 Craig who is our director of legislative activities really is
10 the staff person who coordinates that activity with the
11 Washington office, the AMA.
12 Q What sort of assistance did the Washington office
13 provide or what was their involvement?
14 A Primarily briefing on what's going on in Washington
15 especially with regard to bills that medicine would have an
16 interest in. Where they stand, where the legislation stands, that
17 type of thing.
18 Q When you say then, do you mean --
19 A The staff.
20 Q The AMA position on this legislation?
21 A No. Well, what I'm saying is that there would
22 obviously be when we talk about legislation, certain bills that
23 medicine would be interested in as opposed to others. Our -- as
24 I recall the briefings, they were kind of briefing the physicians
25 before they visited the various Congressmen so thay they would

1 be knowledgeable in where bills stand, that the medicine has
2 an interest in.
3 Q That is a PMS delegation that would go?
4 A The physicians from the State Medical Society, yes.
5 Representing the State Medical Society, officers, members of our
6 council, legislation.
7 Q Would that include PaMPAC officers as well?
8 A It could, in most cases they would probably also be
9 involved, in other words some other activity of the State Society.
10 It could, again I would have to go back and see who went exactly
11 but it could officers of PaMPAC.
12 Q To your knowledge, has the correspondence concerning
13 these legislative visits been retained?
14 A I don't know. Most of the arrangements for that type
15 of meeting would really be made by telephone between our office
16 and the Washington office. The correspondence would be more
17 between our office and the Pennsylvania physicians who are
18 going to attend. Giving them the details of the time and place.
19 Because again I think at least from our standpoint,
20 the visitations really are at our initiative and our option and
21 as I say we haven't made those visits for, I think at least
22 three years.
23 Q You would also initiate the contact then with the AMA
24 office to ask them to help you out?
25 A Right, that we would like to bring a group of physicians

1 down and ask them to set up the necessary arrangements.
2 Q Were there any telephone memos that were made, you
3 said that --
4 A Not to my knowledge.
5 Q -- many of the arrangements were --
6 A I don't know. As I say I wouldn't have been the one who
7 made the arrangements, Bob Craig of our staff would be staff
8 person who had the direct contact with the AMA Washington office.
9 Q Have you had any correspondence regarding federal
10 candidates or federal office holders with State Medical Associations?
11 A Not to my knowledge.
12 Q Is PMS part of a regional conference or regional
13 group of State Medical Associations?
14 A Informally for the last three or four years, once a
15 year the officers and executives of about five Medical Societies
16 meet for one day.
17 Q Which medical societies are involved in this?
18 A Pennsylvania, New Jersey, Deleware, Washington, D.C.,
19 Virginia and Maryland.
20 Q Do you know who organized this group?
21 A It was really -- it grew out -- I think the initiative
22 actually was the New Jersey Medical Society, I recall the first
23 meeting being in New Jersey there was a felling among state
24 societies adjacent to each other to get together and discuss
25 common problems. My recollection was that it was really

1 instituted at the initiation of the New Jersey Medical Society.
2 Q What is discussed during these meetings?
3 A Whatever is really the key topic of the day. Specifically
4 it might be HSA, this year we're getting ready for one in
5 November in Washington and I'm sure such topics as the problems
6 with the HSA.
7 Q Can you tell me what HSA is?
8 A Health Systems Agency, that's the federal agency that
9 a hospital or any group has to go through now to get approval
10 to spend money to expand their facilitities. They're set up
11 on a regional basis across the country. It could be hospital
12 relations, malpractice, whatever the key issues are.
13 Q It could be federal legislations, it could be billing
14 problems?
15 A It could be.
16 Q Are you familiar with a program known as AMCAP?
17 A Vaguely.
18 Q Could you tell me what you know?
19 A As I recall, it was -- I'm not sure if it's still in
20 existence but it was I think an attempt by the American Medical
21 Association to computerize billings. That's pretty much -- we
22 had as I recall and this as least to my knowledge goes back a
23 number of years probably three or four years at least, perhaps
24 more, that they had as I recall, tested it in several State
25 Medical Societies. We had had some discussions as I recall with

1 the AMA about it and nothing ever panned out as far as we were
2 concerned. I don't know really where it stands at the moment.
3 Q PMS never participated in it?
4 A No.
5 Q Would you know whether any correspondence or materials
6 relating to AMCAP are presently existing in the PMS files?
7 A I don't know if it presently exists or not.
8 Q Does PMS ever receive any questionnaires from the
9 American Medica' Association?
10 A Yes.
11 Q What sort of questionnaires do they receive?
12 A I can't think of a specific subject obviously I can
13 see questionnaires that have come in. I can't think of a
14 specific subject at the moment.
15 Q Are these questionnaires concerning attitudes towards
16 various issues?
17 A No, I don't recall them as that, I think they would be
18 more on specific subjects, do you have a committee on hospital
19 relations, who are the members, that type.
20 Q Organizational questions then?
21 A Yes, do you have a committee on maternal and child
22 affairs, who are the members, it's more -- at least in my mind
23 that type of questionnaire that we would get.
24 Q Is this information then available to all the State
25 Societies?

1 A You mean as a result?
2 Q As a result of --
3 A No, as I recall, they're more as I take them information
4 which the AMA is attempting to gather perhaps to coordinate
5 some activity from the national level down through the State
6 Medical Society. But specifically in getting the results of
7 that type of questionnaire I don't recall ever seeing a
8 composition of this.
9 Q Have you ever sought any information from the American
10 Medical Association regarding practices in other state
11 associations? I'm referring now to organizational letters.
12 A No, I think that would more be done directly by us to
13 the State Medical Societies, if we had a question on procedures.
14 For instance I mentioned this conference over the weekend some
15 of the subjects that will be discussed are organizational matters,
16 how do you run salary administration programs and this becomes
17 really more of an exchange among the State Medical Societies
18 rather than using the AMA as a conduit to get such -- periodically
19 I will get a survey from a State Medical Society wanting to know
20 what we are doing on a certain issue.
21 Q So this would be done through the AAMSE meetings?
22 A Well, not even that, it would be done just -- well,
23 the meeting I'm going to it would be done through that but
24 sometimes just the State Society would initiate on its own to
25 survey the State Medical Societies on a particular subject.

1 Q Has the AMA in the course of the PMS billing on behalf
2 of the AMA, has the AMA ever sent sample solicitation letters or
3 other such materials suggested for use by the State Societies?
4 A Not that I'm aware of, there has been a request from
5 the AMA and I think we agreed to that request to include a
6 promotional piece on the AMA in the dues billing. But I personally
7 don't recall ever seeing a sample solicitation letter as an
8 example, but they do request and I think we do include a promo-
9 tional piece of AMA membership.
10 Q Does PMS send to the AMA a copy of this dues statement,
11 that printed sheet that we saw earlier?
12 A I don't know, I don't think so but I don't know for
13 sure.
14 Q Has PMS or does PMS conduct workshops and seminars with
15 other State Associations?
16 A For physicians?
17 Q Yes.
18 A No, none that I can recall.
19 MS. PROPPER: I think that concludes my questions.
20 Thank you very much.
21 (Whereupon, the deposition was concluded.)
22
23
24
25

COUNTY OF DAUPHIN :
SS
COMMONWEALTH OF PENNSYLVANIA :

I, Virginia Loria, Reporter-Notary, authorized to administer oaths and take depositions in the trial of causes, and having an office in Harrisburg, Pennsylvania, do hereby certify that the foregoing is the testimony of

JOHN F. RINEHART

I further certify that before the taking of said depositions, the witnesses were duly sworn; that the questions and answers were taken down in shorthand by the said Virginia Loria, a Reporter-Notary Public, approved and agreed to, and afterwards reduced to typewriting under the direction of the said Reporter.

I further certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within deposition, and that this copy is a correct transcript of the same.

In testimony whereof, I have hereunto subscribed my hand this 29 day of September, A.D. 1978.

Virginia Loria
Reporter - Notary

Date Originally Filed_____ By_____

Tickler Dates:_____ _____

_____ _____ _____

Discard Review Dates:_____ _____

February 10, 1978

William Lamberton, M.D.
213 E. 41st Street
Erie, PA 16504

Dear Dr. Lamberton:

As a follow-up to our telephone conversation, the AMA is requesting "key contact physicians" to meet in Washington to talk to their Congressmen about amendments to the Health Planning Law and cost containment, with special emphasis on voluntary initiatives.

We will make reservations at the Hyatt Regency Washington for you for late arrival on February 21st. A continental breakfast and the AMA Washington Office briefings will be held at 7:30 a.m., February 22 in the hotel.

You are requested to make an appointment with Congressman Marks sometime after 10:00 a.m., February 22nd. Congressman Marks' Washington office number is (202) 225-5406; district number is (814) 455-1313.

Bob Craig sill also be in attendance for the briefing session.

I have enclosed the only material that we've reweived from AMA, thus far, for your review.

Sincerely yours,

J. L. Rothenberger

Enc: 1
cc: Robert H. Craig, Jr.
JLR/gt

9 1 0 1 0 2 5 1 7 3 3

Proceedings
Clinical Session
Dallas 1959
December

Ex #51 . p.1.

Quotes and Reprints: Although the News is still a relatively young publication, it has been wid quoted and reprinted both here and abroad in newspapers, magazines, state and county medical j nals, trade papers, hospital and health publications, chamber of commerce bulletins, pharmaceuti periodicals, college and university publications, insurance bulletins and magazines, farm journal science and military publications and reports of U. S. congressional committees. News articles have served as the basis for editorials, quotes in editors' personal columns, comments in nationa syndicated health columns, network radio and television commentary, regular weekly health progr. for radio stations, and weekly newspaper science and medicine departments.

Commendations: Hundreds of physicians have sent commendatory letters. Very few critical lette have been received. Several medical societies and medical journals have expressed approval of t new publication. The AMA House of Delegates at Minneapolis heartily approved and lauded the purpose, content and format of the News and recommended continuance of the publication under its present and established policies.

Conclusion

The work of the division is constantly expanding as it becomes not only the public relations arm the profession but also a functioning communications service unit for the Association. The divisic wishes to express its appreciation to the House of Delegates, Officers and Trustees of the Associ state and county medical societies, departments and staff members at AMA Headquarters, Physicia Advisory Committee on Television, Radio and Motion Pictures and Advisory Committee to the Dire of Communications, for their help and cooperation during the period of this report.

REPORT OF THE FIELD SERVICE DIVISION

The staff of the Field Service Division is composed of:

Aubrey D. Gates, *Division Director*
Reuben M. Dalbec, *Field Representative*
Glenn Gillette, *Field Representative*
Charles Johnson, *Field Representative*
Richard Nelson, *Field Representative*
Cecil Dickson, *Legislative Representative*
James W. Foristel, *Legislative Representative*
D. Harold Slater, *Legislative Representative*
R. O. Beckman, *Consultant on Aging*

The Field Service Division was created by action of the Board of Trustees in August 1958. The following statement of purposes, objectives and functions of the Field Service Division was approve by the Executive Vice President and the Board of Trustees.

I. Purpose:

The Division of Field Service shall serve as an operational and liaison arm of the AMA with the state and local medical societies in specified activities. It shall serve in conjunction with, in support of, and as a service to all Divisions and Departments of AMA in the field as may be agree upon by the respective directors or as may be directed by the management.

II. Objectives:

A. To further develop the spirit of teamwork between AMA and the state societies.
B. To help create among AMA members a recognition of their identity of interest with the AMA.
C. To assist in locating, cultivating, and developing a better understanding and closer working relationship with appropriate lay organizations.

III. Functions:

A. To gain and maintain the complete confidence, understanding and cooperation of the executive secretary, principal officers, and governing bodies of each state society.
B. To detect adverse criticism of the AMA, and transmit the information to the management.
C. To locate in organized medicine any points of friction, schisms, conflicts, splinter-groups, and attempt to catalyze the correction and healing of such situations.

D. To interpret and promote the services of all units of AMA to constituent societies.
E. To develop a constructive, cooperative working relationship with the members of Congress and their supporters and friends.
F. To facilitate the utilization by lay organizations of AMA resources.
G. To promote such other special activities as directed by the management.

The first undertaking was the staffing of the Division. This was accomplished after carefully surveying the field as to available talent, many interviews, and numerous discussions with the Executive Vice President and the Assistant Executive Vice President. On November 1 and 15, 1958, the four Field Representatives went on active duty. A period of orientation through the month of November and the Clinical Session in Minneapolis, was pursued in order to get as thorough an understanding of the Association, its structure, its philosophy, its services, and its management, as possible. Each of the Field Representatives was assigned twelve states. These are not located in one geographic region of the United States. For efficiency in travel they were grouped in two or three adjacent states, but located in different areas of the country. This was done to give each Field Representative an opportunity to know and be able to evaluate problems in all parts of the country. While it is acknowledged that medicine is practiced much the same in all parts of the country, the philosophic, social and economic outlook of physicians and the public is different in different areas. It is necessary for men occupying positions of this type to understand fully these variations and to interpret them to AMA staff and management.

In November and December each Field Representative visited enough states to be able to relate the services of the association to the needs of the states and to gaining better perspective of the functions that they would perform in the field.

Beginning on January 1, 1959, and continuing throughout this year, they have systematically visited the states, endeavoring to carry out the over-all purposes, objectives and functions of the Division, and have reported back to the Association in an effort to reflect problems and opportunities or serving the constituent and component Associations.

Every state has been visited by the Field Representative a minimum of three times during the year, and many of the states have been visited numerous times, depending upon situations and needs.

In addition to general representation of the Association and its services in the field, a number of special activities have been pursued. In a special effort to establish closer liaison with the American Hospital Association, we have made contacts in the states with the medical staffs and hospital administrators. Out of this, we believe, has come a climate for better cooperation between the two Associations.

In our efforts to further the Association's policy with reference to legislative activities, the Field Service Division has devoted major attention to developing a closer liaison between the Communications Division, the Law Division, the Council on Legislative Activities, the Keyman System, and the state association's executive officers and their legislative committees.

We have given concentrated assistance to some states where key members of the Congress reside in an effort to establish better liaison between the physicians and the Congress. In other states, we have worked on an extensive basis to do the same thing with all members of Congress. This has been principally in the field of providing more information to the congressmen and better contacts with them and with others interested in medical legislation, from physicians, medical organizations, lay readers and lay organizations.

The Field Service Division has devoted a considerable amount of time to the promotion of programs such as the AMA Six Point Program for the Aged, community types of endeavors in the nursing home field, and related activities. We have called to the attention of the state associations, the opportunities for working with governors of state in setting up committees and commissions for the aged, and planning and holding state conferences on aging in 1959 and 1960. We have also worked with the states in getting physicians designated by governors to be a part of the state's delegation to the White House Conference.

The Field Representatives have worked at an expanded program of getting acquained with many different kinds of organizations and institutions within states. Field Representatives have, for example, in certain states initiated a program of establishing new contacts between state and local medical groups, with newspaper editors, civic organizations of many types, farm organizations and women's organizations. We have not yet begun to reach the potential available in this phase of our program.

The Division has endeavored to further the specific activities resulting from Forand Task Force considerations and administrative suggestions. It has done its utmost in these initial months to further the entire program of the AMA as projected by and through the various Divisions and Departments of the Association.

The staff of this Division is appreciative of the support and cooperation it has had from the management, the several Divisions and Departments of AMA headquarters, and from the constituent and component associations and societies.

In early December 1958, the Executive Vice President directed the Division to assume responsibility for establishing Washington legislative liaison with Congress. The initial staffing function of two men in the Washington office was achieved by January 1, 1959. This staff has now been expanded to three members, who serve as the AMA's listening post and Legislative Contact Representatives.

A short-term function of the Division has been that of establishing contacts with, and making a study of, Golden Age clubs and similar types of groups of the aged. The information gained has been studied by the other Divisions of the AMA in an effort to understand attitudes of these groups, and realize opportunities to serve them better through local medical organizations.

REPORT OF THE LAW DIVISION

This report covers the activities of the Law Division from July 1, 1958, to June 30, 1959. During this period the Division has continued to operate as the coordinating agency for the legal activities of the Association. In addition the Division provided staff assistance for the Judicial Council, the Council on Legislative Activities, the Council on Constitution and Bylaws, the Committee on Medicolegal Problems and numerous other temporary committees.

Under the direction of the Executive Vice President, the Division has acted as legal adviser to the Board of Trustees and the House of Delegates as well as to the officers and executive staff of the Association. This work has involved a variety of legal problems dealing with contracts, taxes, leases, copyrights, trade marks, anti-trust law, libel, slander and insurance.

Liaison Activities

Association Work: Each of the attorneys on the staff of the Division continued to maintain liaison with one or more of the Association's permanent councils and committees by attending meetings, assisting in the answering of correspondence, reviewing prospective programs and giving oral and written legal advice. In addition, members of the staff have attended meetings and have provided legal and administrative assistance to numerous temporary committees and sub-committees of the Association. Examples of these special committees staffed by the Director or members of the staff of the Law Division include:

American Medical Association-American Bar Association Liaison Committee
American Medical Association-American Hospital Association Liaison Committee
American Medical Association-American Bar Association Committee on Narcotic Drugs
American Medical Association-American Hospital Association Medicolegal Education Committee
Medical Disciplinary Committee
Committee to Study Political Activities
Joint Committee to Study Paramedical Areas in Relation to Medicine.

Medical Societies and Individual Physicians: The Division has, through correspondence and personal visits, maintained contact with state and county medical societies. Representatives of the Division have on request spoken at or presented programs on medicolegal subjects at state and local medical meetings and at joint medicolegal conferences.

The staff of the Division has also staffed and explained exhibits on medical professional liability and chemical tests for intoxication at state and county medical meetings. These exhibits have been shown on eight occasions.

In an effort to keep the legal counsel and executive secretaries of the medical societies advised of current legal activities, court decisions and trends affecting medical societies and individual physicians, the Law Division has continued the publication of a newsletter identified as "The Citation." One issue a month was published during the period covered by this report.

Although a statistical record has not been kept of the number of letters received and answered there is no doubt that several thousand inquiries were handled by the Division. These letters from individual physicians, attorneys, medical societies and other organizations deal with a wide variety of problems in the medical-legal field.

Health and Fitness Unit: The staff accepted invitations in 24 states, the District of Columbia and Canada to deliver 142 addresses, to take part in 59 conferences, institutes, annual meetings, and conventions of health education or other organizations, and to perform a variety of other services. The travel covered 109,890 miles.

The Seventh National Conference on Physicians and Schools, sponsored by the AMA, will be held October 13-15, 1959, at the Moraine-on-the-Lake Hotel, Highland Park, Illinois. It will be devoted to "Significant Issues in School Health and Physical Education," and will consider several important controversial issues.

These National Conferences have stimulated many state and local conferences of a similar nature covering school health. A survey started this spring will be presented to the Conference this fall.

One of the educational consultants (Hein) is now serving as staff secretary for the Association's Committee on the Medical Aspects of Sports (formerly the Committee on Injury in Sports).

The medical consultant (Dukelow) continues as an AMA appointee to the Joint Committee on Health Problems in Education of the National Education Association and the AMA, which has re-elected him secretary.

The Board of Trustees or the Executive Vice President has approved membership or participation in the activities of more than 40 national health agencies.

Pamphlet Production and General Printing: Department of Health Education literature was exhibited and distributed at meetings, workshops, health days, career days, state and county fairs, and by schools, parent-teacher associations, medical societies, and health agencies, both on this continent and abroad. The sale of Department of Health Education publications by the Order Department totaled 526,291.

Excluding pamphlets, 72 printed items were handled by the pamphlet editor for the Department of Health Education. In addition, 877 letters and 378 telephone requests from individuals and organizations were answered during the period of this report.

REPORT OF REFERENCE COMMITTEE ON HYGIENE, PUBLIC HEALTH AND INDUSTRIAL HEALTH: Dr. Joseph B. Copeland, Chairman, presented the following report which was adopted:

Your reference committee has reviewed the report of the Department of Health Education. Placement of this Department in the Division of Socio-Economic Activities is believed most appropriate. Transfer of the radio and television activities to the Communications Division seems entirely logical. The addition to the staff of Mrs. Patricia M. Chesley appears desirable. Undoubtedly, there will be further additions to or changes in the staff so that more of the requested speaker engagements might be filled rather than declined as were one hundred requests during the year covered by the report. It is noted with pleasure that the Director of the Department was reappointed for a third consecutive year to President Eisenhower's Citizens Advisory Committee on Fitness of American Youth and that he is active as a member of its Executive Committee.

More than fifty per cent of the efforts of the Department were expended in field service. We firmly believe this to be an endeavor of high priority and highly recommend its even greater activity. We further commend and recommend the activities of the Department via correspondence, questions and answers, manuscripts, book reviews and articles for newspapers and magazine publications, television and radio appearances, participation in conferences and sessions with organizations dealing with health education, and the production, printing, and wide distribution of health education literature. We recommend adoption of the report of the Department of Health Education.

REPORT OF THE WASHINGTON OFFICE

Reorganization

There has been a reorganization in the Washington Office with a new concept of operation. This office functions not as an independent unit, but as a division of the headquarters staff. The members of this staff represent the various divisions at headquarters and report directly to their divisional directors under whom their programs operate. The objective is to facilitate integration of the activities in Washington with similar activities in Chicago.

The various divisional activities are coordinated by the Manager in a teamwork effort. He reports directly to the Executive Vice President and is responsible for carrying out directives as well as reporting significant events on the Washington scene.

Departments

The Washington Office executive staff, whose functions represent the extension geographically of the various divisions, is as follows:

Communications Division: Mr. Ted Lewis and Mr. Dayton Moore have responsibilities playing a vital role on the editorial and news media activities. Their duties are to maintain liaison with the Washington news media corps, providing information concerning AMA policies and activities. They also serve as associate editors for the *AMA News* and *JAMA*.

Law Division: Mr. Paul Donelan, legal adviser, analyzes bills of medical interest and prepares legislative analyses for review by the Law Division and the Council on Legislative Activities. He surveys daily the *Congressional Record* and notifies all concerned of matters of significant interest.

Socio-Economic Division: Dr. Otis Ar -rson, medical liaison representative, maintains contact with significant medical posts throughout governmental agencies. In addition, he services the many councils and committees whose programs are related to the various departments of government.

Field Division: Three legislative liaison representatives – Messrs. Cecil Dickson, James Foristel, and Harold Slater – are registered as lobbyists with the primary assignment of liaison with members of Congress. They are in constant contact with the Field Division Director and the four field representatives on legislative developments.

Administrative Division: The Manager, Dr. Roy Lester, answers directly to the Executive Vice President, similar in manner to the other divisions, and is responsible for representing the Executive Vice President in Washington and for the coordination of the diverse activities of this office.

Mr. Paul Grieder is administrative assistant and has as his primary duties personnel administration and bookkeeping.

Interoffice Communications

The goal is to have the Washington Office staff become a vital part of the overall AMA staff and an important segment of the team whose responsibility it is to implement and make efefctive the total AMA program and objectives. This is being accomplished by an increased communications effort. Twice weekly, conference telephone calls are held with the headquarters staff. Daily written reports are submitted when indicated. The teletype machine connecting the two offices is used repeatedly as matters of an urgent nature develop. The Manager keeps informed of headquarters activities by attending Division Directors' meetings in Chicago and in turn relays this information to the Washington executive staff. The general staff meetings at headquarters are attended monthly by two members from Washington on a rotating basis.

Publications

This office has ceased all publication activities, the function being transferred to the Chicago Office. The material contained in the *AMA Washington Letter* is now incorporated in the *AMA News*. The data formerly appearing in the *Legislative Analysis* is currently presented in the Law Division's publication, *Medical Legislative Digest*.

Conclusion

The reorganization was instituted in January 1959. After this brief period under the present setup, indications are that an efficient and effective team is forming. Minor changes will be made as experience and time indicate.

Delegations of Physicians Visiting Members of Congress

During the first session of the 86th Congress, fourteen delegations of physicians visited their members of Congress. Six State medical groups arranged for either a breakfast, luncheon, or dinner meeting which members of Congress attended. In each of these cases the Washington Office representatives made arrangements for the meetings and attended as guests.

In most cases the State delegations were made up of at least one physician from each Congressional district. Discussions were frank and fruitful, dealing with the chief legislative problems confronting organized medicine. On eight other occasions, a small group of physicians called on all or a major percentage of the members of Congress from their States.

REPORT OF REFERENCE COMMITTEE ON REPORTS OF BOARD OF TRUSTEES: The following report, presented by Dr. Daniel H. Bee, Chairman, was adopted:

Your reference committee wishes to report on the activities of the Washington Office under the management of Dr. Roy T. Lester. This office has undergone significant reorganization within the past few months. Your reference committee believes that this reorganization will enable the Washington Office to render ever greater service to the AMA in the legislative field. We would call to your attention the Washington Office report on delegations of physicians who visited members of Congress, and to urge all constituent state and component county medical societies as well as groups of interested physicians to visit their representatives in Congress. This suggestion has already been referred to in the remarks of President Orr and the two distinguished legislators who appeared before the House at its first session.

REPORT OF THE WOMAN'S AUXILIARY

The 1959 convention of the Woman's Auxiliary to the American Medical Association held in Atlantic City concluded our 36th year of service in health education. This summary covers the year 1958-1959 under the presidency of Mrs. E. Arthur Underwood, who stated in one of her reports, "There may be a redirection of emphasis as old obstacles are passed and new ones come into focus in this ever-changing world about us. But our goal remains the same. There is continuity of program, and no change in purpose. Our objective, simply stated, and our theme is Safeguard Today's Health For Tomorrow. The individual's being well determines the community's well-being." Numerous applications and areas for action were suggested by Dr. Gunnar Gundersen in an article in our September 1958 Bulletin, "Variations on a Theme." This served as an inspiration, and expanded our horizons of service for the year. Reports from 50 state auxiliaries showed that our members made a united effort to consolidate the value of their citizenship by participating in worthwhile community activities. Approximately 32 per cent of our members reported 2,577,000 hours of service.

As a bridge between the years, at Mrs. Paul C. Craig's recommendation, Mrs. Underwood as president-elect wrote "The Changing of the Guard," a forecast of plans and priority projects for 1958-1959, which appeared in the May, 1958 Bulletin. Response gave us the incentive to supply material to state officers and chairmen early in the year. "Information, Please!" a compilation of approved resource material, was a result. Mrs. Charles Flynn, our program chairman, was responsible for the idea and its original execution, wherein all committee chairmen's plans were summarized, with the sources indicated.

Areas selected for concerted effort were the American Medical Education Foundation, to which we contributed $140,500 this year, bringing our total contribution to $660,000 since 1951. Individual donations are not necessarily larger, but many more are participating and giving. Chairmanship of AMEF is a cherished post because we receive such splendid cooperation and direction from staff members of the American Medical Association.

At the direction of the 1958 convention, a loan of $3,000 without interest was made to the Woman's Auxiliary to the Student American Medical Association, which held its second convention in Chicago this year. Its president was a guest at our Fall Conference. Mrs. William Mackersie was liaison between the Woman's Auxiliary to the AMA and the Woman's Auxiliary to the S.A.M.A.

By vote at the 1958 convention we also made token gifts of $100 each to the United States Committee of the World Medical Association, the Crusade for Freedom, and the Student American Medical Association Loan Fund for medical students; and $5,000 to the American Medical Education Foundation in memory of our members who died in 1958-1959.

In 1958-1959 we were responsible for 52,885 subscriptions to Today's Health magazine.

Recruitment to paramedical careers has assumed greater importance in our relationships at the community level. Our constituent auxiliaries and other organizations were informed of the opportunities and the needs in the field of paramedical careers. Projects for promoting recruitment of young men and women in these allied fields were developed and implemented in the state and county auxiliaries. We provided $131,612 in scholarships, and another $75,000 in student loans this year.

FEC
DOCUMENT
SEPARATOR

9 1 0 4 0 2 5 4 7 2 6

EXIBITS #52-#67 MUR#253

Ex. #52

Doc # 5435

RECEIVED
FEDERAL ELECTION COMMISSION
'78 NOV 2 AM 9:47

1 BEFORE THE FEDERAL ELECTION COMMISSION

2 --oOo--

3

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5 IN THE MATTER OF:)

6)

7 CALIFORNIA MEDICAL POLITICAL) No. MUR 369(77)

8 ACTION COMMITTEE (CALPAC))

9 et al.,)

10 _____)

11

12 [redacted]

13 DEPOSITION OF

14 ALLEN PROSS

15 _____

16 FRIDAY

17 OCTOBER 13, 1978

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25 REPORTED BY: SUSAN GORDON MILLER, CSR NO. 3291

1 I N D E X

2 - - - - -

3 Deposition of Allen Pross PAGE

4 Examination by Mr. Thomas 3

5 ---oOo---

6

7 GOVERNMENT'S PAGE

8 EXHIBITS:

9 FOR IDENT.

1	Memo to CALPAC Board Members from Jokichi Takamine, dated 6-18-76	10
2	Document entitled "A MANUAL For Members of Boards of Directors of State Political Action Committee	16
VIII-9	16th page from the end of Ex. 2, at top states "How can money for a candidate be requested from AMPAC"	33
3	Memo to PAC Questionnaire Respondents from Al Pross, dated 8-7-74	38
4	Letter to James MacLaggan from Mrs. Lee Ann Elliott, dated 9-27-72	51
5	Letter to Joseph Clendenin from James MacLaggan, dated 7-25-75	58
6	Letter to James MacLaggan from Jokichi Takamine, dated 4-28-76	61
7	Letter to Mrs. Lee Ann Elliott from Al Pross, dated 4-22-76	62
8	Minutes of CALPAC Federal Candidate Selection Committee meeting, dated 6-25-75	64
9	Minutes of Federal Candidate Selection Committee meeting, dated 8-11-76	71
10	Letter to James MacLaggan from Al Pross, dated 7-26-76	74
11	Minutes of CALPAC's Executive Committee meeting, dated 9-1-75	86
12	Minutes of CALPAC Executive Committee meeting, dated 4-21-76	89
13	Minutes of Executive Committee Conference Call meeting, dated 8-12-76	95
14	Minutes of CALPAC Board Meeting, dated 4-30-72	99
15	Letter to James MacLaggan from Hoyt	108

	Gardner, dated 10-31-72	
16	Pamphlet entitled "Helping Your Candidate Win"	121
17	Pamphlet entitled "Focus on Candidate Support Committees"	121
18	Pamphlet entitled "Congressional Directory" for 1976-Second Session-94th Congress	121
19	Pamphlet entitled "Congressional Directory for 1972-Second Session-92nd Congress	121
20	Multi-page document entitled "Evaluating the Campaign"	121

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1

2 BEFORE THE FEDERAL ELECTION COMMISSION

3 --oOo--

4

5

6 IN THE MATTER OF:)

7)

8 CALIFORNIA MEDICAL POLITICAL) No. MUR 369 (77)

9 ACTION COMMITTEE (CALPAC),)

10 et al.)

11 ----------)

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13 ---oOo--

14 BE IT REMEMBERED that, pursuant to notice, and on,

15 Friday, October 13, 1978 commencing at 2:05 o'clock P.M.,

16 thereof, at 450 Golden Gate Avenue, San Francisco, California,

17 before me, SUSAN GORDON MILLER, a Notary Public in and for

18 the County of Los Angeles, personally appeared

19 ALLEN PROSS

20

21

22 called as a witness by the Federal Election Commission, who

23 having been first duly sworn, was examined and testified as

24 follows:

25 -- oOo --

1 represented by WILLIAM C. OLDAKER, General Counsel, GARY
2 JOHANSEN, Special Assistant General Counsel, SCOTT E. THOMAS,
3 Esquire, appeared as counsel on behalf of the Federal
4 Election Commission.
5 BAKER, HOSTELTER, FROST & TOWERS, 818 Connecticut
6 Avenue, N.W. Washington, D.C. 20006, represented by JOHN
7 LEWIS SMITH, III, appeared as counsel on behalf of the
8 American Medical Political Action Committee.
9 HASSARD, BONNINGTON, FROST & HUBER, 3500 Wells
10 Fargo Building, 44 Montgomery Street, San Francisco,
11 California 94104, represented by RICK C. ZIMMERMAN,
12 appeared as counsel on behalf of the California Medical
13 Political Action Committee.
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2 (The deposition commenced at o'clock p.m. with

3 the following persons present: Mr. Thomas, Mr. Oldaker,

4 Mr. Zimmerman, Mr. Smith, The Witness and the Court Reporter.)

5 MR. THOMAS:

6 Q. Would you state your name.

7 A. My name is Allen Pross.

8 Q. And what is your present occupation?

9 A. Principal Assistant to the speaker of the

10 California State Legislature.

11 Q. And your business address, please?

12 A. 350 McAllister Street, San Francisco.

13 Q. And how long have you held that position?

14 A. Since January 1, 1978.

15 Q. And --

16 A. '70 -- wait a minute. Yes. January 1 of this year.

17 Q. And who is your present employer?

18 A. Assembly Speaker Leo McCarthy.

19 Q. Where were you employed before that?

20 A. Immediately before that, I was an independent

21 political consultant, managed a political campaign -- and do

22 you want the specifics on that?

23 Q. When was that?

24 A. That was September and October and the first week

25 of November of 1977, in San Francisco.

1 Q. And prior to that, where were you employed?
2 A. Prior to that I was employed with the California
3 Medical Association in San Francisco.
4 Q. What was your position with the California Medical
5 Association?
6 A. Well, I had officially two titles. I was Director
7 of the Department of Federal Liaison, and Executive Secretary
8 of the California Medical Political Action Committee.
9 Q. And how long had you held those positions?
10 A. They came at different times. That's why I didn't
11 start out with both of those positions. I became the
12 Executive Secretary of CALPAC in approximately June or July
13 of 1970, I think. And director of the Department of Federal
14 Liaison a year or two after that, I believe.
15 Q. And would you describe your duties in each of those
16 positions, please?
17 A. Yes. As director of the Department of Federal
18 Liaison, I was primarily responsible for monitoring and
19 overseeing the general responsibility, staff responsibility
20 of reviewing, analyzing federal legislation affecting the
21 health area, primarily, medical issues;
22 communicating with members of the California
23 Congressional Delegation, other key congressmen in Washington
24 that served on committees that had direct jurisdiction over
25 health issues;

1 dealing and communicating with federal agencies,
2 primarily limited to HEW, that dealt with health care issues;
3 staffing a committee within the California Medical
4 Association that -- of physicians who reviewed federal
5 legislation in order to make recommendations to the CMA
6 council as to whether we favored, opposed, or wished to have
7 amended or would prefer having amended a particular piece of
8 legislation pending in Congress.
9 Q. For the record, what committee was [illegible]
10 A. That was the Commission of Federal [illegible]
11 The second part of my job responsibility involved the
12 political action committee referred to or euphemistically
13 referred to as CALPAC.
14 CALPAC -- I served in the capacity of Executive
15 Secretary and had the general responsibility for maintaining
16 membership, membership solicitation, collection of funds,
17 distribution of funds, evaluating state and federal races in
18 California, preparing agendas for meetings, following up
19 after those meetings, files, correspondence, just about
20 anything and everything that would involve carrying out the
21 responsibilities of a political action committee executive, I
22 suppose.
23 Q. Okay. And was your salary actually paid by CALPAC?
24 A. No. None of my salary was paid by CALPAC. My
25 salary was paid entirely by the California Medical

1 Association.

2 Q. What other employees or volunteers were supervised

3 by you with respect to CALPAC operations?

4 A. There were two secretaries, generally two

5 secretaries. There were some periods where we only had one.

6 And then two other individuals. One Linda Gano Rasmussen.

7 And the other, Don Test.

8 Q. And were they with CALPAC during the entire period

9 that you were with CALPAC?

10 A. No. Linda came at least a year after me. I'm not

11 sure. A year or two after me.

12 And I think Don joined CMA shortly after she did.

13 I may be incorrect, I'm not sure.

14 Q. And were their salaries paid by CMA?

15 A. Yes.

16 Q. Mr. Pross, I've got several documents in front of

17 me that have for the most part been discovered from the

18 California Medical Political Action Committee pursuant to

19 commission subpoena, and I'm going to show you several of

20 these documents and ask you to identify them and explain them,

21 if you can. And I'd like to enter as Commission Exhibit No.

22 1 a document dated June 18, 1976. It is on CALPAC stationary.

23 The front page after the title subject is CALPAC Primary

24 Election Report. I'll ask that this be marked and shown to

25 the witness.

1 (Whereupon Government's
2 Exhibit 1 was
3 for identification)
4 MR. THOMAS:
5 Q. Perhaps now before we get too far into this, I
6 should have placed on the record whether or not you have
7 retained counsel to appear with you at this deposition?
8 A. Yes, I have, in the person of Rick Zimmerman.
9 Q. Thank you.
10 The record should also reflect that present also is
11 John Louis Smith in capacity as AMPAC counsel.
12 MR. SMITH: Yes. Not as counsel to the witness,
13 but as AMPAC counsel pursuant to letter agreement with the
14 Federal Election Commission.
15 MR. OLDAKER: Also present is William Oldaker,
16 General Counsel, I would say Louis is at least here pursuant
17 to agreement, not necessarily as to letter agreement.
18 MR. SMITH: Scott, we all understand that all the
19 references to assembly candidates and state candidates are
20 there because we did not bother to delete them, I take it.
21 And you're not going to inquire about anything beyond the
22 federal candidates?
23 MR. THOMAS: That's correct.
24 MR. SMITH: There are several pages that devote
25 themselves entirely to state candidates.

1 MR. THOMAS:

2 Q. Has the witness read the document?

3 A. I've reviewed it quickly, sure.

4 Q. Did you prepare this document?

5 A. Yes, I did.

6 Q. Can you explain why you prepared it and what was

7 done with it?

8 A. Well, the purpose, as indicated at the top from the

9 subject matter of the memorandum, was to simply provide the

10 CALPAC Board of Directors and other key physicians within CMA

11 with a comprehensive report of CALPAC's activities, and where

12 applicable, AMPAC's activities, as far as contributions

13 having been made to candidates running for federal and state

14 office in California.

15 Purpose of it was simply to provide them with a

16 comprehensive overall review of how much had been spent by

17 CALPAC and provide a summary of our activities.

18 Q. How did you go about preparing this document? Who

19 was involved and what materials did you use?

20 A. Trying to remember the specifics of that is

21 difficult. Linda usually kept a record of CALPAC's

22 contributions to both State and Federal candidates. And I

23 would assume that I probably asked her to prepare for me a

24 list showing contributions that CALPAC had made directly in '75

25 and in 1976 to both federal and state candidates.

1 I would then assume that I contacted AMPAC --
2 MR. SMITH: Excuse me just a minute, Mr. Pross.
3 The purpose of a deposition is to elicit what you know, which
4 has evidentiary value. What you guess or presume or assume
5 has no evidentiary value. And I would object to anything
6 that you're testifying to by way of supposition through this
7 document. If you know anything independent of this document,
8 that you can testify to, that's fine. But I would object to
9 any further testimony based on presumption or assumption or
10 guess.
11 (Mr. Johansen enters the room.)
12 MR. THOMAS:
13 Q. Did you contact AMPAC to obtain the information
14 regarding the AMPAC contributions?
15 A. I specifically cannot remember whether I did or not.
16 Q. And after you asked Linda -- by Linda, by the way,
17 I assume you mean Linda Gano?
18 A. Linda Gano Rasmussen.
19 Q. What happened then?
20 A. She provided me with a list, and I in turn
21 integrated it into the narrative part of the memorandum. And
22 a secretary typed it, and it was reproduced and mailed to the
23 recipients indicated at the top of the memorandum.
24 Q. Back to where the AMPAC information came from, do
25 you recall if it came from Federal Campaign reports which

1 were public record?

2 A. It could have. I cannot remember the specifics as

3 to where that information was gleaned from.

4 Q. You mentioned that Linda Gano usually maintained a

5 list of contributions made by CALPAC. What form did this

6 list take and how was it compiled?

7 A. Well, any time CALPAC made a contribution to any

8 candidate, we had a requisition sheet for that check or an

9 authorization sheet that had to be filled out indicating to

10 whom the check was payable, the relevant information that

11 would have to be reported, either to comply with the FPPC in

12 California or the FEC in Washington. And indicating the

13 amount of the check and an authorization number, which she in

14 turn entered into her book so that we could have a running

15 order of our check distributions.

16 Q. In her book, I --

17 A. In a book.

18 Q. A ledger book?

19 A. Ledger book of some kind, right.

20 Q. Were these authorization sheets, then, the list to

21 which you were referring she maintained? I mean initially

22 you used the word "list" that she maintained regarding CALPAC

23 contributions. Is the several -- is the composition of the

24 several check authorization sheets what you were meaning by

25 list?

1 A. Well, yeah. Each -- as I recall, each of the
2 checks that was issued -- the authorization was on a sheet of
3 paper. So there was only one check issued for each sheet of
4 paper which had an authorization. And she kept a binder of
5 these individual authorization sheets. Okay?
6 Q. Was there ever a list maintained of AMPAC
7 contributions?
8 A. To the extent that we were told or found out from a
9 candidate or gleaned from various reports, we would note that
10 if we had that information.
11 Q. Did AMPAC send correspondence when they had
12 contributed to a campaign --
13 A. No, much to my consternation, they frequently did
14 not. In fact most of the time did not.
15 Q. With respect to this primary election report which
16 we've been referring to, did you ever prepare a similar
17 election report on any other occasions?
18 A. I cannot recall. It is likely that I would do this
19 at least two times every election year. So during the times
20 that I was employed with CMA, I could very well have prepared
21 something similar or identical to this for a recap of the
22 primary and the general election in those relevant election
23 years. I can't specifically recall any others, and I
24 probably would not have recalled this one if it was not in
25 front of me.

1 Q. Mr. Pross, I'm now going to -- I would prefer to
2 just show you and not enter this document as an exhibit
3 because of its size. I will been glad to identify it as
4 fairly as possible.
5 It's entitled the Manual for Members of Boards of
6 Directors of State Political Action Committees in States
7 prepared by the Medical Political Action Committe, Chicago,
8 Illinois, 60611, 1972.
9 I would ask you to examine this document, and I
10 have specific questions with respect to specific points.
11 MR. ZIMMERMAN: May I just note that you had
12 previously answered your remarks with the statement that
13 these materials had come from the CALPAC files. I don't
14 recall that this particular item came from the CALPAC files.
15 I don't recall ever seeing it myself.
16 MR. THOMAS: No, it did not, and I said most
17 documents.
18 MR. ZIMMERMAN: I understand. In view of that and
19 since you are apparently going to ask questions about this, I
20 would like to receive a copy of this. Whether it be a part
21 of the record or otherwise, I don't particularly care.
22 MR. THOMAS: Well, I would just like to perhaps
23 preface my questions by asking Mr. Pross whether he's ever
24 seen this document?
25 A. Or a replica of it?

1 Q. Or a replica of it, and perhaps we won't have to
2 discuss it.
3 A. Yes, I have. There were different editions,
4 perhaps, perhaps it wasn't this edition.
5 MR. SMITH: God only knows how many editions there
6 are. There's no telling if you're dealing with a current
7 edition or not.
8 MR. THOMAS: Let's take a moment and we'll mark it
9 as Exhibit No. 2.
10 MR. ZIMMERMAN: Let me just suggest while we're
11 discussing the mechanics, I'd like to ask the reporter to
12 bind these materials in two separate volumes, one the
13 testimony and the other the exhibits, since [illegible] its
14 bulky.
15 MR. SMITH: Do you want to take a couple hours to
16 familiarize yourself with that?
17 MR. THOMAS: I'll just be making references to
18 specific pages.
19 (Discussion off the record.)
20 (Whereupon Government's
21 Exhibit 2 was marked
22 for identification.)
23 MR. SMITH: Could we get something on the record
24 about what your position is as to where the Commission got
25 this document?

1 THE WITNESS: Just that it said --

2 MR. SMITH: But what I want to make clear to you

3 on the record, the documents speak for themselves. The

4 document can carry its own burden. There's no need for you

5 to affirm it by reading it unless you have some information

6 that confirms the content. That's important because the

7 record will confuse you to be stating a fact that you don't

8 intend to state. So don't simply accept anything in the

9 document and make it sound like it's a statement of fact by

10 you.

11 MR. ZIMMERMAN: Is there a question?

12 MR. THOMAS:

13 Q. Have you seen a document identical to or similar to

14 this document and when did you see it?

15 A. I have seen a document that would appear similar to

16 this, and I really can't recall the first time that I would

17 have seen it.

18 Q. Did CALPAC have a copy of this document?

19 A. Oh, yes.

20 Q. Did they have more than one?

21 A. Probably. Yeah, there would have been more than

22 one, I'm sure.

23 Q. This document has a date 1972 on the front. Do you

24 recall if there were any prior or subsequent documents of

25 this type ever maintained by CALPAC?

1 A. My recollection would be yes. I couldn't say for
2 sure. However if there were previous documents to this --
3 Q. Subsequent documents --
4 A. Subsequent, I recall, yes.
5 Q. Was this a document which was amended or updated on
6 any kind of regular basis?
7 A. That was my assumption. But I never went through
8 it to check line for line whether there were differences or
9 amendments.
10 Q. Again, Al, let's not fall in the trap here of
11 assuming a lot of things that may seem logical enough as we
12 sit here in 1978. What do you know is what he's asking. If
13 you don't know, at least tell him you don't know. Because
14 we'll all be confused when we later read this transcript to
15 what Al Pross knew when what Al Pross assumed was, in fact,
16 fact.
17 MR. THOMAS:
18 Q. Did CALPAC send one of these manuals every year, to
19 your knowledge?
20 A. Did AMPAC?
21 Q. I'm sorry. AMPAC.
22 A. I don't know if if they did it every year or not.
23 MR. SMITH: Would you suffer me the question
24 whether they did any year?
25 MR. THOMAS:

1 Q. Did AMPAC send this document during any of the
2 years you were with CALPAC, a similar document?
3 A. I don't know if AMPAC sent them. I can't tell you.
4 I really don't know whether it was sent by AMPAC or not.
5 Q. I would direct your attention to what is called
6 Roman numeral I-4, page Roman numeral I-4. What would be
7 section I, page 4. Direct your attention to the third full
8 paragraph beginning with the words "It should be."
9 A. You want me to read this?
10 MR. ZIMMERMAN: Yes. Would you read that, please.
11 To yourself is what he's asking you to do.
12 Do you have an extra copy of this?
13 MR. THOMAS: I don't. I just have the two.
14 Q. Can you explain what that paragraph means?
15 MR. ZIMMERMAN: I'm not clear on what paragraph
16 you're talking about.
17 MR. THOMAS: The paragraph beginning with "It
18 should be organized," those words.
19 THE WITNESS: My interpretation of what the
20 paragraph means?
21 MR. ZIMMERMAN: In addition to what is said here?
22 MR. THOMAS: Right.
23 MR. SMITH: Wait. Between the three of you,
24 you've got me totally confused now. Is there a confusion in
25 this document that you're asking for clarification of from

1 the witness? Because otherwise, you've got the document,
2 you're proferring it. It speaks for itself as to what it
3 says. If there's something confusing in there that you think
4 the witness has independent knowledge that will clarify, fine.
5 But to ask him to restate what it says I don't think is an
6 appropriate question.
7 MR. THOMAS:
8 Q. I was just trying to avoid having to read the
9 paragraph, and I still don't want to read the whole paragraph.
10 Let me just ask introductory questions regarding CMA and
11 CALPAC's. First of all, is CMA incorporated?
12 A. I'd have to refer to my legal down on that. I
13 don't know.
14 Q. You don't know. Do you know if CMA pace pays for
15 any of the cost of CALPAC other than the salary expenses
16 which you've already referred to?
17 A. Repeat that once again.
18 Q. Do you know if CMA pays for any of the costs of
19 CALPAC other than the salary payments?
20 A. Yes.
21 Q. What might those costs be?
22 A. Certainly the portion of the rent attributable to
23 the space that the CALPAC office occupied. Telephone.
24 Postage. Copying. Furniture. Phones. Just about all of
25 the necessary --

1 MR. ZIMMERMAN: Overhead, is that the word?
2 THE WITNESS: Overhead and operational expenses
3 and artifacts that are necessary to run an office.
4 MR. THOMAS:
5 Q. Did CMA ever pay for any of the costs incurred by
6 CALPAC in conducting solicitations for contributions?
7 A. From the standpoint --
8 MR. ZIMMERMAN: What kind of solicitations are you
9 referring to --
10 THE WITNESS: For candidates?
11 MR. THOMAS:
12 Q. For contributions to CALPAC.
13 A. Yes. Their funds were used for that purpose.
14 Q. Do you recall any specific occasions on which that
15 happened?
16 A. Specific occasions? Well --
17 MR. ZIMMERMAN: I'm not clear what solicitation
18 you're speaking of. Maybe it makes no difference, I don't
19 really know. But I'm just not sure what your question goes
20 to. You say solicitations --
21 MR. THOMAS: A request.
22 MR. ZIMMERMAN: I don't have trouble with the word
23 "solicitation." I just don't know which solicitation you're
24 referring to. I don't know. Maybe it makes no difference, I
25 just don't know.

1 MR. THOMAS: I'm trying to get the witness to
2 establish if there is a particular solicitation. Maybe we
3 can narrow it down that way so we can identify what type of
4 solicitation he's already indicated that CMA does pay for
5 some of these.
6 Q. Can you recall a specific occasion on which that
7 happened and can you explain the circumstances?
8 A. Well, it's difficult to recall a specific occasion.
9 There were occasions during the time when I acted as
10 Executive Secretary of CALPAC where solicitation let
11 and you haven't clarified that term really well. Because it
12 could be interpreted solicitation letters to candidates. I
13 assume, at least correct me if I'm incorrect here,
14 solicitation for membership.
15 Q. I was referring to solicitation for membership.
16 A. You never clarified that.
17 Q. I'm sorry, that's what I was referring to.
18 A. There were many times during the -- when I was
19 executive director. I can't recall specific instances, where
20 the solicitation to physicians to join the PAC were paid for
21 and financed by CMA.
22 Q. Now, to get on the other side of coin, maybe we
23 should clarify solicitations for candidates. Do you recall
24 any occasions on which that happened, and can you explain the
25 circumstances?

1 A. I could not recall a specific instance wit
2 candidates. If there's some information --
3 Q. We might --
4 A. -- that could refresh my memory.
5 Q. We might run across something later.
6 A. I could attempt to comment on it.
7 Q. With respect to the next page, Roman numera
8 I-5, the last paragraph which states:
9 "AMPAC recognizes the expertise of
10 state PACs and leans heavily on their
11 judgment when deciding whom to support.
12 AMPAC does not support any candidate for
13 office, except at the specific request
14 of the state PAC."
15 During the period that you were CALPAC's Executive
16 Secretary, was that policy in effect, to your knowledge?
17 MR. ZIMMERMAN: Was this the AMPAC policy? During
18 the eight years he was Executive Secretary?
19 MR. THOMAS: That's correct.
20 THE WITNESS: Well, the first sentence I don't
21 know if it's -- at least I never felt it was always true that
22 AMPAC recognized the expertise of the state PACs.
23 The second sentence, AMPAC does not support any
24 candidate for office except at the specific request of the
25 state PAC, I cannot say that that's entirely true. I believe

1 there were many occasions, in fact, where contributions were
2 made from AMPAC to a candidate for federal office where a
3 request did not come from CALPAC.
4 Q. Are you talking about contributions to Federal
5 candidates in California?
6 A. (Witness nods head.)
7 Q. Can you recall a specific occasion on which that
8 happened?
9 A. I hate to use the name of a congressman if I'm not
10 sure. I can give you an example if that's helpful. But --
11 Q. Well, first, let's start. What do you mean by "an
12 example"? What example could you give?
13 A. Do you want the example? Is that what you're
14 saying?
15 Q. Yes.
16 A. Where a congressman would have a fund raiser in
17 Washington D.C. and would solicit a contribution from AMPAC
18 or from the AMA, and accordingly a contribution was made from
19 a PAC to that individual congressman.
20 Q. Now, are you stating that you do not recall any
21 occasion on which that actually happened with respect to a
22 California candidate?
23 A. I don't recall a specific -- I can't recall the
24 name of a specific congressman. I do know that it did occur
25 or has happened or did happen during the time that I was

1 affiliated with CALPAC.

2 Q. Was there just one occasion?

3 A. My recollection would lean towards several, many

4 occasions.

5 Q. Would that be more than ten, or can you give any

6 better estimation than that?

7 A. In any given election year?

8 Q. In any given election year, first of all.

9 A. Many. Could be more than ten. I mean it -- I did

10 not receive a copy of AMPAC's reports to know where they had

11 made their contributions. So to my recollection, there were

12 many, many instances. I don't know whether you could say

13 more than ten or not. But my recollection is they would

14 routinely make contributions to candidates without any

15 recommendation from us or knowledge on our part that the

16 contribution was under consideration, or that the

17 contribution had in fact been made.

18 Q. But, again, no specific recollection?

19 A. Not names, no. Because I'm uncertain of the names.

20 Q. Direct your attention now to Roman numeral V-2.

21 The second --

22 MR. ZIMMERMAN: I don't have the page. V-2. We

23 have two V-1, and then we go to V-3 and that's the end of the

24 section, so we are apparently short that page.

25 MR. THOMAS: Well --

1 MR. ZIMMERMAN: You may have two V-2.
2 MR. THOMAS: I don't.
3 MR. ZIMMERMAN: Sorry.
4 MR. THOMAS:
5 Q. Without referring to any document, then, can I ask,
6 did CMA during your period of employment ever pay for any
7 organizational or educational activities on behalf of CALPAC?
8 A. Could you be more definitive regarding educational
9 activities.
10 Q. For example, pamphlets or workshops or newsletters
11 on methods for candidate support. Further amplification
12 might include discussion of candidate support committee
13 operations and so on. The question is did CMA ever pay for
14 any of those kinds of expenses?
15 A. Yes.
16 Q. And do you recall any specific examples of that
17 happening?
18 A. Periodically there were workshops where either they
19 were part of the CALPAC board meeting and, therefore, outside
20 or non-CALPAC board member physicians were invited to attend
21 or participate.
22 Or it may in many occasions simply have been
23 limited to the board, where we would discuss the general
24 procedures, educationly, as to how to put together or
25 organization a physician support committee on behalf of any

1 candidate, be that candidate running for local office, city,
2 county, state, federal, whatever.
3 Q. Did CMA ever share any of the costs of these
4 workshops with the AMA?
5 A. I do not recall an instance where they shared in
6 the cost of these workshops.
7 Q. Did they share with any physician support committee,
8 to your recollection?
9 A. No.
10 Q. All of the expenses were paid for by CMA?
11 A. Yes.
12 Q. And what funds does CMA use to pay for these
13 educational expenses? Is there a separate, segregated --
14 perhaps I shouldn't use those words, they're a term of art.
15 Is there a separate account or fund which is used to pay
16 these educational expenses?
17 A. There was a budget within the California Medical
18 Association for federal liaison and CALPAC activities. I did
19 not control that. I wasn't the one that issued checks or
20 made payments. That was done by our controller.
21 Q. When you say "our," you mean CMA's?
22 A. CMA's. I was a CMA employee. I don't know if that
23 answers the question.
24 Q. Were the funds then used -- those dues moneys which
25 CMA had collected for membership?

1 A. Yes.

2 Q. Finally, on Roman numeral VIII-9 of that document,

3 if you have that.

4 MR. ZIMMERMAN: Our page numbers are obliterated.

5 So perhaps you could indicate what the page --

6 MR. THOMAS: Let's see. You have none of them.

7 All right. That's the page you have right in front of you.

8 That is Roman numeral VIII-9. I would direct your attention

9 to the last paragraph.

10 The paragraph states as follows --

11 MR. SMITH: I'm afraid you're going to have to ask

12 the reporter to mark this page as VIII-9 or something.

13 MR. THOMAS: Fine, okay.

14 MR. SMITH: So that what we recreate -- I've

15 noticed that this document has been manually underlined by

16 someone. We've established that there are pages missing.

17 This that we are looking at is what the reporter will copy,

18 and will become a permanent record. You can't ask questions

19 from a numbered version you have over there into an unnumbered

20 one over here and have the record remain with you --

21 MR. THOMAS: We can take whatever steps are

22 necessary to verify that page is shown --

23 MR. SMITH: Whatever steps by your suggestion but

24 something that clearly marks that page.

25 MR. THOMAS: We'll have the reporter mark this

1 going in in an underlined fashion without it being clearly
2 characterized as having been thusly emphasized by the Federal
3 Election Commission through some one of its agents, because
4 that is obviously what has happened.
5 MR. THOMAS: My representation is that I do not
6 believe that is the case.
7 MR. SMITH: Well, it is incumbent upon you to show
8 the chain of custody, dominion and control. I have certainly
9 had no control over it, the witness hasn't, and Mr. Zimmerman
10 hasn't. You've proferred it. If you say that is not the
11 case, the burden is on you to say where you got it and the
12 fact it was in a clean form when you got it.
13 This someday, God forbid, may appear in a court of
14 law as a piece of evidence. At the very least is subject to
15 review by the six commissioners.
16 And I don't want to be subject to the possible
17 prejudice that any one of those commissioners may put some
18 emphasis on an underlining without even knowing who the devil
19 underlined it.
20 MR. THOMAS: Well, I can only represent to you
21 that to my knowledge the Commission has not underlined.
22 MR. ZIMMERMAN: Scott, the problem is this. This
23 is a deposition which pertains to CALPAC MUR 369. By
24 introducing this document as a part of the record, you
25 inherently give it a certain dignity. Some third party who

1 may read that at a later date, a commissioner, a judge or
2 another lawyer may assume that, number one, consistant with
3 your general statement, this came from CALPAC's files, and,
4 number, two, someone at CALPAC made the markings on their
5 original copy.
6 MR. THOMAS: We've already represented, though,
7 and I think it's clear, we didn't get this from CALPAC. We
8 didn't get it in California.
9 MR. ZIMMERMAN: All right. You could get that
10 along with us. The next step is logically clear, where did
11 you get it and who put the markings on it.
12 MR. THOMAS: That I said I don't know. We've
13 obtained it from discovery from another state [illegible] but
14 it's obtained in discovery in this investigation.
15 MR. SMITH: Well, for my part, I understand you
16 say it didn't come from CALPAC, and I would like to record an
17 objection to all of it as now having demonstrated its lack of
18 quality, its incompleteness, its having been underlined by
19 someone during the period of time, and as best we all know,
20 it was in the exclusive dominion and control of the
21 commission.
22 Now, I have only your very unreliable statement
23 that you didn't do it, since you don't even know where you
24 got the document from. So how you can say for sure that the
25 Commission did not do the underlining, when you don't even

1 know for sure the source mystifies me.

2 MR. THOMAS: I understand. You have noted your

3 objection. Can we go ahead and proceed now? We will take

4 care to make sure that the pages which have been omitted in

5 the Xeroxing are marked on. Is that agreeable with you?

6 MR. SMITH: I don't care that you mark any page

7 that you're not inquiring about. And I certainly don't want

8 V-2 to be -- I'll been very much upset if a page V-2 shows up

9 in the exhibit I get the mail.

10 MR. THOMAS: Fine, I read that into the record.

11 Let's proceed now with what has been marked Roman numeral

12 VIII-9.

13 MR. ZIMMERMAN: Are you asking the witness a

14 question about this particular copy that did not come from

15 CALPAC or are you going to ask him just about general topics

16 of interest to all of us?

17 MR. THOMAS: Well, he stated that he believed he

18 had seen a similar document. I will ask him questions on the

19 subject matter. And I'm using this document to perhaps

20 refresh his recollection.

21 MR. SMITH: We're wasting time. We've done the

22 best we can. Let's proceed with it.

23 (Whereupon Exhibit

24 VIII-9 was marked

25 for identification)

1 MR. THOMAS:

2 Q. I would direct your attention to the last paragraph.

3 MR. ZIMMERMAN: The witness is now looking at a

4 page which in the upper right-hand corner has Roman numeral

5 VIII-9, which I believe the reporter just placed on the

6 document.

7 MR. THOMAS: That's correct.

8 Q. The last paragraph states:

9 "The AMPAC Congressional

10 Review Committee responds only to requests

11 from state PAC chairmen. One of the main

12 criteria for AMPAC support is the amount of

13 help that is being given to the candidate by

14 the physicians and their wives in the district

15 and by the state PAC."

16 Did CALPAC -- I'm sorry, did, during your term as

17 CALPAC Executive Secretary, did the AMPAC Congressional

18 Review Committee respond only to requests from state PAC

19 chairman?

20 A. No.

21 Q. Did you yourself make requests?

22 A. Probably. If there's some correspondence with my

23 name on it, I did obviously. Without something to refresh my

24 memory, I don't recall.

25 Q. Do you recall any other individual other than a

1 state PAC chairman during that period that made a request for
2 AMPAC support?
3 A. I don't know who requested it, but as I said, there
4 were a number of instances where AMPAC made contributions to
5 candidates running for federal office in California, where I
6 have no idea where the request emanated from, or --
7 Q. No. I'm talking now about times when CALPAC did
8 make a request.
9 A. Did make a request. It could have been -- a
10 request could have come from any one of our officers in a
11 letter to AMPAC.
12 Q. You don't recall a specific occasion?
13 A. No. No, I don't.
14 MR. SMITH: I'm a little lost. You said I'm only
15 talking about requests made by CALPAC. But the item you read
16 there -- and then asked a question on -- was is it true or is
17 it not true that AMPAC's CRC will only react to requests from
18 a state PAC chairman.
19 Mr. Pross says no it's not true, because when
20 CALPAC made requests, it sometimes was not the chairman. But
21 equally responsively, it is his view that requests were made
22 outside of CALPAC to AMPAC by members or otherwise. And that
23 is responsive to your question. As you originally asked it,
24 and that's the point he was making.
25 MR. THOMAS: I understand.

1 Q. I'm going to now show you a document dated August
2 7th, 1974. It's entitled under subject: Questionnaire
3 Summation. I would ask that this be identified as a
4 Government Exhibit and shown to the witness.
5 MR. SMITH: May I ask you a question on the record,
6 Scott? Does the Commission have in its possession any copies
7 of a "Manual for Members of the Board of Directors of State
8 Political Action Committees purportedly preparedly by the
9 American Medical Political Action Committee and dated in any
10 of the years 1973 through 1978.
11 MR. THOMAS: Does the commission have one?
12 MR. SMITH: Yes.
13 MR. THOMAS: We have -- obviously we have --
14 MR. SMITH: This one's dated 1972. My question is
15 do you have in your possession a similar document for 1973 or '74
16 or '75 or '76 or '77 --
17 MR. THOMAS: That I do not know.
18 MR. SMITH: Or '76 or '78.
19 MR. THOMAS: I do not know.
20 MR. SMITH: The reason for my question, for the
21 record, if you are in possession of a more recent version,
22 which substantially revises this document in pertinent part,
23 and consistantly with changes in the law during the
24 intervening period, and the law was quite volatile, I would
25 object relying exclusively on this version dated 1972. And I

1 think the reason for my objection is clear to you. So I hope
2 we do not find such more recent versions.
3 MR. SMITH: I don't know if there are such
4 versions.
5 MR. SMITH: I just want to be sure --
6 MR. THOMAS: Do you --
7 MR. SMITH: I know nothing about it. You're the
8 one that has possession of these documents. I'm not able to
9 carry in my mind the several car loads of documents I've seen
10 you receive in various places.
11 MR. ZIMMERMAN: The problem is we're proceeding
12 with a copy, and I realize we have reserved objections as to
13 the evidentiary value of a document or its admissibility
14 until the time of trial along with all the other objections
15 which have been reserved until that time. But the problem is
16 we have a copy. We don't know who copied it. We don't know
17 if they copied the right pages. We don't know if they
18 intermixed a '72 with '73. There are a number of problems
19 here.
20 MR. THOMAS: I understand, Mr. Zimmerman. I would
21 suggest only that you've made the objection as to the form,
22 and I would like to proceed.
23 MR. SMITH: I hope that doesn't confuse my
24 objection. I agree with that objection, but mine is a new
25 one now. I want on the record whether you possess any more

1 current copies, for example after the law was changed in
2 '72, or '71, or after it was changed in '74, or after it was
3 changed in '76, which might -- I can only speculate --
4 intimately and directly affect the underlying basis of some
5 of your questions, and would be in my mind an improper
6 investigative technique, if in deed you are in such
7 possession.
8 I'm not suggesting that you are. I don't know, and
9 I'm asking if you are, and I want to be sure that you
10 understand my objection to using the '72 version when you've
11 got possession of a '77 version.
12 MR. THOMAS: I understand.
13 MR. SMITH: Someday we'll find out what you're in
14 possession of, and then my objection will be verified.
15 (Whereupon Government's
16 Exhibit 3 was
17 marked for identification)
18 MR. ZIMMERMAN: Just so my comment is clear on the
19 record, I don't want it to appear at any point that because
20 this goes into the record that I have in any way accepted
21 this as a certified or true copy of the original document,
22 where that may be.
23 MR. THOMAS: Fine.
24 Q. This document is entitled "PAC Questionnaire
25 Respondents" -- I'm sorry, it is directed to. Have you seen

1 this document before?
2 A. Yes, or a document similar or identical to it.
3 Q. Did you prepare a questionnaire summation?
4 A. I believe it states in the body that I am the
5 tabulator.
6 Q. Can you explain what you did in preparing this and
7 what documents you relied on?
8 A. Well, as the topic indicates, there was a
9 questionnaire, and, therefore, I was relying upon the
10 responses from the repondents to that questionnaire.
11 Q. Did CALPAC maintain those records, the
12 questionnaire responses, after this was prepared?
13 A. Probably not. With our filing procedures, I doubt
14 very much that was the case.
15 Q. Who else was involved --
16 A. Could have.
17 Q. Who else was involved in this questionnaire
18 summation preparation?
19 A. I don't know of anyone else that was involved in it.
20 Q. Were you alone involved in it?
21 A. My secretary certainly would have typed this report.
22 To my best recollection, I was the only person that put
23 together a tabulation and prepared this particular memorandum
24 and its cover conclusions or statements.
25 Q. Were you requested or directed to do this by CALPAC

1 board or by any CALPAC officer?

2 A. No.

3 Q. This was on your own initiative?

4 A. Yes.

5 Q. Did you forward a copy of this to AMPAC?

6 A. I cannot say for sure. I don't know, I don't

7 recall.

8 Q. Did you at any time contact AMPAC in preparation of

9 this summation?

10 A. No. I do not recall if I did. Because this was

11 limited to, as it indicates, a survey of state PACs. So

12 there's no reason that I would have contacted AMPAC in that

13 regard. They were not part of the survey.

14 Q. Did you ever prepare or conduct a similar

15 questionnaire survey on any other occasion during your term --

16 A. I don't believe so.

17 MR. SMITH: I would object, then, to any further

18 questions of this questionnaire, since it has now been made

19 abundantly clear by your two questions, that it does not in

20 any way related to the scope of the deposition, which is the

21 affiliation between AMPAC and the various state medical

22 political action committees, but rather deals in the realm of

23 the interstate relationship between state PACs, CALPAC to an

24 or more than one other state PAC.

25 MR. ZIMMERMAN: I agree and adopt that objection.

1 MR. THOMAS: Fine. Can we proceed to page two and
2 under the category "Professional Corporation Members." Mr.
3 Zimmerman, can you allow the witness to examine the document
4 also. It might help. I'm only suggesting so we can proceed
5 a little quicker.
6 THE WITNESS: Does that go over to the next page
7 or is that it?
8 MR. THOMAS:
9 Q. No. Dealing only with that which appears at the
10 bottom of page two, it states: "Surprisingly few PAC's make
11 a physician a member of AMPAC (i.e. send in $10) if he pays
12 with a corporation check.
13 During your term did CALPAC do that?
14 A. Some of the time. I think that was the latter
15 policy during the time that I was with CALPAC.
16 Q. Can you explain how that procedure operated?
17 A. I'm not the best person. I did not keep track of
18 membership and membership records and checks. In fact, I
19 rarely if ever saw checks when they came in. I'm really not
20 familiar with the separation or distribution process that was
21 followed differentiating between a corporate and a non-corporate
22 member. So I have difficulty with that question, at least
23 answering it.
24 Q. Does this mean that AMPAC -- I'm sorry, that CALPAC
25 would send AMPAC certain money, if a doctor submitted a

1 contribution on a corporate check? Is that what that
2 paragraph refers to?
3 MR. SMITH: Objection. His response to the prior
4 question is the response to that question.
5 MR. THOMAS: No, no. His response was that he
6 wasn't familiar with the membership and procedures, but
7 asking a more specific question, I was hoping to ask --
8 MR. ZIMMERMAN: Are you asking him what this first
9 sentence means?
10 MR. THOMAS: He stated that that was the policy of
11 CALPAC during the latter portion, and I was asking what the
12 policy was. I was using this page, obviously, as a reference,
13 but if that's the problem.
14 Q. What was the policy used by CALPAC --
15 MR. ZIMMERMAN: And he just answered that question
16 a moment ago and said he's not the person to ask, that
17 there's somebody else who is more familiar with the
18 membership.
19 MR. THOMAS: But then I asked him a more specific
20 question, trying to ask if he knew that specific question, if
21 that's what the procedure entailed.
22 MR. ZIMMERMAN: I think he answered you.
23 THE WITNESS: I don't know what I was asked or
24 what I answered at that stage.
25 MR. THOMAS:

1 Q. Let me ask you just to clarify. Did CALPAC ever
2 send money to AMPAC out of a separate fund when CALPAC
3 received a contribution on behalf of AMPAC to AMPAC on a
4 corporate check?
5 A. Send a corporate check to AMPAC?
6 Q. To CALPAC.
7 MR. ZIMMERMAN: I think the witness is confused.
8 THE WITNESS: Rephrase that again. I'm sorry.
9 MR. THOMAS:
10 Q. When a physician contributed on a corporate check,
11 did CALPAC ever send AMPAC money for an AMPAC membership for
12 that doctor out of any CALPAC funds, at any time while you
13 were a CALPAC officer?
14 A. Not that I'm aware of -- well, from corporate funds.
15 Is that what you're referring to?
16 Q. From any CALPAC funds.
17 A. From any CALPAC funds, yes.
18 Q. Can you explain what the procedure used was, what
19 accounts were used.
20 MR. SMITH: Tell him all about this procedure you
21 just said you don't know anything about.
22 THE WITNESS: Okay. I was not myself involved in
23 this procedure, this mechanical procedure. Okay?
24 MR. THOMAS:
25 Q. Um-hum.

1 A. So it's difficult for me to give you specifics on
2 this. I think my attorney, Mr. Zimmerman, indicated that
3 there were other people or at least one individual who was
4 specifically charged with this type of responsibility. And
5 perhaps it would be best to talk with that person.
6 Q. Are you saying, then, you don't know. That's fine.
7 I was just wondering. If you don't know, that's fine.
8 A. Yes.
9 MR. ZIMMERMAN: I think you heard this morning
10 from Linda what the process is. She explained it in response
11 to questions which were posed.
12 MR. THOMAS: We would always be seeking
13 verification. And I'm not trying to be unnecessarily
14 burdening --
15 MR. ZIMMERMAN: I understand. But you were here,
16 and I thought that you heard her testimony on that point.
17 MR. SMITH: Insufficiently obfuscatory testimony.
18 MR. THOMAS:
19 Q. Let me ask another more specific question. Because,
20 again, in answering the question generally the way you have,
21 I'm not sure if you may know this. Did CALPAC maintain
22 separate bank accounts?
23 A. Yes, but not directly under my supervision.
24 Q. Do you know what those separate accounts were and
25 what they were used for?

1 A. There were at least two, maybe more. But because I
2 was not the controller who, quote, "controlled," those funds,
3 I can't tell you if there were others.
4 To my recollection, there was, during some of the
5 time that I was there but not necessarily throughout my
6 entire duration at CMA, a fund which we referred to, I
7 believe, as the state candidate support fund. And there was
8 a separate fund which I believe was called CALPAC general
9 fund. I'm not sure, but, yes, there were two funds that I
10 was familiar with, as far as their existence.
11 Q. Again, another more specific question --
12 A. Maybe it was PAC corporate fund. I'm sorry. I
13 don't know what they were called. That was not an area that
14 I was directly involved in. Except from the standpoint of
15 having overall generic responsibility.
16 Q. Fine. Did CALPAC have its membership files
17 computerized while you were with CALPAC?
18 A. Well, I thought so. But judging by the quality of
19 the work, I had some real questions about it. But there were
20 attempts made to computerize it.
21 Q. With respect to delivery of contributions by CALPAC,
22 did CALPAC always have physicians deliver contributions to
23 federal candidates?
24 A. The key word there is "always." To my best
25 recollection, that was the case.

1 Q. Can you tell me what procedure was used to select
2 CALPAC board members, beginning with the domination process?
3 A. Even though I was responsible for coordinating that
4 effort, I'm not too sure even after seven or eight years that
5 I understood it either.
6 The board was primarily made up but not exclusively
7 of one physician representative from each of California'a
8 congressional districts. To the extent that those
9 congressional districts included all or a significant part of
10 a medical component society of CMA, we would contact them
11 usually in November or October and indicate that as they
12 recalled from previous times, the board physician on the
13 CALPAC board was a one-year appointment or of one year's
14 duration, that it was due to expire, that we would like to
15 have them nominate individuals for consideration for that
16 particular board appointment in their given congressional
17 district.
18 We generally asked for three names or two. I don't
19 recall. But it was more than one. There were times when the
20 society had no control or jurisdiction to tell them what they
21 had to do. This was simply a request to them. There were
22 some occasions where the society never responded and never
23 even came up with a name. There were occasions when the
24 local component society would suggest only one name, that
25 being the incumbent who had been on there. There were other

1 times where the society would comply and provide more than
2 one name that would or would not include the name of the
3 incumbent.
4 Those names came into our office. They were
5 coordinated by Linda Gano, and we -- CALPAC -- would turn
6 over to CMA's committee on nominations a list of the nominees
7 that we had received for each of the individual board
8 positions on the CALPAC board.
9 Q. Were your initial communications to the component
10 societies written or oral?
11 A. Written.
12 Q. And were their submitted nominations written or
13 oral?
14 A. Combination, as I recall. The ones that were good
15 enough to comply with our deadlines usually would do it by
16 writing. There were always occasions where Linda or Don Test
17 or myself would have to call to say, "Hey, if you have a
18 nomination, We haven't heard from you. We need to have those
19 names."
20 And so in some instances, I'm quite confident that
21 we took names over the telephone in order to comply with the
22 deadline that we had for submisstion of names. We might ask
23 at the time for a follow-up letter confirming that those were
24 in fact the names that they would like to have considered.
25 Q. During the time that you were with CALPAC, did they

1 maintain those various correspondence or written records?
2 A. I don't know. I would think so. But I don't know
3 for sure.
4 Q. Do you know if there are any local -- or were there
5 during your period of service any local or county medical
6 PACs which supported federal candidates?
7 A. Phrase that one more time for me.
8 Q. When you were with CALPAC, did you know of any
9 local or county medical society PACs which supported federal
10 candidates?
11 MR. ZIMMERMAN: I'm going to object for the record.
12 I think your subpoena was directed to the question of
13 affiliation between the various state medical PACs and AMPAC.
14 And I don't really understand why these questions about what
15 was done at the local levels are germane or pertinent within
16 the scope of your subpoena.
17 MR. THOMAS:
18 Q. Do you know if there were any such PACs?
19 A. That were registered with the Federal Election
20 Commission?
21 Q. Fine. Yes, let's start with that.
22 A. I am specifically aware of only one.
23 Q. And what was that?
24 A. I never knew whether they referred to it as LACPIC
25 or LACPAC, but it was one or the other.

1 Q. Are you aware of any other PAC that supported
2 federal candidates?
3 A. Local medical society?
4 Q. That's correct?
5 A. No, not that I can recall.
6 Q. For the record, can you identify what LACPIC was,
7 LACPAC?
8 A. Without seeing their statement of organization,
9 I'll not sure how they were listed with the FAC. I'm sure
10 you have that. I don't know whether they were -- they
11 considered themselves affiliated with the Los Angeles County
12 Medical Association or not. That would be my presumption.
13 MR. ZIMMERMAN: He's just asking you what does
14 LACPIC or LACPAC stand for. I think that was the import of
15 that statement.
16 MR. THOMAS: He stated that.
17 THE WITNESS: My understanding was that LACPIC or
18 PAC was the political action arm of the Los Angeles County
19 Medical Association.
20 MR. THOMAS:
21 Q. Okay.
22 A. That that's what I was told.
23 Q. Did there ever come to pass during your term any
24 meetings of state medical PAC executives or staff personnel?
25 A. Yes.

1 Q. Do you recall any specific occasions? Can you
2 describe those?
3 A. AMPAC was regularly -- I say regularly -- I
4 honestly can't say whether it was every year or not. Towards
5 of end of my term with CMA, they were not -- a couple were
6 canceled or postponed. But there were occasions where AMPAC
7 would sponsor a legislative and political action workshop in
8 Washington D.C.
9 Secondly, I believe there were two occasions
10 I absented as a catalyst and organizer inviting state
11 PAC, executive secretaries, coordinators, whatever the proper
12 term was for that particular state, to a discussion meeting
13 to talk about our operational procedures, membership
14 solicitation, political education activities, et cetera.
15 Q. You mentioned two occasions. When were those
16 occasions? Do you recall and where did they take place?
17 A. I cannot recall the dates of either. I cannot
18 really recall the years, okay. The occasions that I would
19 recall specifically would be one in Chicago, and one in San
20 Diego.
21 Q. Were there in attendance any officials or staff
22 personnel of AMPAC at either of those meetings?
23 A. The Chicago meeting, I believe so, but I do not
24 know for sure. I cannot recall.
25 Q. The San Diego meeting?

1 A. As I recall, one or two AMPAC people stopped in to
2 say hello or to welcome us or something like that. But they
3 were not involved in the planning, the agenda for the meeting,
4 or in the discussion of the meeting. It was pure and --
5 purely and simply a meeting of state PAC executive directors
6 and coordinators, and since AMPAC was not a state PAC, they
7 were not part of that group.
8 Q. Do you recall who those individuals were?
9 A. What individuals?
10 Q. The AMPAC individuals that stopped by?
11 A. Dr. MacLaggan, who was then either or both chairman
12 of both PACs, because I don't remember the date in San Diego,
13 California.
14 Q. Both PACs?
15 A. Both CALPAC and AMPAC. And perhaps Bill Watson,
16 but I'm not positive of that.
17 MR. THOMAS: I'm now going to enter as Exhibit No.
18 4 a letter dated September 27, 1972, to James MacLaggan, M.D.,
19 from Mrs. Lee Ann Elliott, and at the bottom of the second
20 page, there is a cc: Al Pross.
21 (Whereupon Government's
22 Exhibit 4 was
23 marked for identification)
24 THE WITNESS: You want me to read this?
25 MR. THOMAS:

1 THE WITNESS: I don't know.

2 MR. THOMAS:

3 Q. Did you make any other oral request to AMPAC --

4 A. I don't know.

5 Q. On the second page in the second to last paragraph

6 it states:

7 Attached is a check in the amount of

8 $10,500, payable to the California Medical

9 Political Action Committee."

10 A. Um-hum.

11 Q. Do you know if CALPAC did in fact receive a check

12 from AMPAC?

13 A. I don't know for sure. I assume that our records

14 would show that.

15 MR. SMITH: No, no, no. Don't assume.

16 MR. THOMAS:

17 Q. Why did the check go to CALPAC or was this the

18 procedure -- I'm sorry, in any instance of a check being made

19 payable to CALPAC from AMPAC?

20 A. Well, this was sent to Dr. MacLaggan.

21 Q. It states that a check was made payable to CALPAC

22 in the amount of $10,500?

23 A. Right.

24 Q. And it --

25 A. It says attached is a check. And the letter is to

1 Dr. MacLaggan.

2 Q. That's correct.

3 A. It does not indicate that the check was attached to

4 the copy that allegedly I received as indicated at the bottom.

5 Q. I understand.

6 A. So your question is what?

7 Q. The procedure at the time you were with CALPAC in

8 1972.

9 A. Let me read the second page of the letter. Because

10 I don't know why we were set getting a check for $10,500.

11 Q. Take some time. Surely.

12 (Mr. Smith leaves the room.)

13 THE WITNESS: It was not unusual at that time for

14 us to receive a check from AMPAC representing a cumulative

15 total of the individual contributions that they had approved

16 and authorized in support of federal campaigns. They

17 earmarked how it was to be distributed.

18 MR. THOMAS:

19 Q. Was that system changed while you were CALPAC? Did

20 that practice stop?

21 A. At some point, and I don't recall when.

22 Q. Do you recall why?

23 A. In my communication with AMPAC, I wasn't always

24 told why. I do not recall why.

25 (Mr. Smith enters the room.)

1 MR. THOMAS:

2 Q. What was the procedure adopted thereafter or

3 changed to?

4 A. To not send us the check or for AMPAC to not send

5 us a check made out to the California Medical Political

6 Action Committee.

7 Q. During the period and AMPAC did send a check

8 payable to CALPAC, how did CALPAC then make the contributions

9 or how did the funds get to candidates?

10 A. Are you talking about this specific --

11 Q. This practice referred to in the letter.

12 A. This check would have been deposited into the

13 appropriate CALPAC account, and then individual CALPAC checks

14 drawn payable to the candidates that are listed on here as

15 the intended recipients of the appropriate amounts.

16 And that check would have then been mailed to

17 either the candidate or to a physician support committee

18 chairman.

19 Q. Always a physician support committee chairman?

20 A. Always?

21 Q. If it were not to the candidate directly? Is that

22 a standard practice?

23 A. I don't know what the other alternative would have

24 been, certainly.

25 Q. To someone who perhaps is not a member of a

1 physician support committee but may have delivered the check.
2 Was it a requirement -- or it was a general practice? Is
3 that what you stated?
4 A. To either mail it to the candidate, the chairman of
5 the candidate's campaign, the candidate's treasurer, the
6 CALPAC board member, the physician support committee chairman,
7 a medical leader in the district. County medical society
8 president. I mean it's multiple choice.
9 Q. I understand. That's what I was trying to get.
10 A. There was no set rule as to who by title or
11 position would be the recipient of that check. Subjective
12 consideration.
13 Q. Now, you stated that the practice changed. Would
14 CALPAC ever notify AMPAC of whom the check should be sent to
15 and AMPAC was to send a check? Was there any procedure or
16 practice adopted in that regard?
17 A. Rephrase that again, I'm sorry.
18 Q. After the practice changed and AMPAC sent checks,
19 apparently, as you stated, directly to the candidates, did
20 CALPAC ever notify AMPAC to whom the checks should be sent?
21 A. You mean once they had approved it unilaterally and
22 independently on their part?
23 Q. However the contribution was made.
24 A. All right.
25 Q. Did CALPAC ever notify AMPAC or advise AMPAC of to

1 whom to send the check to for delivery?

2 A. I think AMPAC asks -- asked on occasion if they did

3 not have a particular name other than the candidate -- and I

4 don't know what AMPAC always did or sometimes did, even --

5 but they probably asked me, if they did not have a name or a

6 local board member, to give them a name of a local physician

7 that should be the appropriate recipient.

8 Q. Was there ever a list compiled by CALPAC of persons

9 who should be used to deliver CALPAC contributions to federal

10 candidates?

11 A. CALPAC contributions?

12 Q. CALPAC contributions.

13 A. A list, no.

14 Q. How was it determined how CALPAC contributions were

15 to be delivered? You yourself?

16 A. Yes.

17 Q. And would the same variables be applied, it might

18 go to any one of the individuals or groups that you mentioned?

19 A. Yes.

20 Q. There was no set or specific requirement?

21 A. There was no set or specific requirement.

22 Q. Now, I'm going to show you a copy of a letter dated

23 July 25, 1975. It is to Joseph Clendenin, M.D. It is from

24 James C. MacLaggan M.D., and listed after cc is the name Al

25 Pross.

1 I would note at this time that lower left corner of
2 that document is an indication that this document was used in
3 another deposition. It is a copy from a deposition which
4 both counsel have deposition of Dr. MacLaggan previously in
5 this matter.
6 (Whereupon Government's
7 Exhibit 5 was
8 marked for identification)
9 MR. THOMAS:
10 Q. Can you first of all explain or state whether you
11 ever recall receiving a copy of this letter?
12 A. I don't recall specifically receiving a copy of
13 this letter.
14 Q. And do you know why a copy would be sent to you?
15 A. In this particular instance, Dr. Clendenin, I
16 believe, was a member of our Board of Directors from that
17 particular congressional district. And since Dr. Clendenin
18 was a CALPAC board member, I would think that AMPAC out of
19 courtesy was informing me that they were sending him an AMPAC
20 contribution to be delivered to congressman Clauson.
21 Q. Were you included on other letters from AMPAC to
22 doctors, asking that they deliver a contribution from AMPAC?
23 A. I cannot recall. If there are other letters, I'll
24 be glad to review them.
25 Q. Who are the other individuals whose names appear in

1 the lower left as receiving copies?

2 A. After mine?

3 Q. Um-hum.

4 A. Norman Brown at the time was the executive director

5 or secretary of the Sonoma County Medical Society, one of the

6 societies contained within the second congressional district.

7 David Baxter held a similar position with the

8 Medocino-Lake County Medical Society.

9 Earl Kooyman held a similar position with the

10 Humbolt Del Norte County Medical Society. All three of those

11 were societies contained within the second congressional

12 district.

13 Q. And would they have received copies of this for the

14 same reason that you would have?

15 A. I don't know. For their information.

16 Q. Do you know if AMPAC ever notified officials of a

17 county society on any other occasions after having made a

18 contribution to a candidate?

19 A. I don't know.

20 MR. THOMAS: Want to take a break now?

21 (Whereupon a recess from 3:35 to 3:45 was taken.)

22 MR. THOMAS:

23 Q. Mr. Pross, did CALPAC ever retain any files on

24 background information of federal candidates?

25 A. Yes.

1 Q. What kind of files were maintained?
2 A. Various publications that either provided a
3 demographic break out on the district, almanacs, voter
4 registration figures, yeah, common cause, that figure survey
5 that they did. We had copies of that. Just I would --
6 anything that came across my desk or I might potentially have
7 access to that would provide that type of information, I
8 usually tried to gather it and put it into the appropriate
9 file in that district.
10 Q. Did AMPAC ever send you any information that would
11 end up in such files?
12 A. I don't believe so.
13 Q. Do you know if AMPAC maintained any background
14 files on federal candidates?
15 A. Not being an employee of AMPAC, I can't tell you.
16 I don't know.
17 Q. Were you yourself responsible for maintaining these
18 files or did someone under --
19 A. Maintain?
20 Q. -- your Supervision. Yes?
21 A. What do you mean by maintaining?
22 Q. Filling them. Keeping them up to date.
23 A. Yeah. I was, you know, Linda, Don, our secretaries,
24 myself.
25 Q. Were those files kept after elections?

1 A. I believe so. Should have been.

2 MR. THOMAS: Let me now place in the record a copy

3 of a document dated April 28, 1976. It's a letter to James

4 C. MacLaggan, chairman, American Medical Political Action

5 Committee, from Jokichi Takamine, chairman of CALPAC. I ask

6 that it been identified and shown to the witness.

7 (Whereupon Government's

8 Exhibit 6 was

9 marked for identification)

10 MR. THOMAS:

11 Q. It states that there were requests that AMPAC send

12 checks to the following candidates, and it has a notation for

13 who the check is to be made out to and who the check is to be

14 sent to and to whom carbons are to be sent to. We were

15 questioning in that area earlier.

16 Is this a type of letter which CALPAC would receive

17 generally from AMPAC with respect to AMPAC contributions.

18 MR. SMITH: Don't you have it reversed, Scott?

19 MR. THOMAS:

20 Q. I'm sorry, that AMPAC would send to CALPAC?

21 A. No, to my recollection, this would not be a regular

22 type of communication.

23 Q. Do you recall any occasion other than this

24 particular occasion when you might have seen such a letter

25 coming from AMPAC?

1 A. From AMPAC?

2 Q. To AMPAC, I'm sorry.

3 A. No, I cannot specifically.

4 MR. THOMAS: I'll now show you a copy of a

5 document dated April 22, 1976. It is to Lee Ann Elliott,

6 Associate Director of AMPAC, from Allen Pross, Executive

7 Secretary. I would ask that that be shown to the witness.

8 (Whereupon Government's

9 Exhibit 7 was

10 marked for identification)

11 MR. THOMAS:

12 Q. Can you identify that document?

13 A. Are these marks on the letter yours or are you

14 referring to the little curlicues?

15 A. That's what I was referring to.

16 Q. To the best of my knowledge, they are not.

17 A. Are not what?

18 Q. Marks of the commission.

19 Can you explain the circumstances of your providing

20 an accurate summary of 43 congressional races to AMPAC?

21 A. There's reference made here to attachments, I

22 believe, or enclosures?

23 Q. Um-hum.

24 A. Do you have those enclosures?

25 Q. I do not, no. Do you recall what they were?

1 A. There's a magazine in California called the
2 California Journal, which routinely in election years lists
3 who the candidates are that are running for office in
4 California, regardless of whether it's a state or federal
5 office. The registration figures for that district, and a
6 capsule description of the candidate or the prospects in that
7 particular race.
8 I believe that to be the enclosure that I refer to
9 in this letter.
10 Q. It was not a summary which you prepared separately?
11 A. No.
12 Q. Do you know if AMPAC requested that you send this
13 summary to them?
14 A. No. AMPAC did not request it.
15 Q. You sent it on your own initiative?
16 A. (Witness nods head.)
17 Q. Did you ever send on any other occasion such
18 information to AMPAC?
19 MR. ZIMMERMAN: You mean from the California
20 Journal?
21 MR. THOMAS: From the California Journal or a
22 summary of congressional district which he had prepared
23 himself.
24 THE WITNESS: Not that I recall.
25 MR.THOMAS:

1 Q. I'll now show you a copy of a document entitled
2 Minutes, CALPAC Federal Candidates Selection Committee, dated
3 June 25, 1975, listed under the category "Attendance" is the
4 name Al Pross.
5 (Whereupon Government's
6 Exhibit 8 was
7 marked for identification)
8 MR. THOMAS:
9 Q. In Roman numeral I, it states that Al Pross
10 reported on CALPAC campaign contributions which had been made
11 in 1975 to members of our congressional delegation. Do you
12 recall if you made a written report at this time? Was it
13 submitted at the meeting?
14 A. Verbal report.
15 Q. Do you know how you obtained the information
16 regarding AMPAC's contributions?
17 A. I do not recall.
18 Q. Did you ever make any other reports of CALPAC's
19 past campaign contributions to the --
20 A. Any other reports?
21 MR. ZIMMERMAN: Ever?
22 MR. THOMAS:
23 Q. -- to the Federal Candidate Selection Committee,
24 that you recall?
25 A. Yes.

1 Q. Do you recall on any of those occasions how you
2 obtained the information -- I'm sorry, let me rephrase that.
3 Do you recall if in any of those occasions you
4 reported on AMPAC's contribution activity?
5 A. Yes.
6 Q. Do you recall on any of those occasions how you
7 obtained the information regarding AMPAC contributions?
8 A. Not specifically, no.
9 Q. The second sentence states: The major contribution
10 ($5,000 from both CALPAC and AMPAC) was to the campaign of
11 Shirley Pettis."
12 Do you recall that discussion?
13 A. You mean the actually making the report? Do I
14 recall making the report? No.
15 Q. That's correct. Do you recall the discussion
16 regarding that contribution?
17 A. No.
18 Q. Did anyone at that time make any comments about the
19 campaign contribution limitations?
20 A. I don't remember.
21 Q. On the second page under Roman numeral No. IV, 1975
22 contributions, it states that "the committee recommended that
23 the following incumbents receive $1,250 from CALPAC and
24 CALPAC request a matching contribution from AMPAC."
25 Do you recall any discussion of the contribution

1 limitations during the discussion of any of those candidates
2 listed thereafter?
3 A. No, I don't.
4 Q. Do you recall if any of those contributions were
5 made by CALPAC?
6 A. No, I don't.
7 Q. It states that --
8 A. This was the Federal Candidate Selection Committee
9 minutes. And, therefore, they were simply recommendations
10 that had to be subsequently considered by the executive
11 committee before they were approved.
12 Q. Do you recall if CALPAC in fact requested AMPAC to
13 make contributions to any of these candidates?
14 A. I don't recall.
15 Q. Did you yourself make any of the recommendations to
16 the committee to make either a CALPAC contribution or a
17 request to AMPAC for any of these candidates?
18 A. Better rephrase that. Who am I speaking to or
19 talking or communicating with?
20 Q. With the Federal Candidate Selection Committee.
21 Did you yourself make any of the recommendations to have
22 CALPAC or AMPAC contribute to any of these candidates?
23 A. Probably.
24 Q. Of this long list, you don't recall specifically
25 whether any of those were your recommendation?

1 A. I don't know if you've reviewed CALPAC's records
2 and the extent of activity that we have in state and federal
3 races. But I don't think you'll find too many political
4 action committees that are as active as ours. I do not
5 recall a lot of the specifics, particularly when you're
6 dealing with -- what year is this? '75. I'm sorry, I don't.
7 MR. SMITH: May I ask if you've finished with that
8 exhibit, Scott, whether you have a basis in fact or proof of
9 any facts available to you which form a basis for asking
10 whether there was any conversation or discussion in regard to
11 items one or two with specific regard to campaign
12 contribution limitations?
13 Since number one, there's no mention of any
14 discussion whatsoever, and, number two, there's no mention of
15 any discussion with regard to campaign contribution
16 limitations and the amounts discussed or $1,250, which I
17 believe is per se within any one's interpretation -- even
18 including the Commission's -- lawful?
19 You seem to suggest in your question --
20 MR. THOMAS: I was just asking him if he knew. I
21 have no idea.
22 MR. SMITH: You're just fishing? You have nothing
23 by way of a basis?
24 MR. THOMAS: I was just trying to find out if the
25 witness had been in on any particular conversation.

1 MR. SMITH: You understand my concern, you
2 specifically asked if he remembered any discussion.
3 MR. ZIMMERMAN: You've answered the question.
4 MR. SMITH: I'm not concerned about your answers.
5 I'm concerned about you being accorded the proper foundation
6 if indeed the Commission is in possession of any contrary
7 information. In order to give him a total opportunity to
8 refresh his recollection, it would be an improper
9 investigatory technique not to let him review any such
10 information. That's why I'm asking.
11 MR. THOMAS: I have no information.
12 Q. Mr. Pross, while you were with CALPAC, did CALPAC
13 participate in what was termed CMA CALPAC Washington visit?
14 A. We participated in a CMA CALPAC Washington visit on
15 an annual basis.
16 Q. What did that involve?
17 A. During the time. It involved CMA and CALPAC
18 selecting a group of physicians, usually not more than 12 or
19 15 at the maximum, setting aside at least three days in
20 Washington D.C. where we would go back to discuss legislative
21 and/or political subjects with the individual members of our
22 congressional delegation from California, other members of
23 congress, HEW and administration officials.
24 Q. Did you yourself ever participate or attend any of
25 these visits?

1 A. Attended every one during the time that I was with
2 CMA as the director or Federal Liaison and Secretary of
3 CALPAC.
4 Q. Did any AMPAC officials or employees ever attend
5 any -- or meet with you on any of these visits?
6 A. Say that once again?
7 Q. Did any AMPAC employees or officials ever meet with
8 you or attend any of these visits?
9 A. Not that I recall.
10 Q. Did you ever make any contact with anyone in the
11 AMA lobbying office when you were there?
12 A. Yes, quite regularly.
13 Q. Who were those individuals?
14 A. Well, now, you're talking over a seven or eight
15 year period of time. You want all the names of the people --
16 Q. To the best of your recollection, yes. The names
17 of the individuals you would have met with.
18 A. Who were on the AMA Washington staff.
19 MR. SMITH: There we go, put the correct name on
20 it while you're at it.
21 THE WITNESS: Not the AMPAC staff, but AMA.
22 MR. THOMAS: Also I don't believe the word
23 "lobbying" appears in the name anywhere.
24 THE WITNESS: Harry Hinton, Wayne Bradley, Howard
25 Lee Cook, John Zap, John Laurence, Jim Forstle. Roy Bretter,

1 Al Facka. Those are the ones that come to my immediate
2 mental recollection.
3 MR. THOMAS:
4 Q. And do you recall the substance of any of your
5 contacts with any of these individuals on these visits?
6 A. Substance would have been to discuss specific
7 legislation that they were responsible for or knowledgeable
8 about regarding its current status, prospects for passage or
9 defeat, or specific points that they felt, in their
10 professional capacity, our physician delegation should
11 emphasize to the members of our congressional delegation or
12 other members of congress or administration or HEW officials.
13 Q. Did you ever --
14 A. It was a briefing.
15 Q. Did you ever at any time discuss contributions to
16 federal candidates?
17 A. With any of these individuals?
18 Q. That's correct?
19 A. Yes.
20 Q. Do you recall any specific occasion when that
21 happened?
22 A. No.
23 Q. What would have been the nature of the discussion,
24 if you recall?
25 A. The AMA Washington office would routinely divide up

1 the various congressmen, 435 members of the House and members
2 of the Senate so that any one legislative advocate with AMA
3 might have 80, 90, 120 members that they were responsible for.
4 And I would indicate to the appropriate advocate
5 for the AMA that covered specific members of the California
6 delegation what local physicians were doing, or where I knew
7 might be thinking of doing as far as organizing a support
8 committee for that particular candidate, or if CALPAC had
9 taken action in support of a candidacy of a congressman that
10 they were responsible for lobbying for, letting them know
11 that CALPAC had taken action either for or in opposition to
12 them.
13 MR. THOMAS:
14 Q. Did any of these AMA officials ever notify you of
15 any action which AMPAC had taken on behalf of any candidates?
16 A. They were not AMPAC employees, and, no.
17 MR. THOMAS: Mr. Pross, let me now show you a copy
18 of a document entitled "Federal Candidate Selection Committee
19 Minutes." It is dated August 11, 1976. Listed under staff
20 is the name Al Pross.
21 (Whereupon Government's
22 Exhibit 9 was
23 marked for identification)
24 MR. THOMAS:
25 Q. I would direct your attention to Roman numeral III,

1 U.S. Senate Campaign where it states: "The executive
2 committee met with Dr. S.I. Hayakawa in Los Angeles and
3 approved a $5,000 contribution. The Committee voted that
4 AMPAC contribute up to the legal maximum.
5 Do you recall whether CALPAC ever made a $5,000
6 contribution to Dr. Hawakawa?
7 A. I do not believe we made a contribution to Dr.
8 Hawakaya's campaign.
9 Q. Did you attempt to make a contribution, did CALPAC?
10 A. Yes.
11 Q. Do you recall what happened? Can you explain?
12 A. AMPAC approved a contribution of the $5,000 for Dr.
13 Hawakawa's Senate campaign. CALPAC approved the contribution
14 for his campaign.
15 AMPAC's check was sent to the Hawakawa campaign.
16 When I notified the campaign director of Dr. Hawakaya's
17 campaign that we had a $5,000 contribution, there was a
18 discussion regarding either the pending or proposed or final --
19 there was so much confusion over your regulations -- whether
20 they were in effect at that time regarding a $5,000 limit.
21 The campaign manager referred me to the campaign's legal
22 counsel.
23 I discussed it with him and indicated that CALPAC
24 was ready, willing, and able to make that contribution. And
25 that they should be aware, however, and as I recall, during

1 the interim I contacted your -- very efficient, by the way --
2 public information 800 toll number, and I think whoever I
3 spoke to there, said, "Oh, you can't do that."
4 I pointed that out to the Hawakawa legal counsel
5 and said it's your decision. We are ready, willing, and able
6 to write that $5,000 contribution. As I recall, their legal
7 counsel decided not to accept our $5,000 contribution from
8 CALPAC.
9 Q. Did you subsequently notify the CALPAC board of
10 that matter?
11 A. I don't recall doing that, but probably did.
12 Q. Do you recall requesting AMPAC to make a
13 contribution to Dr. Hawakawa?
14 A. Not specifically, no.
15 Q. You yourself did not make that request?
16 A. Not that I recall.
17 Q. To refresh your recollection, I don't need to
18 burden the record with this, I don't believe. We've got a
19 document. It's a letter dated July 26, 1976. It is to James
20 MacLaggan from Allen Pross.
21 MR. ZIMMERMAN: Would you like to mark that if
22 you're going to use it and introduce it.
23 MR. THOMAS: All right. Fine, because it directly
24 relates to the gist of what we're talking about.
25 MR. ZIMMERMAN: Are you going to use this or ask

1 questions about it, Mark?

2 MR. OLDAKER: yes. Have it marked.

3 (Whereupon Government's

4 Exhibit 10 was

5 marked for identification)

6 MR. THOMAS:

7 Q. This states that CALPAC's Executive Committee is

8 asking that AMPAC consider making a maximum number

9 contribution in support of Dr. Hawakaya's candidacy. Do you

10 recall seeing this letter?

11 A. No.

12 Q. Do you have any reason to doubt that you sent this

13 letter?

14 A. Yes. Since it says sincerely Allen A. Pross, and

15 the signature is, as I can tell on the Xerox copy, J-o-e, I

16 would have serious reservations as to whether this is my

17 letter.

18 Q. Would you know what that J O E would designate?

19 A. If in fact Dr. Takamine was chairman of CALPAC at

20 the time, although his first name was Jokichi, he was

21 sometimes referred to as Joe.

22 Q. Do you recall at any time any discussion between

23 yourself and any CALPAC or AMPAC official regarding the

24 contribution limitations as it might affect this particular

25 request from CALPAC?

1 A. I remember discussing with CALPAC the fact that I
2 had tendered our contribution to Dr. Hawakaya's campaign, and
3 that it was under consideration by his legal counsel as to
4 whether they would accept it.
5 I remember reporting periodically on the status of
6 that tender and their potential acceptance, and then
7 reporting that Dr. Hawakaya's legal counsel had concluded
8 that they would not accept our contribution.
9 Q. Prior to the making -- the CALPAC decision to
10 attempt to make a contribution to Dr. Hawakawa, did you ever --
11 A. Rephrase it, I lost you.
12 Q. Prior to CALPAC's decision to contribute to Dr.
13 Hawakawa?
14 A. Prior to our decision?
15 Q. Right. And to request AMPAC to contribute, did you
16 ever discuss this with any AMPAC or CALPAC official, that is
17 the contribution limitations?
18 A. Not that I recall.
19 A. By the way, for the record, that's not even the way
20 I would have written Joe if I had been the one to sign this.
21 So --
22 Q. How would you have written Joe?
23 A. I have not seen this letter.
24 Q. Do you know who Mike Allen is or was?
25 A. Yes, is.

1 Q. Did he ever have any official capacity with CALPAC?
2 A. Official capacity with CALPAC, no.
3 Q. Was he employed?
4 A. He was an employee of the California Medical
5 Association and their director of -- and CMA's director of
6 the division of government relations.
7 Q. Do you know what his duties were?
8 A. There was a period where as the Director of the
9 Department of Federal Liaison and as the Executive Secreta
10 of CALPAC that he was my immediate superior.
11 Q. And his operations dealt with federal elections
12 only, not federal candidates?
13 A. His primary function, despite the line
14 responsibilities were that he directed our Sacramento offi
15 and concentrated the bulk, if not nearly all of his attenti
16 on state legislative advocacy.
17 Q. Who is --
18 A. Not federal or CALPAC.
19 Q. Who is Bill Bad?
20 A. Who was he or is he?
21 Q. What was his relation to CALPAC if any?
22 A. Prior to my -- well, prior to my leaving CMA, he
23 was the executive director of the California Medical
24 Association. Prior to that, when he was in a capacity as
25 either assistant or associate executive director, I don't

1 remember the title. He was the immediate superior of Mike
2 Allens, who was my immediate boss.
3 Q. With respect to federal legislation?
4 A. And CALPAC.
5 Q. And CALPAC?
6 A. Yes.
7 Q. Who is or was Gary Mack and what was his
8 relationship with CALPAC, if any?
9 A. The California Medical association hired G
10 as CMA's field representative for Southern Californi
11 Q. What did that entail?
12 A. That's a good question. Generally, it involved
13 informational liaison and collection of information
14 county medical societies in that given region that Mr. Mack
15 and/or other field representatives were assigned.
16 Q. Did it deal in any way with federal candidates,
17 information on federal candidates?
18 A. Only incidentally.
19 Q. And Dick Perry, what was his relationship with
20 CALPAC if any?
21 A. Dick Perry had no relationship with CALPAC, nor was
22 he an employee of CALPAC or CMA.
23 Q. Who was he an employee of, if you know?
24 A. The American Medical Association.
25 Q. What was his title and what were his duties?

1 A. I don't recall his specific title, but he was
2 responsible at least for California as a field representative
3 for the AMA. I think he had responsibility for some other
4 states, but I don't know.
5 Q. Did he communicate with CMA only, or did he
6 communicate with CALPAC staff or personnel?
7 A. Well, there was no CALPAC staff or personnel per se.
8 Remember, I indicated --
9 Q. Are you talking about because you're paid
10 A. Yes, yes.
11 Q. Did he ever have any communications with any CALPAC
12 officials?
13 A. Sure.
14 Q. What kind of communications or activities would he
15 have been involved with?
16 A. As an employee of AMA, one of his responsibilities
17 was to be a salesman and advocate for AMA membership and
18 AMPAC membership, and, therefore, he would have conversations
19 with individual physicians, staff leaders at the local level,
20 speak to medical society meetings, work with physician
21 support committees that were being formed to support
22 candidates, et cetera.
23 Q. Did he participate or attend any CALPAC board,
24 executive committee or Federal Candidate Selection Committee
25 meetings?

1 A. He might have, but I do not recall specifically.
2 It is possible.
3 Q. Did you ever discuss with him any contributions to
4 federal candidates?
5 A. Ever discuss with him? Sure.
6 Q. Did he ever communicate to you any contributions
7 which AMPAC had made or intended to make to a federal
8 candidate?
9 A. I don't recall specifically.
10 Q. Okay. Did you ever discuss with him any
11 contributions which CALPAC had made or intended to make to a
12 federal candidate?
13 A. Probably.
14 Q. Did you ever ask him to relay that information to
15 an AMPAC official or the AMPAC board?
16 A. No.
17 Q. What would have been the substance of that --
18 A. I didn't care whether the AMPAC board knew or not.
19 Q. What would have been the substance of your
20 communication with him?
21 A. Substance? Of my communication with him? I think
22 we've gone over that.
23 MR. ZIMMERMAN: Since he can't recall a specific
24 communication. The question is difficult to answer. He said
25 he --

1 MR. THOMAS: He said he believed that he had had
2 communications with him regarding federal candidates. And I
3 was just trying to ascertain what would have been the
4 substance. He said it was not to request -- or to notify
5 AMPAC that CALPAC had made or would make a contribution. I'm
6 trying to find out what the discussion would have been about.
7 THE WITNESS: Probably it would have been -- if an
8 individual congressman had received or if CALPAC had approved
9 a contribution for him, I would have mentioned in passing
10 that we had done that. There was no obligation on my part to
11 report that to Mr. Perry. I did it, to my recollection, in a
12 sporadic, non-comprehensive manner.
13 MR. THOMAS:
14 Q. And you recall no specific occasions when that
15 happened?
16 A. No.
17 Q. No particular federal candidates or contributions?
18 A. No.
19 Q. Let me ask you some questions about the billing for
20 CALPAC contributions.
21 A. I'm not the person to talk to about that. But --
22 Q. Did CALPAC contributions generally come in from
23 county medical societies as a result of their billing on the
24 association billing form?
25 A. Yes.

1 Q. Do you recall how many county societies
2 participated and included CALPAC on their billing forms?
3 A. All but two or three.
4 Q. In those counties where that practice was not
5 followed, did CMA send out any type of billing, or did --
6 A. CMA --
7 MR. ZIMMERMAN: What kind of billing are you
8 referring to, now? A CMA dues statement or a CALPAC
9 solicitation --
10 MR. THOMAS:
11 Q. A CMA dues statement.
12 A. No.
13 Q. Those counties would simply continue to bill but
14 they would not include CALPAC; is that what you're saying?
15 A. Right.
16 Q. Do you know if CALPAC ever billed separately?
17 A. Yes.
18 Q. I'm sorry, not billed, but requested contributions
19 separately?
20 A. Yes.
21 Q. Do you know how that was done? By letter?
22 A. By a letter to the individual physicians.
23 Q. And in those occasions -- on those occasions, did
24 CALPAC solicit on behalf of AMPAC as well?
25 A. Yes.

1 Q. Do you recall who bore the cost of those
2 solicitations?
3 A. Very well.
4 Q. I'm sorry?
5 A. Yes, very well, I do.
6 Q. Who did?
7 A. The California Medical Association.
8 Q. AMPAC paid no portion of that cost?
9 A. In those instances that I can recall, never.
10 Q. Do you know if the CMA every received reimbursement
11 from the AMA for any costs of the billing done on behalf of
12 the associations?
13 A. To those county medical societies that did not list
14 CALPAC on their dues statements?
15 Q. No, even to county societies which did. I'm not
16 talking about its --
17 A. We're off of those county medical societies that
18 did not list CALPAC or AMPAC?
19 Q. We're back into just the question of whether CMA
20 ever received any reimbursement from the AMA for any of costs
21 of billing?
22 A. I only recall one occasion.
23 Q. When was that?
24 A. Time and year?
25 Q. If you know.

1 A. I could only guess. '75?

2 MR. OLDAKER: Don't guess.

3 MR. ZIMMERMAN: Is that a guess, now?

4 THE WITNESS: That is a guess. Yes.

5 MR. ZIMMERMAN: All right. Don't guess.

6 THE WITNESS: Okay.

7 MR. THOMAS:

8 Q. Who would know when that actually took place?

9 A. I don't know if anybody could tell you off the top

10 of their heads. The most logical individual would be Linda

11 Gano Rasmussen.

12 Q. Do you know if the AMA ever offered to reimburse

13 CMA for the costs of billing on a regular basis?

14 A. I know of no occasion where AMA offered or AMPAC

15 either one offered to pay for any cost of any billing.

16 Q. Did CMA ever receive any type of percentage

17 reimbursement for sending AMA dues --

18 A. AMA dues?

19 Q. AMA dues to AMA?

20 A. I don't know. That was not an area that I was

21 involved in, AMA dues.

22 Q. Did, to your knowledge, AMPAC ever send any money

23 to any county medical societies to defray any part of the

24 cost of the billing?

25 A. To my knowledge, AMPAC never sent any money to

1 local county medical societies to defray billing for
2 membership solicitation for the PAC, for AMPAC.
3 Q. Now, on the billing forms which were referred to
4 earlier, was CALPAC always listed on those billing forms in
5 those county societies where that is done? Was CALPAC always
6 listed on those billing forms while you were executive
7 director.
8 MR. ZIMMERMAN: Wait a minute. I'm totally
9 confused now. Because he's answered a line of questions on
10 that subject and said in some counties CALPAC was listed and
11 some counties it wasn't.
12 MR. THOMAS:
13 Q. I'm just asking you if that was the whole practice -
14 where it was listed if that was practiced the whole time he
15 was Executive Secretary.
16 MR. ZIMMERMAN: You mean in county X, did the
17 billing procedure remain the same during the eight years he
18 was a CMA employee?
19 MR. THOMAS: Yes.
20 THE WITNESS: The answer to that is no.
21 MR. THOMAS:
22 Q. Was there a change among most of the county
23 societies?
24 A. Not necessarily a change. But there's gradual
25 development.

1 Q. Increased number of counties did that?

2 A. Increased number of counties that would do it.

3 Dues went up over the years or the membership contribution

4 that was being solicited, the amount. There were changes

5 like that, of course.

6 Q. But the general practice in those -- the general

7 format, then, was to list CALPAC on the annual billing

8 statement for association dues; is that correct, the whole

9 time you were there?

10 A. Yes.

11 Q. Are you familiar with a practice or policy known as

12 the key man program?

13 A. Yes.

14 Q. Can you describe that generally?

15 A. Key man program was an attempt to identify those

16 physicians and/or their spouses that had a personal

17 relationship or knowledge of a given member of the

18 Congressional Delegation or State Assembly or State Senate in

19 California.

20 And to cultivate and educate that particular

21 contact on issues that were of concern to the California

22 Medical Association. In other words, that person was

23 recruited to act as an informational liaison on issues of

24 concern to medicine.

25 Q. Did CALPAC use the key men to deliver CALPAC

1 contributions?

2 A. Sometimes.

3 Q. Did CALPAC ever maintain a list of key men?

4 A. Yes.

5 Q. Did CALPAC ever send that list or provide that list

6 to AMPAC?

7 A. I believe so.

8 Q. Do you recall when?

9 A. No.

10 Q. Do you know if AMPAC ever used key men to de

11 AMPAC contributions?

12 A. I just can't comment on how -- what AMPAC used

13 far as their delivery mechanism. I do not recall, beca

14 do not know any specific instances where they used CALPAC

15 CMA's key man as an individual to deliver an AMPAC

16 contribution.

17 Q. I'll now show you a copy of a document entitl

18 "Minutes, CALPAC Executive Committee," dated September 1,

19 1975.

20 (Whereupon Governmen 's

21 Exhibit 11 was

22 marked for identification)

23 MR. THOMAS:

24 Q. Under Roman I it states "At the request of Dr.

25 Albert Barcomb, Chairman of the Wyman for Senate Committee,

1 the Executive Committe voted unanimously to its contribution
2 of up to $5,000 payable to the Wyman for Senate Committee."
3 Do you recall that discussion?
4 A. Vaguely.
5 Q. Who made or did the request come from the Wyman for
6 Senate committee?
7 A. I don't recall specifically whether it was oral or
8 written.
9 Q. Did Dr.Barcomb make an oral request at the meeting?
10 A. No. He did not appear personally at any time to
11 solicit or ask for consideration for the contribution.
12 Q. Do you recall if any individual from AMPAC notified
13 CALPAC of AMPAC's activity for Senator Wyman?
14 A. No.
15 Q. No, you don't know?
16 A. No, I'm not aware of any such contact.
17 Q. Was there any discussion of the contribution
18 limitations under federal law with respect to the Wyman
19 campaign?
20 A. No.
21 Q. Did CALPAC make a contribution to Senator Wyman?
22 A. Yes.
23 Q. I'm sorry. Mr. Wyman?
24 A. Unfortunately.
25 MR. SMITH: He was senator for a while.

1 THE WITNESS: No, he was a congressman, but he
2 wasn't a senator. Lost to senator Dirk --
3 MR. SMITH: Wasn't he there a few days?
4 THE WITNESS: There was a loss to the recount.
5 MR. THOMAS:
6 Q. We have mentioned in the course of this deposition,
7 both the AMA/AMPAC workshop, and the CMA Annual Washington
8 visit. With respect to the AMA/AMPAC workshop, who sponsors
9 and pays for that workshop?
10 A. I don't know.
11 Q. Does CALPAC ever pay for it?
12 A. No, CALPAC does not.
13 Q. Does CMA ever pay for the costs?
14 A. No.
15 Q. Have you ever attended any of those?
16 A. Yes.
17 Q. With respect to CMA's annual Washington visit, does
18 CALPAC pay for any of the costs involved?
19 A. They have.
20 Q. What costs were paid for my CALPAC?
21 A. To the extent that some of the physicians who were
22 going on that particular pilgrimage to Washington were going
23 because of their specific identity and position within CALPAC,
24 CALPAC would pay for their transportation and hotel.
25 MR. SMITH: Let me get something straight. Are

1 you asking whether CALPAC paid vis-a-vis individuals paying
2 or whether CALPAC paid vis-a-vis CMA paying?
3 MR. THOMAS: Vis-a-vis anyone else paying, first.
4 I just wanted to know if CALPAC paid for any of the costs,
5 Q. I'll now follow up. Did CMA pay for any of the
6 costs?
7 A. CMA paid, as I recall, for the bulk of the cost of
8 the annual pilgrimage.
9 Q. Did the AMA ever pay for any of the costs of
10 members attending the CMA visit?
11 A. No.
12 Q. Did AMPAC ever pay for any of the costs?
13 A. No.
14 MR. THOMAS: I'll now show the witness a copy of a
15 document entitled CALPAC Executive Committee Minutes. It is
16 dated April 21, 1976. Ask that it be marked as an exhibit.
17 (Whereupon Government's
18 Exhibit 12 was
19 marked for identification)
20 MR. THOMAS:
21 Q. On the first page I direct your attention to the
22 bottom under recommendations, where it states:
23 The executive committee approved and voted to
24 appropriate $5,000 in support of Mr. Branwell Fanning in the
25 Fifth Congressional District; two, voted to request matching

1 funds from AMPAC, in amounts recommended by the Federal
2 Candidates Selection Committee."
3 Was there at that time any discussion of the
4 campaign contribution limitations?
5 A. Not that I recall.
6 Q. Do you know if AMPAC made any contribution to Mr.
7 Fanning?
8 A. If AMPAC made a contribution, I do not know.
9 Q. Do you know if CALPAC made a contribution?
10 A. To my best recollection, we did.
11 Q. Do you recall how the request was made to AMPAC, if
12 it in fact was made?
13 A. No, I don't recall the exact way the request was
14 made or if it was.
15 Q. Do you know an individual named Peter Louer?
16 A. Yes.
17 Q. While you were with CALPAC, what was his position?
18 A. He was retained as an AMA employee, I believe paid
19 for by AMA funds which were appropriated by the AMA board of
20 trustees to pay for the salary and administrative and
21 overhead expenses of AMPAC, where he served in the capacity
22 as a field representative. And one of the states which
23 included -- one of the states where he was assigned to cover
24 as a field representative was California.
25 Q. Did he have the same functions as Dick Perry?

1 A. No.
2 Q. What were his functions, then, as field
3 representative?
4 A. I never saw a job description. I can't tell you
5 specifically.
6 Q. Did you ever communicate with him or meet with him?
7 A. Yes.
8 Q. Did you ever discuss federal candidates or
9 contributions to federal candidates?
10 A. Probably.
11 Q. Did you ever relay to him information as to whether
12 CALPAC had contributed to a federal candidate?
13 A. Probably.
14 Q. Did you ever request that AMPAC make a contribution
15 through him, did you make the request through him?
16 A. No.
17 Q. Did he ever tell you of any contribution which
18 AMPAC had made?
19 A. Not that I recall.
20 Q. Do you know if the CMA ever made a mailing on
21 behalf of Dr. Hawakawa requesting the CMA membership to
22 support him?
23 A. Yes.
24 Q. Do you recall when that was done?
25 A. Prior to the senator's election.

1 Q. For the primary, for the general election, do you
2 recall?
3 A. For the general, I believe.
4 Q. Was this done after the matter we discussed earlier
5 regarding the attempted CALPAC monetary contribution?
6 A. Yes.
7 Q. Do you know who paid for this mailing?
8 A. California Medical Association.
9 Q. What was the nature of the mailing; do you recall?
10 A. An internal communication to its membership, asking
11 that they give favorable consideration to making a
12 contribution to Dr. Hawakaya's campaign for U.S. Senate.
13 Q. Do you know how much it cost?
14 A. I couldn't recall.
15 Q. Did you ever yourself aid in or participate in a --
16 the operations of a candidate support committee on behalf of
17 CALPAC?
18 A. Rephrase that again.
19 (Record read)
20 THE WITNESS: You need to clarify that for me by
21 "operations."
22 MR. THOMAS:
23 Q. Help in the formation of --
24 A. Yes.
25 Q. Do you recall a specific example?

1 A. No. It was routine for CALPAC to encourage local
2 physicians to form the candidate support committees.
3 Q. Did you ever become directly involved in a campaign
4 and provide in-kind services to the campaign?
5 A. Yes.
6 MR. SMITH: What did you say?
7 MR. THOMAS: Yes. That were reported as in-kind
8 contributions by CALPAC?
9 THE WITNESS: Either from CMA or CALPAC,
10 on the circumstance.
11 MR. THOMAS: Do you recall any that were in-kind
12 contributions by CMA?
13 A. Not specifically. I believe they were -- i
14 well, when it occurred, I believe it was paid for out of what
15 we euphemistically determine hard dollars which were CALPAC
16 dollars instead of CMA, which was soft dollars.
17 Q. Are you familiar with the term AMA leadership
18 conference?
19 A. Yes.
20 Q. What is the AMA leadership conference or were they
21 while you were with CALPAC?
22 A. As I recall, they were usually held in January in
23 the very enticing location of Chicago, Illinois, were usually
24 at a Marriott Hotel near the airport, and were designed to
25 inform the new officers of the various state medical

1 associations of AMA's programs and activities to stimulate
2 discussion on issues with leadership, et cetera.
3 Q. Was there ever any discussion or activity involving
4 political education at these --
5 A. There were occasions where one or more of the
6 workshops -- although the main emphasis of these meetings was
7 legislative, not political or political action, where a
8 workshop would be held on how to get active in politics or
9 how to participate, or something to that effect.
10 Q. Did these meetings ever involved discussions on
11 particular federal candidates or contributions to federal
12 candidates?
13 A. Never.
14 Q. Did you ever participate in any of these meetings?
15 A. Leadership conferences? Yes.
16 Q. Do you recall how many?
17 A. For sure, one. Perhaps two. I don't believe three.
18 Q. Now, back to the campaign of Dr. Hawakawa
19 momentarily?
20 A. Okay.
21 Q. Do you know if CALPAC ever purchased ten dinner
22 tickets in support of Dr. Hawakawa for a thousand dollars --
23 A. Ever purchased them? Yes.
24 Q. When, do you recall?
25 A. After the election.

1 Q. And were these reported as a contribution by CALPAC?
2 A. We always reported everything, according to the
3 dictates of the Federal Election Commission.
4 Q. But were these tickets purchased on behalf of his
5 prior campaign or were they for a subsequent campaign?
6 A. You mean were they for a deficit?
7 Q. For the '76 campaign.
8 A. I don't -- I believe they were for future campaigns
9 or expenditures that the senator might chose to make. To my
10 recollection, senator Hawakawa did not have a deficit, unless
11 you have other information.
12 Q. Let me show you a document entitled "Minutes,
13 Executive Committee Conference Call." It is dated August 12,
14 1976. Listed under staff is the name Al Pross.
15 (Whereupon Government's
16 Exhibit 13 was
17 marked for identification)
18 MR. THOMAS:
19 Q. Under the far right-hand column as listed, CALPAC,
20 after Burt Talcott there's the notation $2,500 -- if matched.
21 Do you know what that means?
22 A. If the local physician support committee existing
23 for Burt Talcott raises at least an equal amount. In other
24 words, in this instance, raised $2500 from individual
25 physicians, that that would activate CALPAC's contribution of

1 $2500.

2 Q. Did CALPAC always require that local physicians

3 raise an amount?

4 A. No.

5 Q. Did it usually require that local physicians raise

6 an amount before making contributions?

7 A. In the early years when I joined CALPAC, that had

8 been kind of their usual operating procedure because of the

9 fact that they were growing and it was kind of a litmus test

10 on distributing limited resources to make sure the physicians

11 at the local level were indeed committed to a particular

12 candidate.

13 Due to my fine administration and great efforts, I

14 was able to develop CALPAC into a political economic success.

15 Therefore we did not need to use this as a means or litmus

16 test to lean on. Therefore towards my the end of my duration

17 and stay, we shied away from the management mechanism at the

18 local level.

19 Q. Also in that same column after Bob Lagomarsino is

20 listed $200, and in paren, $1,000 must be matched. Is that

21 the same --

22 A. Same as above, Um-hum. Same as Talcott.

23 Q. This document purports to be minutes of an

24 executive committee conference call. Did you initiate this

25 conference call?

1 A. Sure.

2 Q. Did you -- when there was not a specific meeting of

3 individuals, did you always initiate the conference call?

4 A. Yes. Or my secretary, who would actually contact

5 the phone company. But I was the person who would put this

6 whole thing into operation.

7 Q. Would the recommendations for contributions be

8 recited by you in this instance or would they be -- how was

9 the meeting conducted?

10 A. How was the meeting conducted generally?

11 Q. Yes.

12 A. Not this specific one?

13 Q. That's right.

14 A. Generally I would talk with the chairman of the

15 executive committee prior to the conference call and indicate

16 to him that we were acting upon the recommendations of the

17 Federal Candidate Selection Committee, and as any good

18 staffer would do, inform him so that he could basically

19 conduct the business on the call.

20 Sometimes he would comment extensively and run down,

21 others times he would ask me to do it. It just depended on

22 the circumstances.

23 Q. Would they vote over the telephone with respect to

24 each contribution recommendation?

25 A. Sometimes they would vote on each individual ones,

1 sometimes they would lump them together. Depended on the
2 whim of the particular individual making the motion.
3 Q. Would you make any written log or notation with
4 respect to the vote taken and the result?
5 A. Just whether it was approved or not approved.
6 Q. And you would make a written notation, though, is
7 that correct?
8 A. On a piece of paper, right.
9 Q. And would you direct someone to prepare the minutes?
10 A. Then I would dictate the minutes usually the next
11 day or immediately following the call if it occurred prior to
12 closing time or quitting time, left to my secretary to come
13 up with a beautiful finished product.
14 MR. THOMAS: I'm now going to show you and have
15 marked as the next exhibit, CALPAC Executive Committee
16 Minutes, dated January 9, 1977, listed after staff is the
17 name Al Pross.
18 (Whereupon Government's
19 Exhibit 14 was
20 marked for identification)
21 MR. THOMAS:
22 Q. I would ask you to look at page three under Roman
23 numeral V. It states Dr. MacLaggan explained CALPAC's
24 procedure for financial involvement in federal elections --
25 A. Wait a minute. Page three?

1 MR. ZIMMERMAN: We're not on the page. We've a
2 different document.
3 MR. SMITH: You said January 9, 1977. CALPAC
4 executive meeting?
5 A. And that is the document we have.
6 (Discussion off the record.)
7 MR. OLDAKER: Withdraw that one. That's one that
8 shouldn't be marked as an exhibit.
9 MR. ZIMMERMAN: Can we --
10 MR. OLDAKER: Unmark it. Strike it.
11 (Whereupon Government's
12 Exhibit 14 was marked
13 for identification, being
14 CALPAC Board Meeting
15 minutes, April 30, 1972.)
16 MR. THOMAS:
17 Q. On page three under Roman numeral V, it states
18 "Dr. MacLaggan explained CALPAC's procedure for financial
19 involvement in federal elections emphasizing that CALPAC
20 would only get involved in elections where a candidate
21 support committee has been formed and raised funds. Then and
22 only then will CALPAC's Federal Candidate Selection Committee
23 consider a request for a matching contribution.
24 MR. ZIMMERMAN: I'm really not sure you read that
25 correctly. I don't mean to quibble. I think the passage

1 will speak for itself. But I do believe you misread it.
2 MR. SMITH: As it has been said even as slightly
3 and lofty and eloquent terms as Mr. Pross previously
4 described this, as this was the kernel from which his great
5 efforts grew from 1976, are we going to go through this again?
6 He agreed with you in 1972 this was his policy, and
7 through his efforts and otherwise it changed over a long
8 period until it was what it was when he left. Is this
9 impeachment or what?
10 MR. OLDAKER: Certainly not.
11 MR. SMITH: What in the world is it. This is the
12 14th time we've been shown something vintage 1972 as to the
13 what the policy was, and I've yet seen anything dispute it.
14 MR. THOMAS:
15 Q. Was there a written policy at any time regarding
16 this matter?
17 A. Probably before I came aboard or joined the CMA or
18 CALPAC. But I don't recall that it was ever an ironclad rule
19 even then.
20 Q. Was there a CALPAC procedural manual?
21 A. A CALPAC procedural manual at this time?
22 Q. At this time or any time when you were with CALPAC.
23 A. CALPAC procedural manual. You better define what
24 you mean by a "CALPAC procedural manual."
25 Q. Any type of manual which would pull together the

1 operating practices and procedures which were to be used by
2 CALPAC staff.
3 A. Mr. Test put together at my direction an
4 orientation booklet for new CALPAC board members, which
5 covered in a very general way the operational procedures of
6 CALPAC and the contribution process.
7 Q. Do you recall whether that orientation manual
8 included this statement of CALPAC's policy referred to here?
9 A. Not specifically. It probably made some reference
10 to the possibility that CALPAC might require or look for
11 matching contributions at the local level.
12 Q. In paragraph B on that same page, it states that:
13 Mr. Al Pross, CALPAC's Executive Secretary, explained the
14 basic changes and legal requirements under the new federal
15 campaign spending law."
16 Do you recall that discussion?
17 A. No.
18 Q. Do you recall whether there was any discussion of
19 the reporting requirements with respect to political
20 committees?
21 A. Say that again?
22 Q. Do you recall whether there was any discussion of
23 the reporting requirements of political committees in
24 connection with --
25 A. I can't recall.

1 Q. -- what affiliated organizations they were to
2 report --
3 A. I can't recall specifically.
4 Q. Was there a discussion -- do you recall a
5 discussion of the change in the law with respect to
6 contribution limitations in federal elections?
7 MR. SMITH: No, you asked him if he remembered the
8 discussion in that paragraph. One of the things he does
9 remember is the voluntary limitation to five thousand --
10 THE WITNESS: Even prior to there being a limit,
11 the maximum that CALPAC generally gave -- I don't recall off
12 the top of my head any exceptions -- was $5,000 to a
13 candidate when he ran for office.
14 MR. SMITH: You mean the limit that was put in
15 several years later in '74?
16 THE WITNESS: Right. That was incorporated into
17 the law. I don't believe there was an instance even prior to
18 that limitation being imposed by law where CALPAC gave more
19 than $5,000.
20 MR. SMITH: So you do remember the discussion
21 about the voluntary limitation being ratified.
22 THE WITNESS: I don't remember the specific
23 conversation.
24 MR. THOMAS:
25 Q. For identification purposes, again, do you know an

1 was happening.

2 Q. Did you or any CALPAC official invite him to attend

3 any meetings?

4 A. Yes.

5 Q. Did CALPAC pay for his costs in attending?

6 A. I don't recall who paid.

7 Q. Do you recall any other AMPAC --

8 A. We use to pay -- I mean CALPAC would pay for lots

9 of programs and activities if a speaker was coming or an

10 entertainer. I'm sure you're familiar with Mark Russell,

11 those kinds of things. It's possible that we paid for Dr.

12 Louis. I don't know.

13 MR. SMITH: It's possible that you didn't pay for

14 him?

15 THE WITNESS: Possible that we did not pay for him.

16 MR. SMITH: And it's possible that you don't

17 remember?

18 THE WITNESS: I think that's what we're leading to

19 is I don't really remember.

20 MR. ZIMMERMAN: That's what you said originally.

21 THE WITNESS: I thought so.

22 MR. THOMAS:

23 Q. Did CALPAC ever pay why costs of any other AMPAC

24 official attending --

25 A. Not that I'm aware of. I can set the record

1 straight there real quick. CALPAC did not pay for expenses
2 that could legitamately be covered by CMA. Why deplete our
3 hard dollars if we didn't have to.
4 Q. Do you know if CMA ever paid, then, for any of the
5 costs of having an AMPAC official attend CALPAC meeting?
6 A. I do not know of any instances where that was the
7 case.
8 Q. Was an individual named Mike Mahoney ever
9 associated with CALPAC?
10 A. No.
11 Q. While you were with CALPAC, do you know if -- do
12 you know what his official title was and what group he was
13 associated with?
14 A. He was the associate director of the Division of
15 Government Relations headquartered in Sacramento and was a
16 registered legislative advocate in Sacramento for state
17 legislation.
18 Q. Similarly a man named David Willet?
19 A. David Willet next to my attorney here and this
20 august person on my left, is probably the third best person
21 that I know of from the standpoint of campaign law. I
22 believe he's employed with the firm of Hassard, Bonnington &
23 Rogers in San Francisco.
24 Q. Was he counsel retained by CALPAC?
25 A. At periodic times I recall dealing with Mr. Willet

1 on legal political questions and issues. I have a greater
2 recollection of dealing with Mr. Zimmerman in that regard,
3 however.
4 Q. Did CALPAC ever utilize anything called candidate
5 evaluation form?
6 A. I think once or twice.
7 Q. Do you recall what they consisted of and how they
8 were used?
9 MR. ZIMMERMAN: Do you have the form there to show
10 him?
11 THE WITNESS: Do you have something to refresh my --
12 MR. THOMAS:
13 Q. I don't. No.
14 A. Okay. We could send the form to the county medical
15 society presidents, executive secretaries, CALPAC board
16 members, ask them to fill them out, evaluating the local
17 candidates who were running for congress in that specific
18 congressional district and to return them, so that they could
19 be considered by CALPAC's Federal Candidate Selection
20 Committee prior to authorizing contributions.
21 Q. Do you know if AMPAC ever employed any candidate
22 evaluation forms?
23 A. I do not recall of any.
24 Q. What would be done with these candidate evaluation
25 committee forms? Would they be tabulated, collated,

1 A. I don't recall. Whether it would be Perry &
2 Associates or Perry Company. I don't know.
3 MR. SMITH: Do you know how delightfully happy he
4 will be with you when he finds out you've told us that.
5 Be happy to find his address, Scott, if he is truly
6 an ex-employee.
7 MR. THOMAS: I'm now going to show you several
8 documents which are attached and the top document is dated
9 October 31, 1972. It is a letter from Hoyt D. Garner, M.D.,
10 chairman of AMPAC, to James MacLaggan. I would ask that
11 these be marked as an exhibit.
12 (Whereupon Government's
13 Exhibit 15 was
14 marked for identification)
15 MR. THOMAS:
16 Q. Perhaps we should start with the back document
17 which is the first chronologically. It is to Hoyt Garner
18 from James MacLaggen. States: "I am pleased to enclose a
19 CALPAC check for $15,000 made out to AMPAC."
20 Do you recall what this letter was in reference to?
21 A. It was in reference to exactly what it says. How
22 do you mean?
23 Q. Do you recall when CALPAC decided to make this
24 decision to send this money?
25 A. CALPAC's executive committee approved this

1 expenditure of funds.

2 Q. Was there a request from AMPAC to do so?

3 A. No.

4 Q. Do you know who initiated the matter from CALPAC?

5 A. I think I did. I probably did. But I'm not sure.

6 Q. Do you recall why?

7 A. Well, let me quote from the letter.

8 "to assist AMPAC with its limited fund problem at

9 this time for candidate support activities."

10 Q. While you were with CALPAC, did CALPAC ever do this

11 on any other occasion?

12 A. For AMPAC? Not that I'm aware of. There might

13 have been a subsequent contribution after this 15 thousand.

14 I think there was.

15 MR. ZIMMERMAN: Take a look at the first letter,

16 Al.

17 MR. THOMAS:

18 Q. I think this first letter in the group refers to

19 that. Perhaps that will refresh your recollection.

20 Other than that, those two amounts, the $15,000,

21 amount and the $10,000 amount, are you aware of any other

22 occasions on which that happened?

23 A. No.

24 MR. SMITH: That came as a surprise to me, that

25 $25,000 contribution. Must make you feel good to have that

1 fresh news on the record. That's at least the fourth version.
2 MR. THOMAS: Now found the one who would have
3 initiated it.
4 MR. SMITH: Probably.
5 THE WITNESS: You found the source.
6 MR. SMITH: Probable source.
7 THE WITNESS: Oh.
8 MR. THOMAS:
9 Q. Did CALPAC regularly send to AMPAC a copy of its
10 proposed or any proposed dues billing form to be used to
11 solicit members in California?
12 A. No.
13 Q. Do you recall if AMPAC ever requested that CALPAC
14 send in such a form?
15 A. I don't recall. You have to ask Linda Rasmussen
16 about that.
17 Q. Do you recall ever notifying any official of the
18 Los Angeles County physicians committee that you would assist
19 him in drafting a letter soliciting contributions on behalf
20 of doctor David B. Horner?
21 A. You've got a long sentence in there. Why don't you
22 parcel it out again for me. Do I recall contacting or
23 working with?
24 Q. Any Los Angeles County physicians committee
25 official in dealing with a proposed letter soliciting

1 contributions on behalf of Dr. Horner?

2 A. Vaguely.

3 Q. What do you recall from that?

4 A. Not very much. I don't know -- I don't know

5 whether the individual was a Stanley Jackson or whether it

6 was a Paul Beck. It was one or the other. If I had to bet,

7 I would say Stan Johnson.

8 Q. I couldn't ask to you speculate.

9 MR. SMITH: We're unanimous on that. He doesn't

10 even want you to guess. That should persuade you.

11 MR. THOMAS:

12 Q. Did you send a draft letter to any LACPAC official?

13 A. I don't remember.

14 Q. Did CMA ever send a mailing to its members

15 soliciting contributions to Dr. Horner's campaign?

16 A. I believe so.

17 Q. Do you recall who paid for that solicitation?

18 A. California Medical Association.

19 Q. Did --

20 A. An internal communication.

21 Q. Were you involved in that communication in any way?

22 A. Involved in it?

23 Q. Preparing it.

24 A. I think I wrote it.

25 Q. Did you contact Dr. Horner or any of his campaign

1 staff in advance of writing that letter?
2 A. Well, I had contact with him and his campaign staff
3 just from the standpoint that I knew he was a candidate for
4 Congress, and so I had contacts with Dr. Horner in his
5 campaign on a regular business basis.
6 Q. Did Dr. Horner know that this mailing was mailed on
7 his behalf prior to its being mailed?
8 A. Prior to the letter being mailed? The CMA letter
9 to the CMA membership?
10 Q. That's right?
11 A. And special communication to the CMA members. I
12 really don't know.
13 MR. ZIMMERMAN: I can only wonder what the
14 relevance of what an internal memorandum from the CMA to its
15 members to this larger inquiry we're concerned with here.
16 THE WITNESS: Am I correct, is that not an exempt
17 reportable expenditure under the --
18 MR. ZIMMERMAN: Specifically authorized by federal --
19 There's no relevance at all to the question of
20 affiliation of AMPAC or CALPAC. Totally outside the scope of
21 the subpoena. Really not your man at all.
22 MR. THOMAS:
23 Q. Did CALPAC pay for any of the costs of that
24 solicitation?
25 A. No.

1 Q. Do you know if a copy was sent to Dr. Horner?
2 A. If he was a member of CMA, it's very likely that he
3 would have received a copy, but I cannot say that I know.
4 Q. Did you ever solicit any contributions individually
5 in your individual capacity on behalf of Dr. Horner?
6 A. In my individual capacity? What do you mean by
7 "individual capacity"?
8 Q. Not in your capacity as a CALPAC officer.
9 A. I'm really not sure what you mean by that.
10 Q. Did you ever solicite any contributions --
11 A. Yes.
12 Q. -- on behalf of him in your CALPAC capacity?
13 A. Yes.
14 MR. ZIMMERMAN: He was answering a prior question.
15 MR. THOMAS:
16 Q. I thought you were still confused. If you had
17 solicited contributions --
18 A. You are attempting to distinguish as to whether I
19 made solicitations from what standpoint?
20 MR. ZIMMERMAN: Just let him ask a question here
21 and then you answer his question. Don't try to interpret his
22 question for him or phrase it for him.
23 MR. THOMAS:
24 Q. Did you ever solicit contributions on behalf of Dr.
25 Horner?

1 Q. How did you notify him; do you recall?
2 A. I let him know if I was told or if it was indicated
3 to me if a particular state medical PAC would or would not or
4 had or had not approved a contribution for his bid for
5 Congress.
6 Q. Did any of the state PACs which you contacted or
7 helped in sending a letter to, did any of those PACs send a
8 contribution on behalf of Dr. Horner to you directly?
9 A. I don't believe so.
10 Q. Did they ever send any to any CALPAC official?
11 A. Not that I'm aware of.
12 Q. To have delivered to Dr. Horner?
13 A. Not that I'm aware of.
14 Q. Do you recall about how much staff time you spent
15 in preparing the CMA letter and the CALPAC letter and in
16 telephoning the various state PACs?
17 MR. ZIMMERMAN: Compound question.
18 MR. THOMAS:
19 Q. In anyone of those, for example, let's start with
20 the CMA. Do you recall about how much time you spent in
21 preparing the CMA letter?
22 A. I wrote that letter at home. Half hour. 45
23 minutes, maybe.
24 Q. And the CALPAC letter, any estimate on how much
25 time you spent on that?

1 A. Which one was first, chronologically? I probably
2 stole from one to the other. I don't know. If I could see
3 the copies, I could get a better idea. If they're virtually
4 identical, then I didn't spend very much time. If they are
5 different, figure another half hour for 45 minutes.
6 MR. ZIMMERMAN: Al, do you really know or is that
7 just an estimate?
8 THE WITNESS: This is an estimate on my part.
9 MR. THOMAS:
10 Q. With respect to the letter sent by CALPAC to the
11 various state PACs, do you recall how much -- do you recall
12 if the CALPAC board authorized you to do that?
13 A. The CALPAC board did not authorize me to do that.
14 Q. Did the CALPAC board know about your doing that?
15 A. Ahead of time?
16 Q. Ahead of time.
17 A. No.
18 Q. Did Dr. Takamine know about your sending that
19 letter ahead of time?
20 A. If I recall correctly, he signed the letter, then
21 he knew about it ahead of time.
22 Q. Do you recall who you contacted in any of the
23 various states with respect to the Horner contribution
24 solicitation?
25 A. I might, if you gave me a name.

1 Q. Do you know an individual named Roger White?
2 A. I remember meeting a Roger White. I think he comes
3 from a state in the Midwest, but I do not know for sure.
4 Q. Don Udstuen?
5 A. This is --
6 Q. Charles Murfin?
7 A. Murfin was with the Florida Medical Political
8 Action Committee.
9 Q. Did you communicate with him with respect to the
10 Horner matter?
11 A. I believe the letter was sent to the chairman of
12 the Florida Medical Political Action Committee.
13 I believe I had one telephone conversation with Mr.
14 Murfin.
15 MR. SMITH: For clarification, are you
16 acknowledging having any contact with Roger White or Don
17 Udstuen?
18 A. No, I don't specifically recall a direct contact
19 with either of those gentlemen.
20 MR. SMITH: Conversely, you do recall a contact
21 with Murfin, one phone call?
22 THE WITNESS: Yes.
23 MR. THOMAS:
24 Q. To your knowledge did you communicate with each of
25 the state medical PACs?

1 A. I asked my secretary to see that the letter was
2 sent to all of the state medical political action committees.
3 Q. Other than Dr. Takamine, did you discuss this
4 mailing under his signature with anyone else at CALPAC?
5 A. Probably Don Test would have been aware of it.
6 Linda would have been aware of it. Our secretaries. Other
7 than that, I really couldn't recall anyone specifically.
8 Q. You were not directed or requested by anyone else,
9 though, to mail this; is that correct?
10 A. No. This was another great idea of my own.
11 Q. The bottom of the pile. I have several brochures
12 which have been provided in the course of our discovery, and
13 unless counsel has objection, I would like to just show these
14 to the witness, identify them generally, and ask if he ever
15 received any of these documents on behalf of --
16 MR. SMITH: Did you get them from CALPAC?
17 MR. THOMAS: No, I don't believe these came from
18 CALPAC.
19 MR. ZIMMERMAN: I don't believe he can identify
20 them, then, unless they're CALPAC materials.
21 MR. SMITH: He may or may not be able to. I'd
22 just like you to tell me where you got them, and then he can
23 have a shot at them.
24 MR. THOMAS: I believe we got them from AMPAC.
25 MR. SMITH: Okay.

1 MR. THOMAS: I'd just like to show them to the
2 witness.
3 MR. ZIMMERMAN: I think these documents speak for
4 themselves. But you're asking the wrong party.
5 MR. THOMAS:
6 Q. With respect to the first document which Mr.
7 Zimmerman has, for example.
8 MR. ZIMMERMAN: Are you going to mark these?
9 MR. THOMAS: I was hoping I wouldn't have to.
10 We'll have to make copies because they're the only ones that
11 we have.
12 MR. OLDAKER: I think there's no way they can be
13 identified.
14 MR. SMITH: Scott is right. If he says no to any
15 one, then we've wasted effort identifying them. So why don't
16 you get some acknowledgment, and then if he indentifies one,
17 then I'll agree with Bill, there won't be any way you can
18 identify them.
19 MR. SMITH: He may be able to help you by telling
20 you he hasn't seen any of them before.
21 MR. OLDAKER: Off the record.
22 (Discussion off the record.)
23 MR. THOMAS:
24 Q. With respect to the first document there, submitted
25 "Helping Your Candidate Win." do you recall if CALPAC ever

1 received any of these documents from AMPAC --

2 MR. ZIMMERMAN: Did it receive this document?

3 MR. THOMAS:

4 Q. A similar document, something similar to this.

5 MR. ZIMMERMAN: Wait a minute. That is an

6 incredibly vague and broad question, any document similar to

7 this.

8 MR. THOMAS: That's what I was hoping to avoid

9 identifying it and placing it into the record.

10 MR. ZIMMERMAN: You've got me hopelessly confused.

11 Are you asking --

12 MR. THOMAS: A copy or a copy identical to that.

13 MR. ZIMMERMAN: This document?

14 MR. THOMAS: Yes, it's a publication.

15 MR. ZIMMERMAN: I realize this is probably printed

16 in a multitude of copies.

17 MR. THOMAS:

18 Q. Do you recall ever having --

19 THE WITNESS: Mr. Legal Counsel, may I respond?

20 MR. ZIMMERMAN: Yes.

21 THE WITNESS: The question please?

22 MR. THOMAS:

23 Q. Have you ever, when you were with CALPAC, seen a

24 copy of that document?

25 A. I think I did. Not very good.

1 MR. SMITH: Why don't you request the same as to
2 the other four and look at them.
3 THE WITNESS: Yes. Yes. Yes. Yes.
4 MR. SMITH: Five for five.
5 MR. THOMAS: Because we don't have copies of those,
6 I'll have to make arrangements to have you copy those.
7 (Whereupon, Government's
8 Exhibits 16 through 20
9 were marked for
10 identification)
11 MR. THOMAS:
12 Q. The question is with respect to any of these
13 documents, do you recall where any of those documents came
14 from?
15 A. Exhibit 17 was sent to us unsolicited from AMPAC.
16 Exhibit 18 was sent to us -- sent to CALPAC unsolicited from
17 AMPAC. Exhibit 19 was sent to the California Medical
18 Association by the American Medical Association unsolicited.
19 Same thing with Exhibit No. 20 as Exhibit 19.
20 And Exhibit 21 was sent to CALPAC from AMPAC
21 unsolicited.
22 Q. Did CALPAC pay either AMPAC or AMA for any of those
23 documents?
24 A. Not to my knowledge.
25 Q. Did AMPAC ever send any documents to CALPAC which

1 CERTIFICATE OF REPORTER

2 I, SUSAN GORDON MILLER, duly authorized shorthand
3 reporter, do hereby certify:

4 That the foregoing transcript, Pages 1 through 123
5 inclusive, constitutes a true, full and correct transcript of
6 my shorthand notes taken as such reporter of the proceedings
7 herein and reduced to typewriting under my supervision and
8 control to the best of my ability.

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12 Susan Gordon Miller
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Ev #52 (cont'd.)

1 BEFORE THE FEDERAL ELECTION COMMISSION

2 --oOo--

3

4

5 IN THE MATTER OF:)

6)

7 CALIFORNIA MEDICAL POLITICAL) No. MUR 369(77)

8 ACTION COMMITTEE (CALPAC))

9 et al.,)

10 _____)

11

12

13 DEPOSITION OF

14 ALLEN PROSS

15 _____

16 FRIDAY

17 OCTOBER 13, 1978

18

19

20

21

22

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24

25 REPORTED BY: SUSAN GORDON MILLER, CSR NO. 3291

1 I N D E X

2 - - - - -

3 Deposition of Allen Pross PAGE

4 Examination by Mr. Thomas 3

5 ---oOo---

6

7 GOVERNMENT'S PAGE

8 EXHIBITS:

9 FOR IDENT.

1	Memo to CALPAC Board Members from Jokichi Takamine, dated 6-18-76	10
2	Document entitled "A MANUAL For Members of Boards of Directors of State Political Action Committee	16
VIII-9	16th page from the end of Ex. 2, at top states "How can money for a candidate be requested from AMPAC"	33
3	Memo to PAC Questionnaire Respondents from Al Pross, dated 8-7-74	38
4	Letter to James MacLaggan from Mrs. Lee Ann Elliott, dated 9-27-72	51
5	Letter to Joseph Clendenin from James MacLaggan, dated 7-25-75	58
6	Letter to James MacLaggan from Jokichi Takamine, dated 4-28-76	61
7	Letter to Mrs. Lee Ann Elliott from Al Pross, dated 4-22-76	62
8	Minutes of CALPAC Federal Candidate Selection Committee meeting, dated 6-25-75	64
9	Minutes of Federal Candidate Selection Committee meeting, dated 8-11-76	71
10	Letter to James MacLaggan from Al Pross, dated 7-26-76	74
11	Minutes of CALPAC's Executive Committee meeting, dated 9-1-75	86
12	Minutes of CALPAC Executive Committee meeting, dated 4-21-76	89
13	Minutes of Executive Committee Conference Call meeting, dated 8-12-76	95
14	Minutes of CALPAC Board Meeting, dated 4-30-72	99
15	Letter to James MacLaggan from Hoyt	108

	Gardner, dated 10-31-72	
16	Pamphlet entitled "Helping Your Candidate Win"	121
17	Pamphlet entitled "Focus on Candidate Support Committees"	121
18	Pamphlet entitled "Congressional Directory" for 1976-Second Session-94th Congress	121
19	Pamphlet entitled "Congressional Directory for 1972-Second Session-92nd Congress	121
20	Multi-page document entitled "Evaluating the Campaign"	121

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California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

NOT FOR PUBLICATION

Government EXHIBIT 1
FOR IDENTIFICATION
NAME Ross N.P. Smith
DATE 10/13 1978

June 18, 1976

TO: CALPAC Board Members
Liaison Representatives
CMA Council

FROM: Jokichi Takamine, MD

SUBJECT: CALPAC Primary Election Report

Now that the June 8, 1976 Primary Election is concluded, I would like to provide you with a detailed report regarding CALPAC's financial involvement in support of candidates seeking either State or Federal office in California.

Enclosed you will find:

1) A list of all candidates running for Congress in California that have received CALPAC or AMPAC assistance since the 1974 General Election;

2) A list of all candidates seeking State Senate or Assembly seats that have received CALPAC support since the 1974 election;

3) A list of those candidates who won contested races and were supported by CALPAC and/or AMPAC;

4) A list of those candidates who were defeated in the primary despite support by CALPAC and/or AMPAC.

ELECTION SUMMARY

Since the 1974 election, CALPAC has made individual contributions to 99 candidates currently seeking State or Federal office in California. These candidates received a total of ($224,167.69) from CALPAC. In addition, candidates seeking Federal office received $46,500 directly from AMPAC. Accordingly, expenditures by CALPAC and AMPAC for these 99 candidates totaled $270,667.69.

Fifty-nine candidates who received our support were unopposed in the June primary election. Of the forty (40) who were opposed in the Primary, twenty-seven (27) or better than two-thirds won, while thirteen (13) or about one-third were defeated.

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

After examining the enclosures, I believe that you will conclude that there is demonstrable evidence that CALPAC's (AMPAC) support was instrumental in numerous contested Primary races for State and Federal office. We didn't win them all--but we didn't expect to. Our record of support and success is a continuing example of the value of organized medical political action and our ability to play an instrumental role in helping to elect candidates who are friends of our profession and our patients.

If after reviewing the enclosed materials you have any questions or desire clarification, please feel free to contact our CMA-CALPAC staff or myself.

JT:jl

cc: County Society Med. Execs.

Enclosures

8104025429 7

CONGRESSIONAL CANDIDATES

1975-76 CALPAC-AMPAC CONTRIBUTIONS

Underlining= won primary nomination

District	Name	Party	CALPAC '75	AMPAC '75	CALPAC '76	AMPAC '76
2	Clausen	R		1,250	2,500	2,500
3	Moss	D	1,250	1,250	1,000	
4	Wegienka	R			500	
5	Fanning	R			5,000	5,000
7	Miller	D			200	
11	Ryan	D	1,250	1,250	1,000	~~1,000~~
12	McCloskey	R	1,250	1,250		
13	Mineta	D	1,250	1,250		1,100
14	McFall	D	1,250	1,250	1,500	
15	Sisk *	D	1,250	1,250		2500
18	Ketchum	R	2,500	~~1,250~~		
26	Rousselot	R	1,000	1,250		
27	Horner	D			5,000	5,000
27	Donaldson	R			1,000	
28	Burke	D	1,250	1,250	1,250	1,250
30	Danielson	D	2,500	1,000 1,100		
31	Wilson	D	1,250	1,250	2,000	1,000
32	Anderson	D			1,000	
33	Clawson	R	1,500	1,250		
34	Hannaford	D		100	300	
35	Lloyd	D	1,000	~~1,000~~	2,500	2,500
36	Brown	D	500			
36	Carner	R			600	
37	Pettis	R	5,000	6,250 1,250	1,000	
38	Patterson	D			2,500	2,500
40	Badham	R			1,000	
40	Mauro	R			1,000	
41	Wilson	R	200	1,250		150
41	Flick	D			1,000	
42	Buergener	R		1,250		
	TOTAL		$24,200	$25,750	$31,850	$20,750

CALPAC

1975 Total Democrat Contributions (10) $12,750

1975 Total Republican Contributions (6) $11,450
24,200

1976 Total Democrat Contributions (12) $19,250

1976 Total Republican Contributions (8) $12,600
TOTAL '75 &'76=$56,050 31,850

AMPAC

1975 Total Democrat Contributions (9) $10,750

1975 Total Republican Contributions (8) $15,000
25,750

1976 Total Democrat Contributions (6) $13,250

1976 Total Republican Contributions (2) $ 7,500
20,750

TOTAL '75 & '76 = $46,500

Total 1975 CALPAC & AMPAC Contributions (D) $23,500
(R) 26,450
(18) $ 49,950

Total 1976 CALPAC & AMPAC Contributions (D) $32,500
(R) 20,100
(20) $52,600

Total Contributions $102,550

ASSEMBLY CANDIDATES

1975-76 CALPAC CONTRIBUTIONS

Underline = Won Primary

ASSEMBLY

District	Name	Party	1975	1976
1	Statham	R		$2,000
3	Chappie	R	1,500	1,500
4 (Special)	Abernathy	R	1,500	
	Fazio	D	5,000	
7	Hughes	R		4,000
8	Greenslate	R		2,500
9	Wornum	D		2,700
12	Bates	D		1,000
13	Widener	D		14,902.69
14	Lockyer	D		1,000
15	Mori	D	500	
16	Agnos	D		2,000
19	Papan	D	400	
26	Perino	D	1,000	1,000
28	Mello	D		750
29	Hallett	R		5,000
30	Maddy	R	2,000	1,500
31	Jones	R		2,500
32	Duffy	R		200
33	Thomas	R	2,000	1,000
34	Chimbole	D		1,000
35	Hart	D	2,500	
37	Cline	R		2,500
38	Priolo	R	1,000	2,500
39	Keysor	D	200	
40	Bane	D		1,500
42	Lanterman	R		2,500
43	Berman	D	1,000	
47	Hughes	D	3,000	1,000
48	Collins	D		2,000
49	Dixon	D	1,000	1,500
50	Tucker	D	2,000	3,000
51	Hoffenblum	R		7,500
53	Bannai	R	3,000	
54	Vicencia	D	1,000	1,000
58	Chel	D	400	
59	Fenton	D	2,000	
61	Collier	R	1,000	1,000
62	Lancaster	R	1,000	1,500
63	McLennan	R	6,500	
65	McVittie	D	865	1,350
66	Goggin	D	1,000	
67	Lewis	R	1,000	1,500
68	Ingalls	D	100	
69	Banks	R		2,500
70	Nestande	R	1,000	1,000
71	Carpenter *	D	2,000	

* decided to run for 37th S.D.

District	Name	Party	1975	1976
72	Robinson	D	1,000	1,000
73	Burke	R	2,000	
74	Bergeson	R	2,500	2,500
77	Bollman	R		1,500
78	Kapiloff	D	1,500	700
79	Chacon	D		1,100
80	Deddeh	D	1,500	100
			$53,965	$85,302.69

CALPAC 1975 TOTAL = $53,965

Democrat Contributions -20- = $27,965

Republican Contributions -13- = $26,000

CALPAC 1976 TOTAL = $85,302.69

Democrat Contributions - (19) $38,602.69

Republican Contributions (-19) $46,700.

Total 1975 and 1976 Democrat Contributions (30) = $66,567.69

Total 1975 and 1976 Republican Contributions (24) = $72,700.00

TOTAL $ 139,267.69

STATE SENATE CANDIDATES

1975-76 CALPAC CONTRIBUTIONS

Underlining = won June Primary

District	Name	Party	1975	1976
1	Collier	D	1,500	1,000
5	Marks	R		1,000
	Mendelsohn	D		2,500
6 (Special)	Foran	D		5,000
12*	Smith	D	1,000	
15	Mobley	R		2,500
17	Nimmo	R		1,250
18*	Rains	D		1,000
19	Schiller	R	1,000	
20*	Robbins	D	600	
21	Russell	R	3,000	
23	Richardson	D		500
27**	Stevens	R	5,000	
29	Greene	D	3,500	
31	Simon	D		1,000
32*	Ayala	D		500
33	Campbell	R		1,000
34*	Presley	D		1,000
35	Briggs	R		2,000
37	Carpenter	D		2,000
38*	Stull	R	1,000	
39	Schrade	R	1,000	
40*	Mills	D	1,075	
17	Poyner	D		500
39	Wilson	D		+ 100
		TOTAL	$18,675	$22,850

**= retired - not seeking re-election
* = not seeking re-election

1975 Democrat Contributions (5)	$ 7,675
1975 Republican Contributions (6)	11,000
TOTAL	$18,675

1976 Democrat Contributions (11)	$15,100
1976 Republican Contributions (4)	7,750
TOTAL	$22,850

1975 and 1976 Total Democrat Contributions (15)	$22,775
1975 and 1976 Total Republican Contributions (10)	18,250

TOTAL CONTRIBUTIONS
1975 and 1976 $41,525

CALPAC PRE-PRIMARY CONTRIBUTIONS TO WINNERS IN CONTESTED RACES

Underlining = Difficult general election probable

SENATE

District	Name	CALPAC Contribution	Percentage of Vote Rec'd
1st	Collier (D)	$ 2,500	50%
5th	Mendelsohn (D)	2,500	48%
* 6th(special)	Foran (D)	5,000	66%
19th	Schiller (D)	1,000	67%
33rd	Campbell (R)	1,000	84%
35th	Briggs (R)	2,000	66%
37th	Carpenter (D)	4,000	44%
	TOTAL	$18,000	

* no election will be held in this district in November

ASSEMBLY

1st	Statham (R)	2,000	77%
9th	Wornum (D)	2,500	60%
12th	Bates (D)	1,000	56%
16th	Agnos (D)	2,000	53%
26th	Perino (D)	1,000	60%
28th	Mello (D)	750	56%
29th	Hallett (R)	5,000	53%
31st	Jones (R)	2,500	62%
34th	Chimbole (D)	1,000	70%
40th	Bane (D)	1,500	76%
42nd	Lanterman (R)	2,500	70%
47th	Hughes (D)	1,000	83%
50th	Tucker (D)	3,000	71%
54th	Vicencia (D)	1,000	77%
61st	Collier (R)	1,000	53%
72nd	Robinson (D)	1,000	66%
	TOTAL	$28,750	

CONGRESS

11th	Ryan (D)	2,250	71%
14th	McFall (D)	3,250	62%
31st	Wilson (D)	2,750	83%
40th	Badham (R)	1,000	32%
	TOTAL	$ 9,250	

Total to 26 winning candidates $55,000

CALPAC PRE-PRIMARY CONTRIBUTIONS TO DEFEATED CANDIDATES

STATE SENATE

		CALPAC Contribution	Percentage of Vote Rec'd	Percentage Winner Rec'
17	Poyner (D)	$ 500	37%	40%
	TOTAL	$ 500		

STATE ASSEMBLY

7th	Hughes (R)	4,000	33%	46%
13th	Widener (D)	14,902	26%	74%
48th	Collins (D)	2,000	37%	48%
51st	Hoffenblum (R)	7,500	16%	31%
69th	Banks (R)	2,500	23%	44%
74th	Bergeson (R)	5,000	21%	25%
77th	Bollman (R)	1,500	36%	42%
	TOTAL	$ 37,402		

CONGRESS

4th	Weigenka (R)	500	31%	41%
27th	Horner (D)	5,000	28%	34%
	Donaldson (R)	1,000	22%	34%
40th	Mauro (R)	1,000	17%	32%
41st	Flick (D)	1,000	13%	21%
	TOTAL	$ 8,500		

Total to 13 losing candidates $46,402

U. S. SENATE CANDIDATES

Underscore indicates General Election winner

CALPAC-AMPAC SUPPORT
1976

District	Name	Party	CALPAC Support	AMPAC Support	Percentage of Vote Received
	S.I. Hayakawa*	R		x	50.1 %

CONGRESSIONAL CANDIDATES

CALPAC-AMPAC SUPPORT

District	Name	Party	CALPAC Support	AMPAC Support	Percentage of Vote Received
2	Don H. Clausen	R		x	56.1 %
7	George Miller	D		x	74.8
11	Leo J. Ryan	D	x		61.1
12	Paul N. McCloskey, Jr.	R		x	66.2
13	Norman Y. Mineta	D		x	[illegible]
14	John J. McFall	D	x		72.[illegible]
15	B. F. Sisk	D		x	66.[illegible]
16	Burt Talcott	R		x	45.6
17	John Krebs	D	x		65.7
18	William M. Ketchum	R		x	64.2
19	Robert J. Lagomarsino	R	x		64.[illegible]
20	Barry Goldwater, Jr.	R	x		67.3
22	Carlos J. Moorhead	R		x	[illegible]
24	Henry A. Waxman	D		x	[illegible]
27	Robert K. Dornan*	R	x		[illegible]
33	Del Clawson	R		x	[illegible]
34	Mark W. Hannaford	D		x	51.6
34	Daniel Lungren	R	x		48.4
35	Jim Lloyd	D		x	53.3
35	Louis Brutocao	R	x		46.7
36	Grant Carner	R	x		33.4
38	Jerry M. Patterson	D		x	63.8
39	Charles E. Wiggins	R		x	58.4
40	Robert E. Badham*	R	x		59.4
41	Bob C. Wilson	R		x	58.0
42	Lionel Van Deerlin	D		x	75.0
43	Clair W. Burgener	R	x		64.0

*Freshman term

STATE SENATE

CALPAC SUPPORT
1976

Underscore indicates General Election winner

District	Name	Party	Percentage of Vote Received
3	Albert S. Rodda	D	100.0 %
5	Milton Marks	R	50.0
5	Bob Mendelsohn	D	45.4
7	John Nejedly	R	63.6
9	Nicholas Petris	D	67.2
11	Alfred E. Alquist	D	71.6
15	Ernie Mobley	R	49.2
17	Robert Nimmo *	R	50.3
19	Lou Cusanovich *	R	50.2
23	David A. Roberti	D	69.4
27	Robert G. Beverly*	R	61.2
31	Renee Simon	D	47.7
33	William Campbell *	R	53.8
35	John V. Briggs*	R	58.0
39	Jack Schrade	R	34.9

*Freshman term

STATE ASSEMBLY

CALPAC SUPPORT
1976

District	Name	Party	Percentage of Vote Received
1	Stan Statham	R	57.5
2	Barry Keene	D	67.3
3	Eugene A. Chappie	R	54.9
5	Eugene T. Gualco	D	71.2
7	Norman S. Waters *	D	55.3
8	Ron Greenslate	R	47.4
9	Michael Wornum	D	49.5
11	John T. Knox	D	86.9
17	Willie L. Brown, Jr.	D	67.6
18	Leo T. McCarthy	D	70.0
19	Louis J. Papan	D	70.6
20	Dixon Arnett	R	69.4
21	Victor Calvo	D	68.4
22	Richard D. Hayden	R	100.0
24	Leona H. Egeland	D	61.7
25	Alister McAlister	D	78.1
26	Carmen Perino	D	53.1
28	Henry J. Mello *	D	54.9
29	Carol Hallett *	R	55.6
30	Ken Maddy	R	54.5
31	Bill Jones	R	44.6
32	Gordon Duffy	R	61.8
33	William M. Thomas	R	57.9

*Freshman term

STATE ASSEMBLY (cont'd)

CALPAC SUPPORT
1976

Underscore indicates General Election winner

District	Name	Party	Percentage of Vote Received
35	Gary K. Hart	D	67.1 %
36	Jane Tolmach	D	45.6
38	Paul Priolo	R	58.4
43	Howard L. Berman	D	63.5
48	Maxine Waters *	D	80.6
51	Marilyn Ryan *	R	61.1
53	Paul T. Bannai	R	50.4
55	Richard Alatorre	D	59.0
58	Fred Chel	D	58.8
62	William H. Lancaster	R	53.7
63	Robert McLennan	R	43.3
65	Bill McVittie	D	63.2
66	Tamara Wolfinbarger	R	34.4
68	Walter M. Ingalls	D	61.5
69	William E. Dannemever *	R	62.5
70	Bruce Nestande	R	67.4
71	Chester B. Wray *	D	50.1
72	Richard Robinson	D	58.1
73	Robert H. Burke	R	47.6
75	Tom Suitt	D	57.5
76	William A. Craven	R	68.6
77	Jim Ellis *	R	50.3
80	Wadie P. Deddeh	D	74.2

*Freshman term

CALPAC-AMPAC SUPPORT

1976

DEFEATED CANDIDATES

Underlining: Incumbent

Congressional Candidates

District	Name	Party	Support	Percentage of Vote Received
16	Burt Talcott	R	AMPAC	46.6 %
34	Daniel Lungren*	R	CALPAC	48.4
35	Louis Brutocao*	R	CALPAC	46.7
36	Grant Carner	R	CALPAC	33.4

*AMPAC contributed to Democrat opponent

State Senate Candidates

District	Name	Party	Support	Percentage of Vote Received
5	Bob Mendelsohn **	D	CALPAC	45.4
15	Ernie Mobley	R	CALPAC	49.2
31	Renee Simon	D	CALPAC	47.7
39	Jack Schrade	R	CALPAC	34.9

**CALPAC contributed to winning opponent

State Assembly Candidates

District	Name	Party	Support	Percentage of Vote Received
8	Ron Greenslate	R	CALPAC	47.4
31	Bill Jones	R	CALPAC	44.6
36	Jane Tolmach	D	CALPAC	45.6
63	Robert McLennan	R	CALPAC	43.3
66	Tamara Wolfinbarger	R	CALPAC	34.4
73	Robert H. Burke	R	CALPAC	47.6

CALPAC-AMPAC SUPPORT

1976

MARGINAL VICTORY CANDIDATES

U. S. SENATE

Name	Party	Support	Percentage of Vote Received
S.I. Hayakawa	R	AMPAC	50.1%

CONGRESSIONAL CANDIDATES

District	Name	Party	Support	Percentage of Vote Received
27	Robert K. Dornan	R	CALPAC	54.7%
33	Del Clawson	R	AMPAC	55.0
34	Mark W. Hannaford	D	AMPAC	51.6
35	Jim Lloyd	D	AMPAC	53.3

STATE SENATE

District	Name	Party	Support	Percentage of Vote Received
5	Milton Marks	R	CALPAC	50.0%
17	Robert Nimmo	R	CALPAC	50.3
19	Lou Cusanovich	R	CALPAC	50.2
33	William Campbell	R	CALPAC	53.8

STATE ASSEMBLY

District	Name	Party	Support	Percentage of Vote Received
3	Eugene A. Chappie	R	CALPAC	54.9%
26	Carmen Perino	D	CALPAC	53.1
28	Henry J. Mello	D	CALPAC	54.9
30	Ken Maddy	R	CALPAC	54.5
53	Paul T. Bannai	R	CALPAC	50.4
62	William H. Lancaster	R	CALPAC	53.7
71	Chester B. Wray	D	CALPAC	50.1
77	Jim Ellis	R	CALPAC	50.3

Read!

A MANUAL
For Members of Boards of Directors of State Political Action Committees

Prepared by
The American Medical Political Action Committee
Chicago, Illinois 60611
1972

Government Visit 2
NAME Press N.F. Smith

FOREWARD

This manual was compiled for the members of the Bcards of Directors of the political action committees of the 50 states, the District of Columbia and the Virgin Islands.

This manual is meant to be a guide to the successful formation, organization and implementation of a state political action committee.

AMPAC hopes that the suggestions contained in these pages will offer solutions to some of the problems which state PACs have and will face. However, it is not intended that every state PAC will benefit from every suggestion offered. It must be remembered that just as the 50 states differ in a variety of ways, so it follows that the 50 state PACs must reflect these state differences.

Although state political action committees work in close cooperation with the American Medical Political Action Committee, these state PACs are not subsidiaries of AMPAC. They are separate, autonomous and independent organizations.

This manual does not seek to make each and every state political action committee identical in operation and administration. The intent of this manual is to provide guidelines which experience has proved to be successful operational procedures.

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SECTION I

DEFINITION

What is a state political action committee?

A state political action committee is a voluntary, non-profit, unincorporated committee of individual physicians and others. The committee is an independent and autonomous organization and has no branches or subsidiary committees. It is not affiliated with any political party. It operates in one state.

The state political action committee is also referred to as a "state PAC".

Who should belong to a state political action committee?

Physicians and their wives, of course. Many others may want to join such as state, county, or specialty society medical executives. Some state PACs also recruit dentists, osteopaths, nurses, medical technicians, veterinarians and medical assistants.

AMPAC accepts those persons who have been accepted by the state PAC.

What is the function of a state political action committee?

The function of a state PAC is to promote and strive for the improvement of government by encouraging and stimulating all physicians and others to take a more active and effective part in the political process.

Its function is also to encourage all physicians and others to concern themselves with the nature and actions of their government, to understand the importance of the elective process, and to inform themselves on the records of office holders and candidates.

It should assist physicians and others in organizing themselves for:

1) effective political action

2) responsible civic participation

What is the relationship of a state political action committee to the state medical association?

The state political action committee is a separate and autonomous organization from the state medical association.

It should be organized with the approval of the state medical association to do the things that the law prevents the medical association from doing because the medical association is a corporation. The medical association may also encourage the state political action committee to conduct projects which the medical association is permitted to conduct, but which can be handled more expeditiously by the state political action committee.

Most state medical associations pass resolutions approving the formation of the state political action committee, and invite the state PAC to make regular reports to the profession during the annual and clinical meetings of the medical association and to meetings of its Board or Council.

It is preferable that the Board of Directors of the state PAC be chosen by the Board of Trustees or the Council of the state medical association. The appointment of medical leaders to the state PAC Board shows approval of the movement by the state medical association and thereby encourages membership and participation.

What is the relationship between a state political action committee and AMPAC?

There is no formal or informal relationship between the state political action committee and AMPAC. Each state political action committee is independent and autonomous. Likewise, AMPAC has no branches or subsidiaries.

Membership in state political action committees and membership in AMPAC are two separate memberships even though state PACs collect AMPAC memberships and forward them to AMPAC.

AMPAC recognizes the expertise of state PACs and leans heavily on their judgment when deciding whom to support. AMPAC does not support any candidate for office, except at the specific request of the state PAC.

SECTION II

ORGANIZATION

Who runs a state political action committee?

The Board of Directors has general supervision and control over the affairs and funds of the committee and should establish and carry out all policies and activities of the committee. The members serve without compensation.

How should the Board of Directors be selected?

It is preferable that the Board of Directors of the state PAC be chosen by the Board of Trustees or the Council of the state medical association. While not all state PAC Boards are chosen in this manner, this is the preferable and the most efficient way.

When state PAC Board members are chosen by the state medical association council, there is likely to be a keener understanding of the problems and goals of each of the groups. The appointment of medical leaders to the state PAC Board shows approval of the movement by the state medical association and thereby encourages membership and participation. This "seal of approval" is very valuable to the progress of state political action committees.

How big should the Board of Directors be?

Big enough to do the job. Small enough to work efficiently. The actual size depends on a number of factors and these factors should be weighed carefully.

Geographic areas of the state should be represented on the Board. It must be bipartisan. It should include members of the Woman's Auxiliary. All points of view should be represented on the Board in approximate proportion to the varying views of physicians in the state.

Many state PACs have one representative from each congressional district plus several members at large. This does not work well in states with very few congressional districts or states with large numbers of congressional districts. It does work for a vast number of states, however.

As a general rule the number on the Board should range from 10 to 25.

How long should a state political action committee Board member serve?

A state PAC Board member should be appointed annually.

PAC Board members who serve actively and effectively should be reappointed for several terms. Unless unusual circumstances exist, no Board member should serve for more than ten years.

The members of the Board should be rotated from time to time so that new and fresh ideas come to the Board and at the same time continuity and experience is maintained on the Board.

Board members who do not attend PAC Board meetings or do not participate and support the PAC programs through membership solicitation and other assignments should not be reappointed.

What are the responsibilities of state political action committee Board members?

Every PAC Board member should be a member of AMPAC and the state PAC. Support for the political action movement is greatly enhanced when every state PAC Board member becomes a sustaining member. All AMPAC Board members become sustaining members every year.

In addition to their own membership obligations, state PAC Board members should recruit PAC contributions at every available opportunity. Although it is recommended that state PAC Boards have a membership and sustaining membership committee, the success of these committees depends on every PAC Board member.

Each PAC Board member is asked to attend all PAC Board meetings and functions; and to participate vigorously in all activities sponsored by the state PAC.

It is also the responsibility of every PAC Board member to be informed on the political situation in his state and congressional district. Not only should PAC Board members be informed themselves, but they should be able to advise other members of the profession intelligently and objectively.

SECTION IX

CANDIDATE SUPPORT COMMITTEES

What is a candidate support committee?

A candidate support committee is the basic unit of the political action movement.

It is a voluntary, bi-partisan group of members of the healing arts professions and their wives and friends, who band together temporarily to elect a candidate to Congress.

It should be integrated into the candidate's campaign and work under the direction and with the permission of the campaign manager.

A committee is more successful if it is organized under the leadership of the state political action committee. Its chairman and organizers should be members of the medical community and should be both respected and well liked.

This committee must obtain written permission from the candidate in order to raise funds and actively support the candidate's campaign.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402."

What are the functions of the candidate support committee?

The main functions of the candidate support committee are to raise funds and encourage workers and votes for the candidate. It can be the source of an untapped reservoir of volunteer help of all types.

The establishment of a candidate support committee permits Democrats, Republicans and Independents to work together under a bi-partisan banner for the election of a candidate admired by the medical profession.

When should the activities of a candidate support committee begin?

The activities of a candidate support committee should begin just as soon as the PAC decides whom it will support, and as soon as the campaign manager sees a need for such a committee.

In most cases, candidate support committees get down to business immediately after the primary. In those districts where the primary is tantamount to election, candidate support committees begin their activities after the filing dates.

In most cases, activities of candidate support committees should begin about six to eight months before the election and should continue throughout the campaign.

As soon as the candidate support committee is organized, it must file a "statement of organization" with the proper supervisory officer in Washington, D.C. and a copy should go to the Secretary of State.

Political committees must file reports of expenditures and contributions by March 10, June 10, September 10, and on the fifteenth and fifth days preceding the election (including primaries and general elections) and January 31st.

What is the single biggest mistake a candidate support committee can make?

The single biggest mistake a candidate support committee can make is to promise something -- financial support or volunteer activity -- to a candidate or his campaign manager and fail to produce.

The second biggest mistake is to not deliver promised activity at the time that it was promised.

A candidate support committee should never promise what it cannot deliver. It is most important to set realistic goals and then surpass them to everyone's pleasure.

Are contributions to candidate support committees eligible for favorable tax treatment?

Yes. Contributions to candidate support committees are eligible for favorable tax treatment; contributions to state PACs and AMPAC are not eligible.

According to the Revenue Act of 1971 (PL92-178) (see Appendix), enacted December 10, 1971, an individual taxpayer, filing a joint return, who donates to the candidate support committee is allowed to take a tax credit (reduce his liability) equal to one-half of his total contributions up to a maximum of $25 ($12.50 on a separate return). As an alternative, an individual taxpayer filing a joint return who donates to the candidate support committee is allowed to take a tax deduction (reduces his taxable income) for his total contributions up to a maximum of $100 ($50 on a separate return.

Contributions may be made any time during the calendar year (after 1971) as long as the candidate being supported by the committee has announced his candidacy by the end of the year.

A candidate support committee should keep accurate and adequate records of the amounts of contributions which are and are not eligible for the deduction or the credit. As a general rule, a candidate support committee which receives a contribution from an individual of $100 or less should account for it as an eligible contribution; any portion of any contribution to a candidate support committee from an individual which exceeds $100 will be accounted for by the candidate support committee as ineligible. It is not necessary to maintain separate bank accounts for eligible and ineligible funds.

For proper verification, the candidate support committee should use the special receipt, authorized by the IRS.

Continued

The candidate support committee must file IRS Form 4909 with the IRS before the end of the calendar year in which the contribution was made.

Candidates or campaign committees should be careful to refrain from misleading donors by stating categorically that the contributions to them will give rise to a credit or a deduction. Prior contributions to other candidates or committees may have exhausted the credit or deduction which a contributor may claim.

SECTION X

LEGAL AND RELATED MATTERS

Should a state political action committee retain legal counsel?

Definitely yes.

The Board should rely on legal counsel to make sure that the activities of the state PAC are in strict accord with both the spirit and the letter of the law.

Some states have no laws at all relating to state political action committees while others have laws which are very directive and which require reports at specific times of the year.

Are state political action committees required to file reports with the Federal Government?

Yes. The state PAC must file reports with the Clerk of the House of Representatives concerning contributions made to candidates for the House. Likewise, reports must be filed with the Secretary of the Senate concerning support of Senate candidates. Copies of both of these reports must be filed with the Secretary of State of the individual state.

Rules and regulations concerning these reports are published by both supervisory officers and forms to be submitted are furnished.

Should the financial records of the state political action committee be audited?

It is very important that they should and that a clear and concise statement on the stewardship of the funds be obtained from the outside auditor that is retained.

Confidence in the state PAC will be enhanced if such an audit is made on a yearly basis.

What records must be maintained by a state political action committee?

What records a state political action committee must keep are prescribed by the Federal Election Campaign Act which became effective on April 7, 1972.

In addition to these federal requirements, some states have laws which require additional records.

Legal counsel should advise the state political action committee of the laws that apply to the committee.

SECTION XI

MISCELLANEOUS

Should state political action committee Board members be active members of the party of their choice?

Of course. It is helpful to the state PAC and to the profession at large when physicians and their wives are active party workers.

It must be understood, however, that when such activists sit on the state PAC Board of Directors that they do not represent their party but must make decisions from a professional point of view. The more active a person is and the more he knows about political realities, the easier it is for him to make wise political decisions leaving party labels out of the considerations.

A strong state PAC has activists of both parties on the Board.

What should the press policy of the state political action committee be?

Remember who your audience is -- physicians and their families and the members of the Congress.

It is usually best to leave publicity concerning candidate support to the campaign manager who has his announcements timed into the campaign so that they add substantially to the campaign. Disclosures other than those required by the federal election laws which have not been cleared with the campaign manager may seriously throw off the timing of the campaign.

What are state political action committee membership identification programs?

State PAC membership identification programs have been used most successfully in many states to promote membership in state PACs and AMPAC. They are held in connection with state medical association or county medical society meetings.

A ribbon or sticker is put on the name identification badge to identify those who are members of the state PAC. This shows the meeting participants that the leadership of the medical association and others are supporting the PAC. It also shows which participants are not yet members so that they can be solicited by members of the state PAC Board.

What materials are available for political education programs?

Many public affairs programs throughout the nation have produced excellent films, slide-sound presentations, and brochures which would be valuable additions to political education programs.

Many types of materials on diverse subjects have been produced for AMPAC and are available at no charge from AMPAC. The political education committee of a state PAC should carefully screen these materials for their programs and become familiar with them so that they can recommend the most appropriate film for a group sponsoring a program.

A "Catalog of AMPAC Materials" is available from the AMPAC office.

Members of the AMPAC Board and staff will be glad to help with the development of a political education program. Members of the Board and staff are also available as speakers at these functions.

Are workshops effective educational forums for state political action committees?

All state political action committees which have sponsored workshops report good results.

Some workshops are held for an hour or two in connection with some other large medical meeting in the state.

Others last as long as three days and are well attended even though there is no other medical meeting held in conjunction with them.

Workshops should stress political education. Their main goals should be toward making each member more politically astute and toward making the political action committee stronger and more effective. If the program fails to stress such items as these, it has missed its mark.

SECTION VIII

POLITICAL ACTION

What candidates should a state political action committee support?

State political action committees should support friendly candidates who are in need or jeopardy.

First consideration should be given to the candidates for the U.S. House of Representatives. One piece of federal legislation can be more helpful -- or harmful -- to the profession at large than one measure passed by a state legislature. Further, the contributions that can be raised by candidate support committees, state PACs and AMPAC can make a greater impact on House races than in more expensive races.

Second priority should be given to races for the United States Senate. Again, federal legislation is the most helpful or most damaging to the greatest number and it is essential to have medicine's friends in the Senate. Senate races are run more infrequently and yet often have a great impact on the House races.

Many state political action committees support candidates for the state legislature. The more successful PACs do get involved in state races after they have done the best they can in races for federal office.

How should candidates be selected?

The candidate selection committee of the state PAC usually recommends to the state PAC Board those candidates that should receive support. It is more efficient for a small committee of the Board to review each race and make recommendations than for the full Board to discuss candidates.

The candidate selection committee must be absolutely political and leave all their wishful thinking and philosophical hang-ups at home.

In most cases the candidate selection committee must make a choice between two candidates and not a great number of candidates with a wide spectrum of philosophies. Sometimes it is better to support a candidate that votes with you half of the time than to stay out of a race where the winning candidate would vote against you all of the time.

Philosophy of the candidate is just one factor that should be considered. The candidate's chances of winning are very important. This can be estimated by a look at the campaign organization, budget, voting statistics and other guides. Whether or not the candidate has a full time, paid, professional campaign manager or a campaign consultant is an important factor. Also important is whether or not the campaign has included research in the budget.

A candidate that spends for fingernail files, plastic rain coats, and other campaign frills is seldom spending his campaign budget wisely.

The attitude of important opinion makers in the community and in the political parties is often important.

The one factor that should not be taken into consideration in deciding upon candidates is the party label.

Continued

Conducting interviews and mailing questionnaires to candidates alienates candidates who do not receive support by the PAC and seriously troubles those candidates who do receive support. Every candidate has a track-record somewhere, such as a state legislative record, that is a better guide to his philosophy than a series of Yes and No questions.

What should state political action committees expect of candidates they support?

Physicians should expect a full and respectful hearing from the candidates they support on legislative issues which involve the medical profession and the health of the nation.

To support a candidate for office in no way means that the candidate will vote the way physicians want in every case.

Sophisticated political action committees know that the legislation in Congress at campaign time seldom reaches the next Congress in the same form, if at all. Asking a candidate to express himself on a specific issue before the current Congress is of little value. It is much more important to determine the candidate's general philosophy and his application of this philosophy to current problems.

Should a state political action committee become involved in a primary?

There is no yes or no answer to this question.

In some states winning the primary is tantamount to election. To avoid participation in such a primary would mean the state PAC would not be making a real and lasting contribution to the race.

In a few other states, the filing date and the primary dates are so late that waiting until after the primary avoids where the real decisions are made.

As a general rule, however, most state PACs do not become involved in primaries. Very few get involved for any reason before the filing date. There is no reason to become involved in a primary unless there is a real philosophical difference between the candidates. Neither is there a real need to become involved in primaries that involve incumbent office-holders.

If a PAC does become involved in a primary, it is required to make additional contributions and expenditures reports to the Supervisory officer on the fifteenth and fifth day preceding the primary. (The federal election laws regard primaries as elections for reporting purposes.)

Should a state political action committee become involved in state legislative races?

Yes, if they have already done the best they can for candidates for the U.S. House of Representatives and for the Senate of the United States.

While there are often state legislative problems which are very difficult for physicians in some states, there is no doubt that neglect of federal races could quickly produce legislation in the Congress that would be extremely harmful to physicians in every state.

In the long run and on balance, federal legislation is more helpful -- or harmful -- to a greater number, and for a longer period of time than state legislation in almost every state.

State PACs that feel the necessity of becoming involved in state legislative races should set membership goals high enough to construct a budget which will allow them to participate fully in congressional races and still have enough political funds to participate in state legislative races. Occasionally, state legislators do move up and run for Congress.

How much should be contributed to a candidate by a state political action committee?

The amount contributed to a candidate from a state PAC depends on two main factors:

1) the need of the candidate

2) the amount available for allocation from the political fund.

Obviously, a state PAC with low membership cannot do as good a job as a state political action committee that has a high membership.

Some candidates for office just want to be loved and are more than content when a candidate support committee is established on their behalf.

Many politically astute incumbent friends in the Congress have told state PACs that they do not need contributions and would hope that they would send their contributions into target districts so that other candidates could win who would vote with the incumbent.

Some candidates will not win without large amounts of help from many groups, including the state PAC.

As a general rule, a state PAC should contribute between one and ten percent of a campaign budget. The need to contribute more is usually an indication that the candidate does not have broad-based support and may not win. Extenuating circumstances do prevail occasionally, however.

State PACs are encouraged to rifle-shot their contributions where real need exists rather than to get involved in "kissing contests" with token contributions.

How should money be delivered to candidates?

Political funds from AMPAC, the state political action committee or the candidate support committee should be presented to the candidate or his campaign manager at a small meeting with a few members of the candidate support committee. There should be a series of these meetings with these two persons throughout the campaign to report to the campaign the progress made by the candidate support committee.

Candidates often appear and speak at meetings and leave after an exchange of views. The campaign manager will sometimes remain for a short time to discuss specifics of the campaign and will gladly accept the contribution on the candidate's behalf.

Contributions should always be made in check form. A cancelled check is necessary to comply with the federal election laws.

Checks should never be mailed, but should be delivered in person to maximize identification of the medical profession as stated earlier. The purpose of the contribution is to ensure for the PAC a receptive hearing by the candidate and is never intended to influence his vote on a particular issue.

Should a state political action committee support both candidates in the same race?

PAC effectiveness is decreased if the PAC makes a financial contribution to opposing candidates. Some state PACs feel that they have hedged a bet when they take this action. Presumably, there may be circumstances where this might seem to be the wisest action.

Remember that this "double support" will not stay a secret. Both candidates will know what has happened. This may reflect on the political sophistication of the PAC and could possibly alienate both candidates.

There are often occasions where candidate support committees are organized for both candidates in the same race. It is, in fact, an ideal situation when physicians find both candidates acceptable. There is usually little need for the state PAC to become involved financially in this ideal case.

How often should a state political action committee Board of Directors meet?

A state political action committee Board of Directors should meet from four to eight times a year. !

The annual meeting of the state PAC Board is usually held in January to elect officers, appoint committees, and establish goals and programs for the year.

Other meetings are held to plan political education workshops, PAC luncheons or dinners and other PAC sponsored functions. They also meet to review membership and plan political strategy.

State PAC Boards meet during the annual and clinical meetings of the state medical association since members of the state PAC Board are usually medical activists and attend these meetings for other reasons. Few about one when Bd. & Gov. mtg?

How can money for a candidate be requested from AMPAC?

A candidate support committee which feels that its candidate needs supplemental help in a financial way should immediately contact the state political action committee, making a full disclosure of the political situation in the district and the activities of physicians and their wives on behalf of the candidate. Included in this report should be an estimate of a specific dollar amount of the additional funds that are needed and can reasonably be expected.

In most cases, the state political action committee will be able to respond to the request, at least in large measure, and it is not necessary to get supplemental help from AMPAC.

If the state political action committee feels that the race needs AMPAC assistance, then the state PAC chairman contacts AMPAC.

The AMPAC Congressional Review Committee responds only to requests from state PAC chairmen. One of the main criteria for AMPAC support is the amount of help that is being given to the candidate by the physicians and their wives in the district and by the state PAC.

Should a state political action committee be incorporated?

No! Corporations are specifically and clearly prohibited from political action.

The political action movement was begun because state medical associations are prohibited from political action, since they are corporations.

State medical associations and other corporations can engage in political education but they cannot support candidates or contribute to the election of candidates for federal office.

How are state political action committees staffed?

State PACs can be staffed either by employees of the PAC or by volunteers.

It is obvious that more will be accomplished when state PACs are staffed by employees who work at the job every day. There is no question that full time staff relieves the officers of the Board from some of the time-consuming duties which they would have to perform if staff were not available. Staff also provides continuity to the PAC in the state.

State PACs that do not have employed staff must rely on volunteers to do the routine work of the PAC. Sometimes members of the Board, members of the medical association staff, or wives or employees of the Board members volunteer for staff functions.

Under current federal election laws, corporations such as state medical associations are expressly allowed to "establish, administer, and solicit contributions to a separate, segregated fund to be used for political purposes"(such as PACs).

State associations should consult their legal counsel for an opinion as to whether they might provide in-house staff assistance at the state association level for the bookkeeping and other administrative functions of the PAC as necessitated by the federal elections laws. we do

What is the role of physicians' wives in the political action movement?

Women may be full members of state political action committees and of AMPAC. They should be a part of the decision making process.

Women serve on PAC Boards in almost every state. In many cases, these women serve as liaison members between the political action movement and the Woman's Auxiliary of the state medical association.

Women have organizational skills and creative talents which are in demand by candidate support committees, and state political action committees. In most cases, a committee is successful in direct proportion to the activity of women in the effort.

Physicians' wives are well equipped for political activity. In addition to being active in the Woman's Auxiliary, physicians' wives are involved in many civic activities. Political activity demands of physicians' wives the same type of skill which makes them successful in their work in the community. They also have a built-in potential volunteer force from the contacts they have made in other organizations.

Political activism through the PAC movement gives physicians' wives an opportunity to fulfill their own needs as responsible citizens, while participating in the political needs of the community.

Women can be depended upon to do a variety of jobs in the political action movement. In addition to serving on the state PAC Board, women PAC members can coordinate membership drives (especially in the Auxiliary); direct volunteer activity in candidate support committees; engineer social functions to raise political dollars and to promote PAC activity; and perform many other valuable tasks in order to broaden the base of support for the medical political action movement.

SECTION III

OFFICERS

What officers should be elected on a state political action committee Board of Directors?

State PAC Boards of Directors must elect a Chairman and Secretary-Treasurer at the very minimum. Some state PACs also elect a Vice Chairman or Chairman-elect.

The officers of the state PAC plus other members of the Board should serve on the Executive Committee. Three to five members is recommended as the optimum size of the Executive Committee.

What are the duties of the state political action committee Chairman?

The Chairman of the state political action committee is the spokesman for the state PAC. As the chief executive officer, he should preside at the meetings of the Board of Directors of the state PAC and appoint all chairmen and committee members subject to the approval of the Board of Directors.

In addition to these functions, the Chairman should travel his state on behalf of the state PAC. Speaking ability is a valuable talent in this job.

The Chairman should be innovative and should plan stimulating and interesting programs as part of PAC functions.

He should have administrative and supervisory talents so that he can keep the committees of the Board working effectively and constructively. Diplomatic attributes are also valuable talents.

What are the duties of the Secretary/Treasurer?

The Secretary/Treasurer is often the same person in state political action committees. In some states, however, the duties of the Secretary and the duties of the Treasurer are performed by two persons.

The Secretary should perform the customary duties of a Committee Secretary, but it is essential that the Secretary sees to it that an accurate copy of the minutes of state PAC Board meetings are kept on file. The Secretary should also see that the correspondence of the Board is handled promptly.

The Treasurer is custodian of the funds of the committee. He is responsible for collecting all membership contributions and other funds of the committee. He must maintain accurate records of the names and addresses of the members and should forward these names and addresses to AMPAC, along with the AMPAC membership contributions as they are collected.

The Treasurer has the responsibility to see to it that the educational account and the political accounts of the state PAC are kept separate at all times. He should be alert to the fact that corporate funds cannot be used for political purposes and should never deposit corporate money in the political fund.

The Treasurer should keep full and accurate accounts and should present financial statements to the Board.

He should write all the checks on behalf of the state PAC in accordance with the instructions of the Board of Directors. He should also prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

Continued

Certain reports and statements must be filed with the person the Federal Elections Campaign Act of 1971 (Pl 92-225) calls the "supervisory officer". The supervisory officer in races involving the U.S. House of Representatives would be the Clerk of the House; the supervisory officer in races involving the U.S. Senate would be the Secretary of the Senate; the supervisory officer in races involving the President or Vice-President of the United States would be the Comptroller.

The Secretary/Treasurer must file a statement of organization with the supervisory officer at least ten days after the PAC is organized on the forms provided by the supervisory officer. The Secretary/Treasurer is responsible for reporting any changes in this original statement to the supervisory officer.

The Secretary/Treasurer is required to file reports of contributions and expenditures with the supervisory officer by March 10, June 10, September 10, and fifteen and five days preceding the election (primaries and general elections included) and on January 31.

The Secretary/Treasurer must see that the following legend appears on all solicitations of funds by the PAC; "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

The Secretary/Treasurer must keep all records which the supervisory officer requires political committees to keep.

A copy of an analysis of the Federal Elections Campaign Act appears as an appendix in this manual and should be carefully studied by every Secretary/Treasurer of a political committee.

How long should officers of a state political action committee serve?

The terms of office for state PAC officers should be limited to two terms of one year each. Preferably, the first term should begin in January of an odd-numbered year and continue through December of an even-numbered year. The reason for this, of course, is so the officers will be able to serve over a complete campaign period.

The number of terms an officer should serve depends on many factors. State PACs are reluctant to not re-elect effective officers who have done their jobs well It must be remembered, however, that holding a PAC office is very time consuming and places a real professional and financial burden on the officer. Further, the state PAC will be strengthened when new leadership is developed and new ideas are brought to the Board.

SECTION IV

COMMITTEES

What committees should a state political action committee have?

There is no set number of committees which a state PAC should have. Committees should be established to accomplish the priority projects of the state PAC, of course.

Membership is the responsibility of every member of the state PAC Board but a membership committee is still desirable. This committee should keep careful track of the membership status of the medical leadership in the state and make extra efforts to see that these leaders are members in good standing every year. This Committee should also follow and keep records by county or medical society so that recruiting efforts can be directed toward those counties with the greatest potential. They may also plan for and staff exhibits at medical association meetings.

In addition to the membership committee, many states also have a sustaining membership committee, which recruits sustaining members from the previous year's sustaining rolls, as well as encouraging active members to become sustaining members.

The political education committee or communications committee of the state PAC should plan and execute the educational program of the state PAC. Part of this program may include a workshop or seminar for members and a periodic newsletter.

The finance committee has the responsibility of preparing a budget for the educational activities of the state PAC and may need to raise funds for the support of the PAC from corporate sources, including the medical association.

The candidate selection committee should follow all the political races in the state of interest to the state PAC. Their research will determine to a large extent which candidates should be supported.

How often should committees of the Board meet?

With few exceptions, committees of the Board should meet more frequently than the Board meets as a whole.

Each committee should establish goals for the year and develop a program of activity to accomplish these goals.

Each committee of the Board should give a progress report to the Board at every meeting.

The more effective the committees of the Board are in their work, the more will be accomplished by the Board as a whole.

SECTION V

EDUCATIONAL FUNDS

What is the "educational fund" of a state political action committee?

The educational fund of a state political action committee is the fund from which operating expenses are paid along with political education and membership solicitation programs.

The educational funds are often contributed by corporations such as the state medical association and others, and should be carefully handled to make sure that none of these funds are used for purposes which could possibly be construed as political.

It is suggested that the educational fund be kept in a separate bank from the political fund so that there can be no confusion of accounts in making deposits or withdrawals.

If there is ever any doubt as to whether an expenditure is political or educational, the expenditure should be made from the political account.

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If there is ever any doubt as to whether an expenditure is political or educational, the expenditure should be made from the political account.

What is meant by "hard" and "soft" dollars?

Hard dollars refer to political dollars or the membership contributions which should be used solely for political purposes. Membership is the only source for the political account; and these dollars should be jealously guarded since they are always in short supply for candidate-supporting activities.

Soft dollars are corporate funds which can be used for political education purposes but which can never be used for political action purposes.

Soft dollars and hard dollars should be kept separately --- even in separate accounts in different banks. Confusion of these accounts is a federal offense and great care should be taken to see that these funds are expended in accordance with both the spirit and the letter of the law.

SECTION VI

POLITICAL FUNDS

How much should a state political action committee's membership contributions be?

State PAC membership contributions should be set at a level to encourage membership and at the same time build a political fund that will be adequate to finance the political goals and objectives of the state PAC. An active membership in AMPAC is at least $10 and is collected by the state PAC.

Most state PACs have set their active membership contribution at $15 and others have set $10. A few others have set $20 and $25 as membership contributions.

A state PAC membership schedule should always provide for larger contributions through sustaining membership. Sustaining membership can be more successfully solicited if state PAC Board members are sustaining members. This display of confidence by PAC leadership will encourage other members of the profession to give just as generously of their time and money.

What should membership contributions be used for?

Membership contributions should be jealously guarded for use during a political campaign. These individual membership contributions are the only funds available to support candidates.

These political funds are always in short supply and should be conserved for direct contributions to candidates. They should not be used for political education purposes unless absolutely necessary.

Why should a state political action committee have a sustaining membership category?

Many physicians are sophisticated enough to know that a campaign for the election to any office is expensive. These physicians truly care about the election outcome and are willing to support the effort.

One of the functions of a state political action committee is to support candidates and the larger the political fund the more effective this effort can be. It is just as easy to collect $100 as it is to collect $25 or $35 and this membership classification permits physicians to make a larger contribution.

Physicians who contribute at least $50 to their state PAC and $50 to AMPAC are considered sustaining members of both political committees. Those who become sustaining members of their state PAC and contribute over $100 to AMPAC are recorded on AMPAC's record of honor and their names are included in AMPAC's report to the Clerk of the House of Representatives and the Secretary of the Senate. (See Page X2).

What is "joint billing"?

Joint billing is an opportunity for all physicians to join the state PAC and AMPAC at the same time that they join their professional associations. Both of these amounts are put on the same bill with county, state and national medical association dues and sent to physicians at the usual billing time in the state.

Even though joint billing is used, it is still necessary for the membership committee of the state PAC to follow up, and personally solicit those members that do not join.

It is also necessary for the state PAC to give physicians' wives an opportunity to join. Special mailings and follow up programs should include physicians wives.

Joint billings constitute a "solicitation of funds" under the election laws. Therefore, they must bear on the front of the billing the following legend:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

Why do state political action committees collect AMPAC membership contributions?

From the very outset of the formation of political action committees, it was felt that physicians should consider dual membership in their state PAC and in AMPAC. The eyeball-to-eyeball approach is an effective method of promoting membership and is more effective than national mailings.

Most state PACs feel that they prefer to contact physicians on behalf of the movement and do not want AMPAC to contact physicians directly in this regard. The differing time schedule in the various states would make national solicitations arrive at inopportune times in some states.

Are contributions to state political action committees and/or AMPAC eligible for favorable tax treatment?

No. Contributions to state PACs and AMPAC are not eligible for favorable tax treatment; contributions to candidate support committees are eligible for the favorable tax treatment.

According to the Revenue Act of 1971 (PL 92-178) (see Appendix) enacted December 10, 1971, eligible contributions are those given to a committee "organized and operated exclusively for the purpose of influencing the nomination or election" of an announced candidate.

Contributions will not qualify for deduction or credit if made to political action committees which engage in general political, educational, or legislative activities. A campaign committee may be run in conjunction with such a political action committee (ie. a candidate support committee), but contributions to the campaign committee will be eligible only if received directly from individual taxpayers and not from the political action committee. Contributions made by individual taxpayers to a political action committee will not be eligible even if such contributions are later contributed by the political action committee to a campaign committee.

Eligible contributions are explained in detail in this manual in the chapter on candidate support committees.

The fact that state PAC and AMPAC membership contributions are not eligible for favorable tax treatment should not inhibit membership in these two professional political committees. Membership creates the double identification of both individual and professional involvement which strengthens the PAC movement.

Continued

and makes it possible for physicians to make maximum use of these voluntary contributions.

Most sophisticated physicians and their wives will surpass the $100 maximum eligible for favorable tax treatment in their contributions to candidate support committees, state and local candidates, and for regular party membership and activities; thus, their PAC membership would not be eligible, in any case.

What is the best fiscal year for a state political action committee?

The best fiscal year for a state PAC is the calendar year. The Federal Election Campaign Act of 1971 requires cumulative reports to be filed by AMPAC and state PACs four times a year for off election years and six or eight times a year for an election year.

In addition, AMPAC computes membership awards for state PACs on a calendar year basis.

AMPAC can count as members only those memberships received during a calendar year. Membership records are sent to state PACs every month which show the cumulative membership since January 1 of the year.

SECTION VII

POLITICAL EDUCATION

What is the first function of the political education program of the state political action committee?

The first function of the political education program of the state PAC is to acquaint each physician and his family with the purposes and functions of the state political action committee.

Almost every political action committee has a promotional brochure which is used for this educational purpose.

California Medical Political Action Committee 73 Market Street San Francisco, California 94105 415/777-2000

18

August 7, 1974

TO: PAC QUESTIONNAIRE RESPONDENTS

FROM: AL PROSS, EXECUTIVE SECRETARY, CALPAC

SUBJECT: QUESTIONNAIRE SUMMATION

I am pleased to report that thirty-three (33) State PACs responded to our questionnaire. I have tried in writing the attached summary to highlight some of the more distinctive differences in operational procedures between State PACs. (Please excuse the editorializing - but then I suppose the tabulator has that perogative.)

The applicability of the summation to each State PAC will vary but hopefully this material may be useful to you as a PAC Coordinator to convince your Board (and/or Association Director) that your PAC should adopt changes in policy procedures similar to other states.

The information is also helpful in deciding what general topics warrant further discussion or clarification. This will enable us to plan future PAC coordinator meetings on subjects which are relevant.

Thank you again for your cooperation and participation. Please let me know if you have any questions or desire any specific information on any of the questions and answers.

ALP:sm

Enclosure

Government EXHIBIT 3
FOR IDENTIFICATION
NAME Pross N.P. Smyler
DATE 10/13 19 78

PAC STAFF COORDINATOR

SURVEY SUMMARY

1. MEMBERSHIP

The majority of the states which send a bill for state society dues list the PAC as part of the total bill. However, in several states the PAC bill is enclosed separately. Experience has shown that the most productive procedure is to have the PAC dues listed as part of the total bill. Those states which have been successful in adopting this procedure have reflected a higher percentage of PAC members.

2. MEMBERSHIP CATEGORIES

Every responding PAC has a regular M.D., auxiliary and sustaining membership category. Individual M.D. memberships range from a low of $20 to a high of $35. Auxiliary dues range from $15 to $25.

FAMILY MEMBERSHIP

Most PACs have a family membership and many of those who don't are considering establishing such a category. At least one state that has had a family membership category is considering discontinuing it. Overall membership (total number of members) increased in all but one state which has established a family category, while M.D. members did not drop but increased anywhere from 1% to 50%.

It appears safe to make the following general conclusions regarding family membership:

a. The PAC will collect more total dollars

b. The PAC will have more M.D. members

c. The PAC will have more auxiliary or spouse members.

Obviously this is a subject which warrants more discussion in light of its membership and dollar growth potential.

MEMBERSHIP RECRUITMENT

Most PACs appear to be fairly weak in this category. Obviously it is a reflection on the availability of funds to mount an organized and coordinated campaign. Some of the techniques most popularly used, over and above the annual dues statement, include:

1. Send letters to:
   a. All potential members prior to them receiving their dues bill each year.
   b. Non-rejoiners after the bulk of the memberships are in.
2. Publish advertisements in bulletins or journals.
3. Have a booth at annual session
4. Direct telephone solicitation by M.D.'s.
5. Send personal letters or notes from Board members or PAC supporters to potential members.

MEMBERSHIP BENEFITS

Few (only 2) PACs have a membership pin while approximately half of the responding PACs provide membership cards. Frequency of newsletters varies from none to as many as four a year. Most state PACs do not give annual awards similar to AMPAC for membership support.

PROFESSIONAL CORPORATION MEMBERS

Surprinsingly few PACs make a physician a member of AMPAC (i.e. send in $10) if he pays with a corporation check, despite AMPAC's legal opinion that this can be done. In some states, however, corporation money cannot be accepted under law. Those that can accept this money spend it in one of three ways:

1. To support state candidates (Providing this is legal)
2. To defer administrative/overhead costs, and/or
3. Spend it on educational activities, newsletters, etc.

This is obviously an area which warrants further clarification and discussion

COMPUTERIZATION

Only two PACs have their membership files computerized. Despite and advantages, there seems to be two reasons for this:

1. The cost factor (but is it really more expensive?), and

2. Whether the state medical association membership is computerized.

CANDIDATE SELECTION

Nearly all PACs support both state and federal candidates. At least one only contributes to federal candidates and another only participates in races for state office, leaving federal support entirely to AMPAC.

The ultimate decision regarding whether a candidate receives a contribution rests with the PAC Board or the appropriate selection committee (state or federal). It is not unusual for the recommendation, however, to eminate from the local level through a Board member, society president or medical executive.

Generally speaking more PAC funds are spent for federal candidates, including AMPAC's contribution, with a slight majority indicating that they do make pre-primary contributions.

Contributions to a candidate in a safe state race range from $50 to as high as $2,000; in a safe federal race from $200 to $5,000. Obviously these figures vary depending upon the PACs financial resources. The overwhelming majority of the respondents indicate that they have no maximum contribution limit.

If a letter is sent by a physicians committee to raise funds for a candidate, most state PACs will write and print it. However, few will pay for the printing or the postage. Apparently these costs are born by the physicians or by the candidate's campaign.

Except for the required filing of reports with the Clerk of the House (or to meet a state's reporting requirements on state contributions), PAC donations are not published except to Board members. However, this information is usually made available to those physicians [illegible]

CANDIDATE SELECTION - Continued

Contributions are always delivered by a physician but not necessarily a PAC Board member. In many states the medical association lobbyist is present also.

Only a few PACs require that a local physician support committee raise funds for a candidate before they will consider matching the amount contributed. Those that follow this procedure like the way it functions as far as stimulating local participation.

No state PACs contribute to city council or school board races. One does get involved in judicial contests and at least one other contributes to ballot propositions and initiatives if they have a direct affect on medicine (i.e., bonds for medical schools, etc.).

PAC EXPENSE

Most medical associations provide and pay for staff. Only three must tap PAC hard dollars for staff time. Usually office rent, telephone, letterhead, printing and postage are paid out of soft dollars. There are some notable exceptions to this procedure however. Those PACs that cannot use corporate contributions in state races tend to use this money for postage, printing, letterhead, etc.

A surprising number of state PACs use hard dollars to cover operating overhead including newsletters and postage. Obviously many state associations have not placed PAC activities on an equal par with other association pursuits.

Only three PACs receive no annual soft dollar support whatsoever with the majority indicating that they receive $5,000 or less from association dues money. Two PACs are in the $10-20,000 annual range, one in the $20-50,000 and one receives more than $50,000 a year. Much more emphasis needs to be placed on making state medical associations realize that PACs deserve adequate soft dollar support and that political action itself is a legitimate medical association activity.

PAC EXPENSE - Continued

Only two PACS receive soft dollar contributions from other sources (i.e., Blue Shield, drug companies, etc.). This may be a way to bolster a PAC soft dollar budget where the medical association is reluctant or unwilling to provide financially the support which is necessary.

Surprisingly, only four PACs invest their hard dollars to earn interest. The reason for this is not clear in light of the "extra" dollars that are made available through a safe investment.

BOARD MEMBER SELECTION

PAC Board members are usually appointed by the State Medical Association, however, the recommendations are frequently from the county medical society level. A one year appointment with a maximum five to ten year limit is most common. Most are selected based upon legislative district boundaries with several using county lines instead. The Chairman is nearly always elected by the PAC Board rather than selected by the State Association.

LOCAL PACS

It is rare to find local or county medical society PACs. Where they do exist, their dues are less than the state PACs and their money is usually spent on local races (city council, school boards, etc.). Most local PACs bill on their own and usually do not compete with the PAC dues on the general billing statement. This is a topic which may well warrant further discussion at future PAC staff meetings.

PARTY CONTRIBUTIONS

Few PACs make contributions to political party organizations. The bulk of funds seems to go to direct candidate support. A minority of the PACs purchase services for a campaign over and above and/or in lieu of a contribution. Most will provide a campaign with a mailing list of physicians, but a minority provide survey research costs. Most provide staff assistance to the physician support committee but only a few involve themselves directly in the overall campaign.

BOARD COMPOSITION

The size of the PAC Boards range from a low of 8 to a high of 60. In most states the Association President is a member (sometimes ex-officio). Most PAC Boards have some Auxiliary representation while few have medical executive representation. The smaller Boards usually do not have separate standing committees. The larger Boards seem to have committees on membership and candidate selection.

GENERAL QUESTIONS

Everyone feels meetings of PAC staff coordinators to share information and to learn about campaign tools are valuable. By a 3 to 1 margin it is felt that a once a year meeting is preferable to two.

Those responding seem to be equally divided as to whether the staff meeting should be held around the annual AMPAC Workshop in Washington or as a separate meeting. Perhaps the answer would be to have at least one a year at the March Workshop.

August, 1974

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
30 South Michigan Avenue, Chicago, Illinois 60603, Area Code 312 641-1585

September 27, 1972

James MacLaggan, M.D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

At a recent meeting, the AMPAC Congressional Review Committee reviewed the oral request for support in several California districts that had been called in to the AMPAC office by Al Pross.

Because of AMPAC's extremely limited funds, it was necessary to cut back substantially on the amounts requested. We sincerely hope that you and the Board of Directors of CALPAC will understand the financial situation, which we are experiencing this late in the campaign.

In the 2nd Congressional District, the Committee felt that the incumbent Congressman had won by such a hugh margin that there was little chance of defeating him. For this reason the Committee felt that it could not contribute to the campaign of the challenger.

In the 7th Congressional District, the Committee reviewed your request for additional support for Peter Hannaford. The Committee had previously approved an expenditure of $2,500.00. The Committee deferred action until the results of the survey done in this district were available. We would appreciate hearing from you if you think additional funds are required.

In the 18th Congressional District, the Committee considered additional support for Congressman Robert Mathias. Since it looks like he is fairly well entrenched, and a contribution has already been made in this race, the Committee felt it could not approve an additional expenditure.

more -

Government EXHIBIT 4
NAME Pross N.F. Smith
DATE 10/13 1978

Check to Union Alpha

In the 20th Congressional District, the Committee felt that it could not make an expenditure at this time on behalf of Mr. Moorhead. If funds are needed in this race following the election, this race could be considered a race for a post-election expenditure.

In the 23rd Congressional District, the Committee considered a request for Congressman Del Clawson. The Committee approved an expenditure of $1,000.00 in this race.

In the 24th Congressional District, the Committee felt that since the incumbent Congressman had been elected by such a large margin, and has rather weak opposition, the Committee could not be active in this race.

In the 25th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support Congressman Wiggins.

In the 27th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support Congressman Barry Goldwater.

In the 31st Congressional District, the Committee felt that it could not contribute additionally to Congressman Charles Wilson's campaign.

In the 36th Congressional District, the Committee approved an expenditure of $2,500.00 to be used to support Mr. Ketchum.

In the 38th Congressional District, the Committee considered and approved an expenditure of $5,000.00 to be used to support Howard J. Snider.

In the 39th Congressional District, the Committee felt that it could not make an expenditure in this race at this time.

Attached is a check in the amount of $10,500.00 payable to the California Medical Political Action Committee. Also enclosed are forms to amend your Statement of Organization for the U.S. House of Representatives.

Support of these candidates will be reported as amendments to AMPAC's Statement of Organization within the required seven days.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms
Attached
cc: Al Pross

California Medical Political Action Committee 711 Market Street San Francisco, California 94103 415/777-2000

April 28, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

I was pleased to learn that AMPAC has acted favorably upon our recent requests for candidate support and would like to request that AMPAC issue and send checks accordingly to the following:

Candidate - Branwell Fanning
District - 5th C.D.
Amount - $5,000
Check Made Out to:
Fanning for Congress
625 Market Street, Room 211
San Francisco, CA 94105
Hayden Henderson - Treasurer
Send Check to:
William L. Clark, MD
712 D Street
San Rafael, CA 94901
Send Carbons to:
Charles Hoffman, MD, President
Marin Medical Society
Post Office Box 4344
San Rafael, CA 94901

John A. Driscoll, MD, President
San Francisco Medical Society
250 Masonic Avenue
San Francisco, CA 94118

Sidney E. Foster, MD
490 Post Street
San Francisco, CA 94102

Candidate - Leo Ryan
District - 11th C.D.
Amount - $1,000
Check Made Out to:
Leo J. Ryan for Congress Committee
Post Office Box 755
San Mateo, CA 94401
Melvin Kerwin - Treasurer
Send Check to:
Leo Bell, MD
36 North San Mateo Drive
San Mateo, CA 94401
Send Carbons to:
Charles L. Geraci, MD, President
San Mateo County Medical Society
1303 San Carlos Avenue
San Carlos, CA 94070

Ward L. Hart, MD
1100 Laurel Street
San Carlos, CA 94070

Government EXHIBIT 6
FOR IDENTIFICATION
NAME Pross N.P. Miller
DATE 10/13 1978

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Candidate - Charles H. Wilson
District - 31
Amount - $1,000
Check Made Out to:
Charles H. Wilson Campaign Committee
Post Office Box 1968
Washington, D.C. 20515
John Moorcones - Treasurer
Send Check to:
David Horner, MD
811 Alisal Court
Santa Monica, CA
Send Carbons to:
John R. White, MD, President, LACMA District 9
4101 Torrance Boulevard
Torrance, CA 90503

George S. Buehler, MD, President
Los Angeles County Medical Association
Post Office Box 3465
Terminal Annex
Los Angeles, CA 90054

If you have any questions regarding the check distribution, please do not hesitate to give me a call.

Sincerely,

Jokichi Takamine, MD
Chairman, CALPAC

JT:jl

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

April 22, 1976

Mrs. Lee Ann Elliott, Associate Director
American Medical Political Action Committee
Post Office Box 449
Chicago, Illinois 60680

Dear Lee Ann:

Attached, pursuant to our conversation to our telephone conversation, is a listing from the Secretary of State's office of all candidates who have qualified for our June 8, 1976 ballot seeking federal office in California.

You will also find a brief and generally accurate summary of the forty-three congressional races for your information.

Please let me know if you have any questions or desire clarification on any of these contests.

Sincerely,

Allen L. Pross
Executive Secretary

ALP:jl

Enclosures

Government EXHIBIT 7
NAME Pross N.P. Smeller
DATE 10/13 19 78

Government EXHIBIT 8
FOR IDENTIFICATION
NAME Pross N.P. Smelle
DATE 10/13 1978

MINUTES

CALPAC FEDERAL CANDIDATE SELECTION COMMITTEE

10:00 am
Wednesday
June 25, 1975

Director's Room
Hilton Inn
San Francisco

ATTENDANCE:

David Horner, MD, Chairman
Everett Bannister
L.L. Holloman, MD
Kenneth McNiece, MD
Holger Rasmussen, MD
E. Kash Rose, MD

Staff:
Linda Gano
Al Pross
Don Test

Absent:
Donald Huene, MD
Ralph Kirk, MD
Mrs. Lyle Murphy
David Olch, MD
Harrison Silver, MD
Ernest Simard, MD

I. Review of 1975 Contributions

Al Pross reported on CALPAC campaign contributions which have been made in 1975 to members of our Congressional delegation. The major contribution ($5,000 from both CALPAC and AMPAC) was to the campaign of Shirley Pettis who was successful in her bid for the 37th Congressional District seat. Two other contributions have gone to Congressman James Lloyd (D) and Congressman George Danielson (D) who received a $1,000 from both CALPAC and AMPAC.

II. 1976 Candidate Selection Procedures

The Committee discussed better ways of evaluating candidates prior to approving a contribution. The feeling of the Committee was that the Commission on Federal Legislation and CALPAC must work together in coordinating information.

CALPAC's candidate evaluation form was left as is and the Committee directed that it be sent to the Board member, CMS President(s), Executive Sceretary, keymen, and where appropriate to the CALPAC Liaison Committee Chairman.

III. Candidate Development

The Committee discussed the advisability of surveying all physicians in select districts in an attempt to measure their feelings regarding the incumbent and potential opponents. The Committee recommended to the Executive Committee that:

RECOMMENDATION: A MAILING BE SENT TO ALL PHYSICIANS IN THE 1st and 7th CONGRESSIONAL DISTRICTS ASKING FOR AN EVALUATION OF THE INCUMBENT AND POTENTIAL OPPONENTS.

IV. 1975 Contributions

The Committee discussed potential contributions in 1975 and recommended to the Executive Committee that the following incumbents receive $1,250 from CALPAC and that CALPAC request a matching contribution from AMPAC.

RECOMMENDATION:

NAME	PARTY	CONG. DISTRICT
Burgener, Clair	R	43
Burke, Yvonne B	D	28
Clausen, Don	R	2
Clawson, Del	R	33
Ketchum, Bill	R	18
Lagomarsino, Bob	R	19
McCloskey, Paul	R	12
McFall, John	D	14
Mineta, Norman	D	13
Moorhead, Carlos	R	22
Moss, John	D	3
Pettis, Shirley	R	37
Rousselot, John	R	26
Ryan, Leo	D	11
Sisk, B.F.	D	15
Talcott, Burt	R	16
Waxman, Henry	D	24
Wiggins, Charles	R	39
Wilson, Bob	R	41
Wilson, Charles	D	31

In light of the money spent by CALPAC, the Committee felt there was a need to lobby more effectively on key issues. Accordingly the Committee felt there is an urgent need for a CMA visit to Washington, specifically to lobby the California delegation on the pending health manpower legislation and to inform the 20 members listed above of CALPAC's contribution.

The Committee also voted to recommend to the Executive Committee that:

RECOMMENDATION: CALPAC CONTRIBUTE $5,000 TO THE REPUBLICAN CONGRESSIONAL TARGET COMMITTEE AND TO REQUEST A MATCHING AMOUNT FROM AMPAC. THIS MONEY IS TO BE USED PRIMARILY FOR VULNURABILITY SURVEYS IN SELECT CALIFORNIA CONGRESSIONAL DISTRICTS.

V. U.S. Senate Race

The Committee discussed potential candidates for U.S. Senate and recommended to the Executive Committee that:

RECOMMENDATION: A QUESTIONNAIRE BE SENT TO THE MEMBERS OF THE CALPAC BOARD TO DETERMINE THEIR CURRENT FEELINGS REGARDING POTENTIAL CANDIDATES FOR U.S. SENATE IN 1976 AND TO SEEK THEIR ADVICE AS TO WHETHER CALPAC SHOULD CONSIDER PRE-PRIMARY FINANCIAL INVOLVEMENT.

VI. Adjournment - 12:10pm.

MINUTES

Federal Candidate Selection Committee

Wednesday
August 11, 1976
10:00 a.m.

Hilton Hotel
San Francisco

ATTENDANCE: David Olch, MD
Chairman

Mrs. Paula Couacuad
Holger Rasmussen, MD
Harrison Silver, MD
Jokichi Takamine, MD
Jerome Unatin, MD
Elmer Werner, MD
William Wilson, MD

STAFF: Will Babb
Linda Gano
Jack Light
Al Pross
Don Test

I. REPORT ON WASHINGTON TRIP

Doctors Rasmussen and Takamine reported on their recent trip to Washington to lobby for changes in the health manpower bill.

II. CONTRIBUTION PHILOSOPHY

The committee discussed CALPAC policy of candidate support. Due to the limited availability of funds, choices for support of candidates must be carefully made. CALPAC will consider their overall voting record, the potential closeness of the race, and the extent of local physician support generated.

III. U.S. SENATE CAMPAIGN

The Executive Committee met with Dr. S. I. Hayakawa in Los Angeles and approved a $5,000 contribution. The Committee voted also to request that AMPAC contribute up to the legal maximum.

IV. REPORT FROM REPUBLICAN NATIONAL COMMITTEE

Harvey Hukari, Regional Director for the Republican National Committee, reported on districts that the Republican party is targeting in California. They included the 5th Congressional District (San Francisco-Marin) -- Bran Fanning; 7th Congressional District (Contra Costa County) -- Vickers; 9th Congressional District (Alameda) -- Jim Mills; 16th Congressional District (Monterey-Santa Cruz) -- Burt Talcott; 11th Congressional District (San Francisco) -- Leo Ryan, Bob Jones; 32nd Congressional District (Los Angeles) -- Glen Anderson; 34th Congressional District (Los Angeles) -- Mark Hannaford, Dan Lungren; 35th Congressional District (Los Angeles-San Bernardino) -- Lloyd Brutaocao; 36th Congressional District (Riverside) -- George Brown-Grant Carner; 38th Congressional District (Orange County) -- Jerry Patterson, James Combs; 27th Congressional District (Los Angeles) -- Gary Familian.

Government EXHIBIT 9
FOR IDENTIFICATION
NAME Pross N.P. Sizzillo

V. RECOMMENDED CONTRIBUTIONS

Dist.	Candidate	CALPAC	Matching Req.
11 CD	Leo Ryan	$1,500	to be matched
14 CD	John McFall	$1,000	
16 CD	Burt Talcott	$2,500	
19 CD	Robert Lagomarsino	$2,000	
20 CD	Barry Goldwater	$2,000	
41 CD	Bob Wilson	$1,000	
43 CD	Clair Burgener	$1,000	

July 26, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

California's junior Democrat Senator, John Tunney, is seeking re-election this year and he will be challenged by Doctor S.I. Hayakawa, the Republican nominee.

CALPAC's Executive Committee is asking that AMPAC consider making a maximum contribution in support of Doctor Hayakawa's candidacy.

It is the opinion of most people that Doctor Hayakawa can wage a successful campaign against Senator Tunney but that every available dollar must be utilized to accomplish victory.

Thank you in advance for considering our request.

Sincerely,

Allen L. Pross

Government 10
NAME Pross N.P. Miller
DATE 10/13 19 76

7/1

History

Government EXHIBIT 11
FOR IDENTIFICATION
NAME Pross N.P. Schiller
DATE 10/13 19 76

MINUTES

CALPAC's EXEUCTIVE COMMITTEE

(Conference Call September 1, 1975, 8 p.m.)

ATTENDANCE: (on the line)

E. Kash Rose, MD, Chairman
Mrs. James Geottle
David B. Horner, MD
James C. MacLaggan, MD
David I. Olch, MD
Theodore Steinberg, MD
Jokichi Takamine, MD

Staff: Jack Light
Al Pross

I. The Executive Committee discussed in great depth and detail the status of the current U.S. Senate race in New Hampshire.

Both AMPAC and the overwhelming majority of the New Hampshire physicians are supporting the Republican candidate, Louis Wyman.

At the request of Doctor Albert Barcomb, Chairman of the Wyman for Senate Committee, the Executive Committee voted unanimously to:

MAKE A CONTRIBUTION OF UP TO $5,000 PAYABLE TO THE WYMAN FOR SENATE COMMITTEE.

II. The Executive Committee discussed California's 27th Congressional District and the fact that the incumbent, Representative Alphonso Bell, will not be seeking re-election in 1976.

In light of the potential candiates on both the Democrat and Republican side, it was felt that a survey would be valuable in determining the best possible candidate to suceed Mr. Bell. Accordingly, the Executive Committee voted unanimously to:

(1) COMMISSION A SURVEY OF THE 27TH CONGRESSIONAL DISTRICT FOR AN AMOUNT NOT TO EXCEED $7,000 AND (2) TO REQUEST THAT AMPAC SHARE IN THE COST OF THE SURVEY RESEARCH.

III. The Executive Committee considered a request from CALPAC Board member, Doctor Jack McCleary and from Doctor Paul Greenberg, the Key Man for Senator Alan Robbins, for CALPAC to make a contribution to Robbin's testimonial dinner on September 26.

The Committee voted unanimously to:

APPROVE A CONTRIBUTION OF $400 PAYABLE TO THE ROBBIN'S DINNER COMMITTEE.

There being no further business, the conference call was adjourned at approximately 8:25 p.m.

CALPAC Executive Committee

MINUTES

Government EXHIBIT 12
FOR IDENTIFICATION
NAME Pross N.P. Smith
DATE 10/13 1978

Wednesday
April 21, 1976
8:15 p.m.

Marriott Hotel
Los Angeles

ATTENDANCE: Jokichi Takamine, MD
Chairman

William Clark, MD
Mrs. Bette Goettle
James C. MacLaggan, MD
David Olch, MD

GUEST: David B. Horner, MD

STAFF: Al Pross
Don Test

I. Federal Candidate Selection Committee Candidate Support Recommendations.

Recommendations of the Federal Candidate Support Committee on April 21, 1976, for candidate support were as follows:

Congressional District	Candidate	CALPAC	Request To AMPAC	Trans. No.
2	Don Clausen (R)	$ 2,500	$ 2,500	260
4	Lawrence Wegienka, MD (R)	500	--	261
5	Branwell Fanning (R)	(To be determined by CALPAC's Executive Committee)		
11	Leo Ryan (D)	1,000	1,000	263
16	Burt Talcott (R)	2,500	2,500	264
31	Charles Wilson (D)	1,500	1,000	265
41	Arnold Flick, MD (D)	1.000	1,000	266

RECOMMENDATIONS: THE EXECUTIVE COMMITTEE:

1) APPROVED THE ABOVE RECOMMENDATIONS FOR CALPAC CONTRIBUTIONS AND VOTED TO APPROPRIATE $5,000 IN SUPPORT OF MR. BRANWELL FANNING IN THE 5th CONGRESSIONAL DISTRICT.

2) VOTED TO REQUEST MATCHING FUNDS FROM AMPAC IN THE AMOUNTS RECOMMENDED BY THE FEDERAL CANDIDATE SELECTION COMMITTEE AND TO REQUEST A

MATCHING $5,000 FOR BRANWELL PLANNING IN THE 5th CONGRESSIONAL DISTRICT.

3) SPECIFIED THAT FUNDS APPROPRIATED IN THE 2ND AND 16TH CONGRESSIONAL BE APPLIED TOWARD THE PURCHASE OF POLITICAL SURVEYS OF THE RESPECTIVE CONGRESSIONAL DISTRICTS.

II. 1976 CALPAC Membership Campaign.

The committee discussed the need for strong and immediate membership campaign to all non-CALPAC CMA members. The current CALPAC membership is approximately 6,500 physicians. The committee discussed two mailings to the approximately 19,000 non-CALPAC members during May at an approximate total cost of $7,500, plus a mailing to all 1975 CALPAC members who have not rejoined in 1976.

ACTION: CALPAC LAUNCH A 1976 MEMBERSHIP CAMPAIGN DIRECTED AT APPROPRIATE SOFT DOLLARS DURING MAY IN ORDER TO SOLICIT ALL NON-CALPAC CMA MEMBERS AND PHYSICIANS.

III. State Candidate Support Requests.

IV. Presidential Campaign.

The Executive Committee discussed a potential contribution to the Brown for President Committee. Following thorough discussion the following action was taken:

ACTION: CALPAC APPROVE A $5,000 LOAN TO THE BROWN FOR PRESIDENT COMMITTEE.. (Transaction No. 270)

The loan will be used by the Brown campaign to finance two television spots which will be aired in the Fresno area requesting contributions in support of his campaign. The Executive Committee felt that it is politically sound for CALPAC to take this action, combined with the fact that the chances for repayment from contributions received are excellent.

V. CALPAC Board Member Fundraising Ticket Fund.

Franklin Glanz, MD, requests two $50 tickets in support of a local fundraiser in San Diego for U.S. Senator John Tunney.

ACTION: CALPAC APPROVES $100 FOR THE PURCHASE OF TWO TICKETS IN SUPPORT OF SENATOR TUNNEY'S SAN DIEGO FUNDRAISER. (TRANSACTION NO. 268)

VI. Other PACs Activities.

Mr. Al Pross discussed CALPAC's participation in a joint campaign management seminar with dental, real estate, and corporate PAC leaders. The committee directed the staff to pursue such a meeting following Labor Day with the other PAC representatives with CALPAC sharing in the program and the attendant expenses.

VII. There being no further business the meeting was adjourned at 9:20 p.m.

ATTACHMENT "A"

M I N U T E S

Executive Committee Conference Call

Thursday
August 12, 1976 — 8:00 p.m.

ON THE LINE: Jokichi Takamine, MD, Chairman

William Clark, MD
Mrs. Bette Goettle
Franklin Glanz, MD
Ward Hart, MD
Dave Horner, MD
Brad Cohn, MD
Sidney Foster, MD
Ralph Milliken, MD
David Olch, MD
Theodore Steinberg, MD

STAFF: Jack Light
Al Pross
Don Test

The Executive Committee, after discussion, approved the following transactions:

CONGRESS

Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
2	Don Clausen (R)		$2500	
11	Leo Ryan (D)	349	$1500	$1500
14	John McFall (D)	350	$2500	$1000
15	B. F. Sisk (D)		$1000	
16	Burt Talcott (R)	351	$2500	$2500-if matched
17	John Krebs (D)		$1000	
18	Bill Ketchum (R)		$1500	
19	Bob Lagomarsino (R)	352		$2000 ($1000 must be matche
20	Barry Goldwater, Jr. (R)	353		$2000 ($1000 must be matche
22	Carlos Moorhead (R)		$2250	

Government EXHIBIT 15
FOR IDENTIFICATION
NAME Pross NP Smith
DATE 10/13 1978

Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
33	Del Clawson (R)		$2000	
37	Shirley Pettis (R)		$1000	
39	Charles Wiggins (R)		$2000	
40	Robert Badham (R)		$1000	
41	Bob Wilson (R)	354	$1500	$1500-if matched
42	Lionel Van Deerlin (D)		$ 500	
43	Clair Burgener (R)	355	$1000	$1000-if matched

STATE SENATE

Senate District	Candidate and Party	Trans #	CALPAC Amount

Assembly District	Candidate and Party	Trans #	CALPAC Amount

There being no further business the conference call ended at 9:15 p.m.

CALPAC BOARD MEETING

MINUTES

Sunday
April 30, 1972
9:30 am

Kent Room
Airport Marina
Los Angeles, Ca.

Attendance: James C. MacLaggan, M.D., Chairman

Fred Ackerman, M.D.
Mr. Will Babb
Jack Baker, M.D.
Mr. Everett Bannister
Mrs. George Bower
Walter Buerger, M.D.
Charles Carmack, M.D.
Vincent Carroll, M.D.
Mr. Ed Colvin
Jean Crum, M.D.
Tirso del Junco, M.D.
Thmas Elmendorf, M.D.
George Evaswick, M.D.
Milton Evangelou, M.D.
Roberta Fenlon, M.D.
Mrs. William Flood
Sidney Foster, M.D.
Charles French, M.D.
Miss Linda Gano
Frank Glanz, M.D.
Mrs. James Goettle
Mr. James Hamilton
Mrs. Ward Hart
Merlin Hendrickson, M.D.
L.L. Holloman, M.D.
David Horner, M.D.
E. T. Kelley, M.D.
Mrs. Salvadore Lask
Mrs. James MacLaggan
Emile Meine, Jr., M.D.
Jack McCleary, M.D.
John C. Miller, M.D.
Ralph Milliken, M.D.
Wilson Mizener, M.D.
Dwight Murray, M.D.
Thomas Nickels, M.D.
David I. Olch, M.D.
Gaylord Parkinson, M.D.
Mr. Richard Perry
Mr. Al Pross
Dale Ritter, M.D.
Frank A. Rogers, M.D.
E. Kash Rose, M.D.
Ernest Simard, M.D.
Theodore Steinberg, M.D.
Jokichi Takamine, M.D.
John E. Vaughan, M.D.
Richard Wallrich, M.D.
Robert Zweig, M.D.

I. The minutes of CALPAC's February 12, 1972, meeting were approved as distributed.

II. TREASURER'S REPORT

CALPAC Treasurer, Dr. Merlin A. Hendrickson, reported that as of March 31st, 1972, CALPAC's financial assets totaled $299,835.17. (Attached you will find our balance sheet through April 30, 1972, placing our total assets at $276,017.37.)

Government EXHIBIT 15
NAME Pross N.P. Smiller
DATE 10/13 19 78

III. MEMBERSHIP REPORT

CALPAC's Executive Secretary, Mr. Al Pross, reported that as of April 28, 1972, CALPAC's membership is 6,108 members.

He reported that thirteen county medical societies have surpassed last year's membership mark. They are as follows:
Alameda-Contra Costa, Fresno, Kings, Lassen, Merced, Napa, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Yolo.

On the other hand there appears to be a significant membership drop in the following counties:
Los Angeles, Monterey, Placer-Nevada, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, Sonoma, Stanislaus and Ventura.

Calpac's Chairman, Dr. MacLaggan, strongly encouraged CALPAC Board members from the societies listed above to mount extensive campaigns through the use of their society's bulletin, letters to their colleagues who are not members, etc. It was agreed that the CALPAC office would furnish the appropriate CALPAC Board members with a current list of the physicians who are members, and a list of those who are not at the present time. The latter list would be broken down to indicate which physicians were members last year but have not re-joined in 1972.

IV. DISCUSSION OF CALPAC BOARD MEMBERS DUTIES AND RESPONSIBILITIES

Each Board member was presented with a one sheet summary outlining his specific duties and responsibilities as a CALPAC Board member. (See enclosed pink sheet.)

Dr. MacLaggan emphasized that in this election year membership, candidate support organization and political education must receive high priority from each CALPAC Board member.

V. FEDERAL ELECTIONS

A. Review of Procedure for CALPAC-AMPAC Involvement:

Dr. MacLaggan explained CALPAC's procedure for financial involvement in federal elections, emphasizing that CALPAC will only get involved in these instances where a candidate support committee has been formed and raised funds. Then and only then will CALPAC's Federal Candidate Selection Committee consider a request for a matching contribution.

B. Federal Reporting Requirements:

Mr. Al Pross, CALPAC's Executive Secretary, explained the basic changes and legal requirements under the new Federal Campaign Spending law. One feature which was emphasized was that the new act no longer imposes a $5,000 maximum contribution limitation for federal campaigns. After thorough discussion it was MOVED, SECONDED and PASSED, unanimously, that -

CALPAC'S FEDERAL CANDIDATE SELECTION COMMITTEE WOULD NOT EXCEED A $5,000 CONTRIBUTION IN ANY SINGLE CALENDAR YEAR FOR ANY CANDIDATE RUNNING FOR FEDERAL OFFICE.

C. Summary of CALPAC-AMPAC Financial Involvement to Date in Federal Elections:

Mr. Al Pross, Executive Secretary, presented to the Board a breakdown, district by district, of CALPAC-AMPAC financial involvement including 1971 and through April 30, 1972. For specific information, please see the attached blue sheet summarizing this involvement.

VI. CALPAC and STATE ELECTIONS

VII. CALPAC's 1972 CANDIDATE AND MEDICAL ISSUES GUIDE BOOK

CALPAC Board member, Mrs. James Goettle, reported on the progress and plans to date for the publication of CALPAC's 1972 Election Guide Book. Immediately following the primary, our major party nominee for state and federal office in California will be asked to provide a picture, select biographical information, and answers to one or two questions pertaining to health legislation. A goal has been set to publish and circulate the book to all CALPAC members, statewide, by early September. At CALPAC's February 12 Board meeting an apportion of $7,500 was approved for this project.

VIII. There being no further business, the CALPAC Board meeting was adjourned for luncheon and participation in C.D. 2000 - a simulated campaign management seminar.

AMPAC
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
20 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 64-4-1585

NOV 1 1972

October 31, 1972

James C. MacLaggan, M. D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

We acknowledge, with gratitude, the additional $10,000 supplemental political grant from CALPAC.

The extra money has been wisely spent in critical races where we felt we could not afford to become involved and in races where we substantially reduced the original request and, now, because of the generosity of CALPAC, have been able to provide additional assistance that could spell the difference between victory and defeat.

The AMPAC Board is most appreciative of the CALPAC Board's unique support and thorough understanding of the important Congressional races in 1972.

Sincerely,

Hoyt

Hoyt D. Gardner, M. D.
Chairman
AMPAC Board of Directors

HDG:sd
cc: Blair J. Henningsgaard, M. D.
W. J. Lewis, M. D.
Mr. William L. Watson
Mr. Allen Pross

Government EXHIBIT 16
NAME Pross N.P. Miller
DATE 10/13 19 78

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
20 North Michigan Avenue, Chicago, Illinois 60611, Area Code 312 641-1585

October 6, 1972

James MacLaggan, M.D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

It is with heartfelt thanks, that I thank all the members of the California Medical Political Action Committee, for the magnanimous gesture that they made in recent weeks. The allocation of $15,000.00 un-earmarked political dollars for use by AMPAC's Congressional Review Committee comes at a time of greatest need, and will allow us to back up physicians at the Congressional District level in their efforts to elect candidates.

I hope you will express our pleasure and our gratitude to each member of the Board, and accept our thanks for making this possible.

We gratefully acknowledge that this marvelous gift would not have been possible if the physicians in California did not comprehend the political situation, and understand the pac movement. All this happens because of strong leadership.

Sincerely,

Hoyt

Hoyt D. Gardner, M.D.
Chairman

HDG:tms

CAL·P·A·C
CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE
693 SUTTER STREET • SAN FRANCISCO • CALIFORNIA 94102 • (415) 776-9400

October 2, 1972

Hoyt Gardner, M.D., Chairman
American Medical Political Action Committee
520 North Michigan Avenue
Chicago, Illinois 60611

Dear Hoyt:

I am pleased to enclose a CALPAC check for $15,000 made out to AMPAC. Our CALPAC Board of Directors voted overwhelming in favor of making this additional contribution over and above our responsibility for 1972 CALPAC-AMPAC members to assist AMPAC with its limited fund problem at this time for candidate support activities.

I trust that these monies will be used judiciously and hope, of course, that they will play an important role in electing many new friends of medicine to congress this November.

Sincerely,

Jim

James C. MacLaggan, M.D.
Chairman

JCM:fp

Enclosure

cc: Bill Watson
Lee Ann Elliott
Richard Layton
Richard Perry

October 2, 1972

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American Medical Political Action Committee
520 North Michigan Avenue
Chicago, Illinois 60611

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Sincerely,

James C. MacLaggan, M.D.
Chairman

JCM:fp

Enclosure

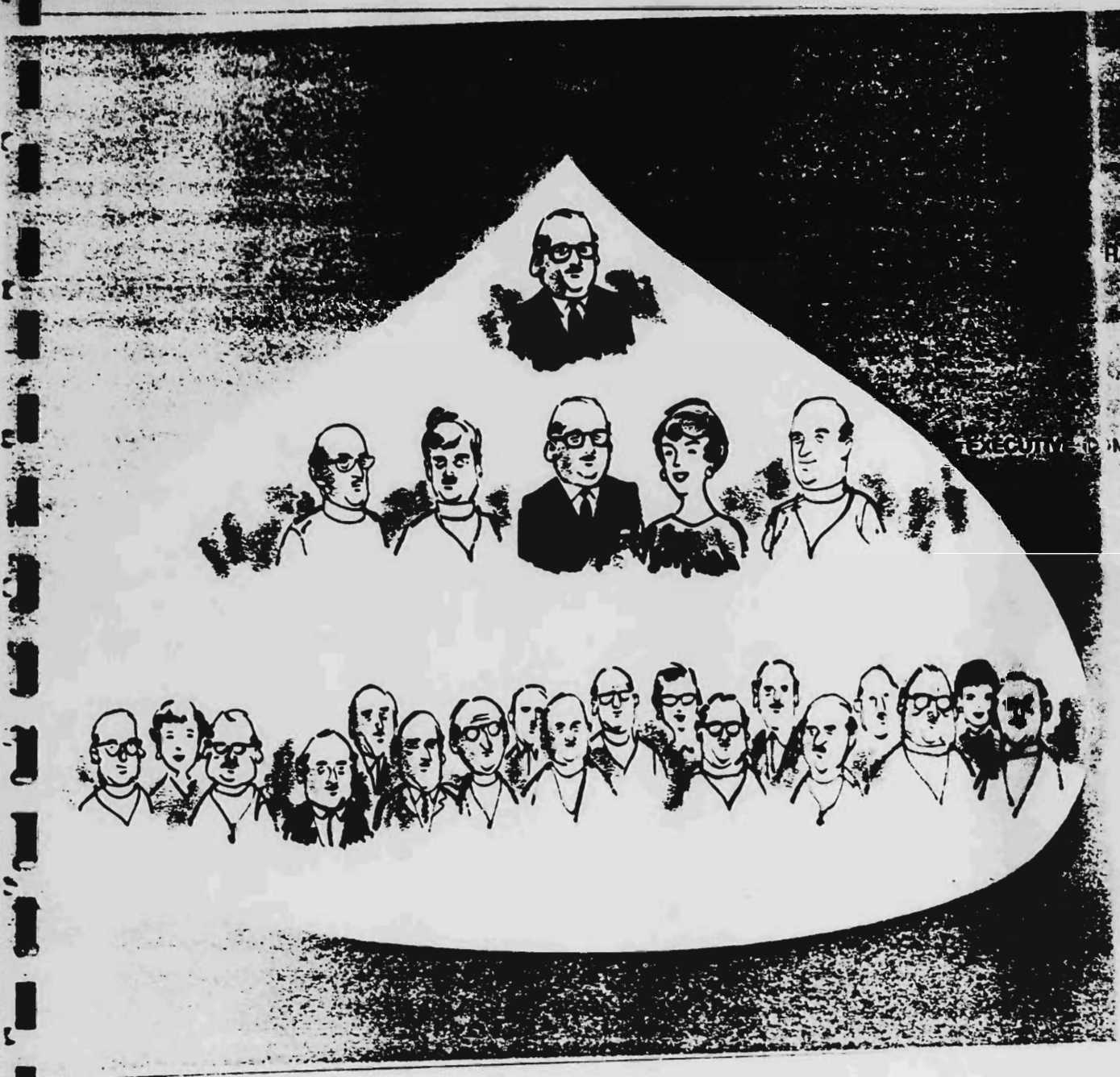
cc: Bill Watson
Lee Ann Elliott
Richard Leyton
Richard Perry

bc: JCM
RLT
WB
MA
Board of Directors

Government 14
FOR
NAME Press
DATE 10/4/3 19 78

Helping Your Candidate Win

THE CANDIDATE SUPPORT COMMITT!
AND HOW IT FUNCTIONS


HAIRMAN
EXECUTIVE COMMITTEE

WHAT IS A CANDIDATE SUPPORT COMMITTEE, ANYWAY?

A candidate support committee (CSC) is just what those three words imply: a committee organized to support a candidate for political office and help him win.

By its very nature, it is a temporary organization, forming early in the campaign and dissolving after the campaign has ended.

Medicine's political action movement hinges on effective candidate support and provides it through a CSC composed largely of physicians and their wives.

But although temporary—like any other candidate support organization—the PAC version of the CSC is closer-knit structurally; evolves from a permanent organization; and conforms to certain basic principles.

Every campaign is different, so every Candidate Support Committee must be tailored for the specific job

The PAC structure is meant to help out the Candidate Support Committee supports the better candidate [illegible] its party

No two CSCs are exactly alike. They cannot be. For no two sets of campaign problems are exactly alike, no two party machineries are identical, no two electorates are the same, no two budgets coincide in every detail.

The CSC format is therefore flexible. It is governed by common sense and tailored to the need of each campaign.

From an organizational standpoint, the CSC is the direct outgrowth of a permanent PAC organization within a Congressional District. Many states actually have District PACs. Others depend upon a nucleus of PAC leaders within the District.

But whatever the approach, the CSC springs from permanent organization. So although the CSC is temporary—like fruit on a tree—its ripening is made possible by the permanence, continuity and growth of the tree itself.

A healthy tree predictably produces healthy fruit.

Whatever its organization form, the PAC structure in a Congressional District consists of physicians and their wives. They are bipartisan for 20 months out of 24 in terms of their political analysis. Although as individuals they are either Democrats or Republicans working within the ranks of their respective parties, they view the political scene objectively and try to avoid the pitfalls of wishful, partisan thinking.

Because they recognize that political principles are more important than party labels, these PAC members are prepared to join a CSC regardless of their own or the candidate's party affiliation—if they are convinced the CSC is backing the better man. But only they and the other members of the District PAC can make that decision.

As partisans, they first work to insure that their party nominates the best candidates available. But once the PAC has selected either the Democrat or Republican for support, the PAC members accept the decision and prepare to serve on the CSC that will be formed.

the chairman should be an able executive not militantly identified with either political party

The CSC chairman is a key figure. He should be the sort of man the candidate himself might have chosen to head up his own volunteer citizens' committee. He should be able to lead, supervise, delegate, follow through, and get the job done. He should be well-liked within the community, respected, and not so militantly identified within his own political party as to be unacceptable to members of the other party.

A citizens' committee for a Republican candidate seeks out and welcomes dissident Democrats. Similarly, a Democratic citizens' committee hopes to attract Republicans.

The CSC usually, and properly, includes members of both parties. Its chairman, therefore, should be most readily identifiable as a partisan of the candidate and the PAC movement.

he chairman appoints a small executive committee—say, five people. In addition to himself, there should be a treasurer, a physician's wife, and perhaps two other physicians.

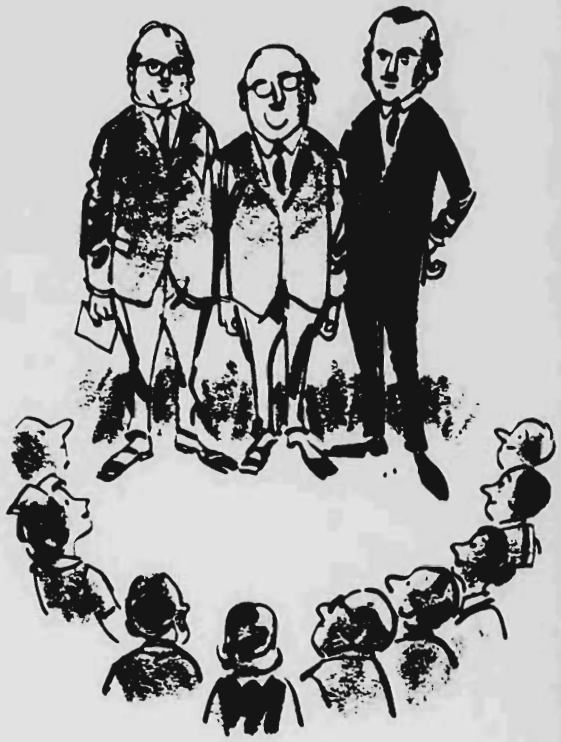
A small group like this can react more quickly to a campaign emergency, presents fewer communications and liaison problems, and is more readily accepted by the candidate and his advisors.

Geographical coverage is better provided by specific assignments later on.

Because it is essential to rally the profession to the candidate's cause, the physician members of the executive committee must be identified with, and acceptable to, the district's medical community. Because the support of physicians' wives is vital to the success of the entire CSC, the woman chosen to serve on the executive committee must be well-liked and respected by the wives of physicians within the district.

As the direction of the CSC rests squarely on the shoulders of the executive committee, the chairman must select his key people with special care.

He is looking for knowledgeable, realistic, committed, hard-working people who will accept leadership roles; be discreet in their handling of inside campaign information; and set an example of industry to the other members of the CSC.



physician members of the Executive Committee must be respected by the local medical community

ake your Candidate Support Committee as large as possible

How large should the entire CSC be? As large as you can make it. At a minimum, it should consist of every PAC member in the District.

Should it be made up solely of physicians and their wives? Or should its base be broadened to include other of the healing arts professions? Should it exist as a separate entity, or become a part of the candidate's overall volunteer citizens' committee?

The answers to these questions depend to a great extent upon how the candidate and his campaign manager want to go about it.

Or they will be governed by other considerations peculiar to the district—as, for example, medicine's working relationship with the other healing arts professions in the field of politics.

know the score before you meet with your candidate

At its first meeting, the executive committee assesses its potential resources. It needs to know such things as whether all physicians and their wives are registered; what mailing lists are available; PAC membership within the district; how many women workers are potentially available; what AMPAC educational materials can be offered to the candidate for training purposes.

The answers to these and other questions should be at the chairman's fingertips before an initial call is made on the candidate, for his first impression of the committee leadership is of vital importance. If the leadership is knowledgeable about its own resources, shows an understanding of campaign problems and comes across as candid and realistic, the battle to win confidence and acceptance is half-won.

The ability to deliver on its promises will, when demonstrated in the weeks ahead, quickly move the CSC leaders into the candidate's trusted inner circle.

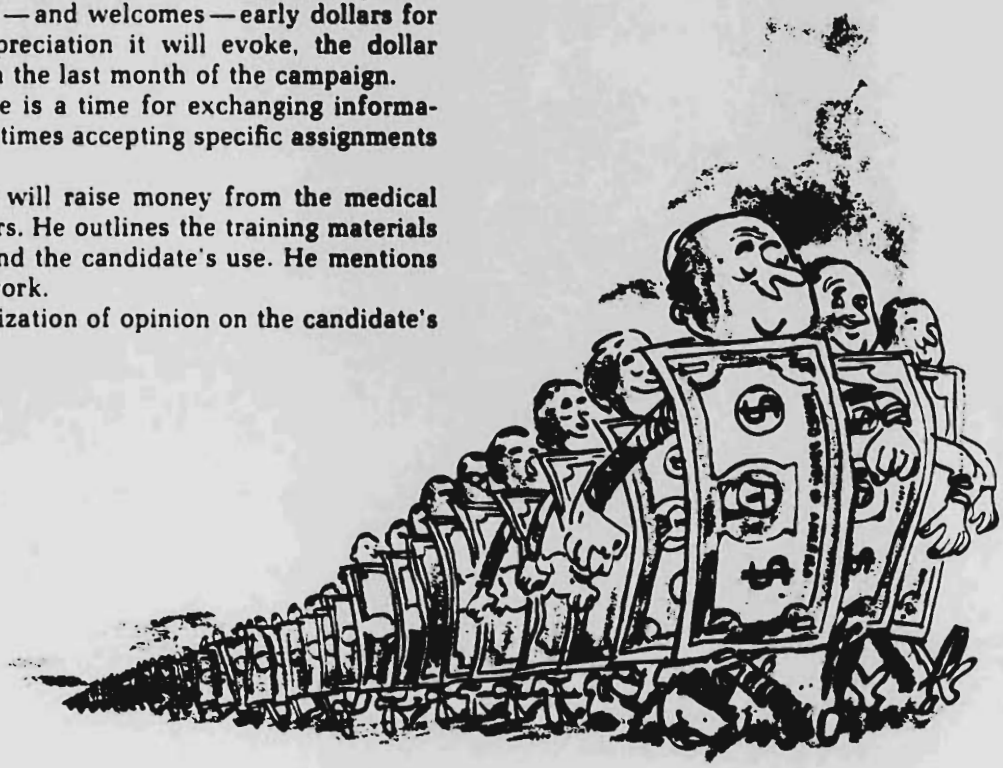
one dollar given early is worth two dollars later

Call on the candidate as early in the campaign as possible. Fund-raising must begin early because the campaign needs — and welcomes — early dollars for use in organizing. In terms of the appreciation it will evoke, the dollar contributed early is worth two dollars in the last month of the campaign.

The initial meeting with the candidate is a time for exchanging information, agreeing on ground rules, and sometimes accepting specific assignments or projects.

The chairman explains that the CSC will raise money from the medical community and recruit volunteer workers. He outlines the training materials available from AMPAC for the CSC's and the candidate's use. He mentions experienced people the CSC can put to work.

And he commits the CSC to the mobilization of opinion on the candidate's behalf.



Most important is to make it clear that the CSC will maintain campaign discipline, accepting orders from the campaign manager, maintaining close liaison, and issuing no press releases.

Meanwhile, the chairman assesses the caliber of the campaign organization; discusses budget matters; asks for guidance from the campaign's counsel on such matters as state election law and the handling of funds; and clears the deck for fund-raising.

He does not promise supplementary dollar support from the State PAC or AMPAC, for it may or may not be forthcoming; and he does not commit the CSC to a specific financial commitment.

The CSC must develop the reputation for delivering, so it is better to say "I don't know yet" rather than risk falling short on a commitment.

accept campaign discipline, deliver on promises, contribute realistically

Campaigns get more expensive every year. Bear this in mind when setting out to raise money, and preach the need for realistic giving to those the CSC solicits for money. Remember that the vast bulk of medical political action dollars—in a ratio of about five to one—must be raised at the CSC level. State PAC and AMPAC funds are supplementary to money raised within the district.

The fund-raising job done by the CSC weighs heavily in the consideration by AMPAC or the State PAC of supplemental financing.

It is a direct measure of the CSC's interest, effectiveness and commitment to the candidate.

The quota set should be based upon a realistic appraisal of the CSC membership in terms of numbers and sophistication; and upon the needs of the candidate.

The exact figure will probably represent a compromise between what the CSC thinks it can raise and what the candidate says he needs. But the quota set should be considered a minimum, not a maximum.

Having set the quota, set a deadline for reaching it. For without a deadline, the job is apt to take much longer than it should.

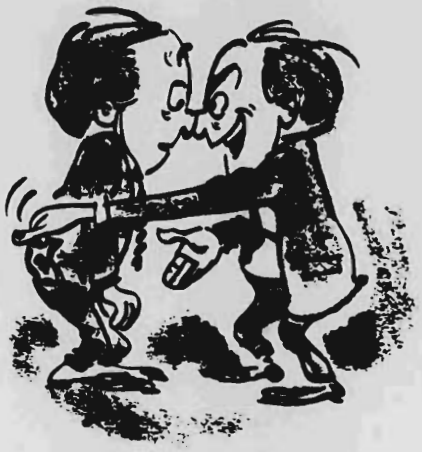
Don't count heavily on the success of a letter-writing appeal. It is a very poor substitute for the eyeball-to-eyeball approach. But if mail is resorted to, these do's and don't's apply:

1. Don't send a letter to a potentially good contributor unless you're willing to wind up with $10 instead of $100.
2. Your letter should not talk about the candidate's opponent.
3. Don't use third-class mail—it will be thrown away unopened more often than not.
4. Use home addresses rather than office addresses if possible.
5. Be constructive. Talk about the candidate's qualifications, his record of service, his high character.
6. If the CSC includes others of the healing arts, let the veterinarians solicit the veterinarians, the dentists the other dentists.
7. Clear your letter with the candidate's campaign manager.
8. Take it for granted that your letter will fall into the hands of your political opponents. So couch it in temperate terms and base its appeal on reason rather than emotion.

Personal solicitation—infinitely better—can be organized at the hospital staff level; or on the basis of geography, with a fund-raising chairman appointed for a sizeable town, a ward, a county, or even a suburb.

Social events have also been used successfully by CSCs, for it is a fairly simple matter to solicit a colleague when he is in a relaxed, congenial environment.

raise dollars eyeball-to-eyeball when possible



No CSC is effective if it functions solely as a financing committee. As important as money is to the campaign, money is spent only in the effort to win votes.

Every member of the CSC should serve as a volunteer.

Physicians — regardless of their demanding schedules — can work at opinion-making. Their wives can take on a variety of volunteer jobs essential to the campaign's success.

There are four cardinal rules for setting up volunteer projects:

1. Gear them to the candidate's needs as determined by the campaign manager.
2. Get the campaign manager's specific approval first.
3. Make them realistic in terms of available personnel, talent and time.
4. Set a time schedule and deadline for each project and assign specific responsibility for coordination and follow-through.

Here are five things the busiest physician can do:

1. Fund-raising. This is not an elective. It is required in the curriculum of candidate support.
2. Helping the candidate get exposure before key community groups—medical society meetings, hospital staffs, service clubs, social organizations, etc.
3. Letter-writing on an organized basis.
4. Literature distribution, in the outer office, the consultation room, or person-to-person when an opportunity presents itself.
5. Bumper stickers, lawn signs, the wearing of a button—none of these demand a physician's time.

wanted: women willing to work for better government

Women can undertake projects like these:

1. A campaign to see that every physician and physician's wife within the district is registered to vote.
2. A telephone campaign on election day to see that every physician and physician's wife actually votes.
3. An absentee ballot program for shut-ins.
4. The DIAL home-based telephone campaign.
5. V. I. P. —Volunteers In Polling—where indicated.
6. Recruitment of campaign volunteers in the candidate's behalf.
7. Recruitment of office-trained personnel for campaign headquarters, particularly skilled typists. Often the Medical Assistants Association can help out here.
8. Coffees, if the candidate wants them.
9. Distribution of campaign literature to physicans, along with bumper stickers, buttons, lawn signs or whatever else is available.
10. Organization of volunteer teams to work on designated days in campaign headquarters.

It goes without saying that women who will undertake precinct work, research, typing, poll watching or any other such activity for the candidate or his party will be warmly welcomed.

Women do 80 per cent of the work in most campaigns. They are absolutely essential to the success of the CSC.

The physician's wife who serves on the executive committee of the CSC becomes, for all practical purposes, the committee's director of women's activities.

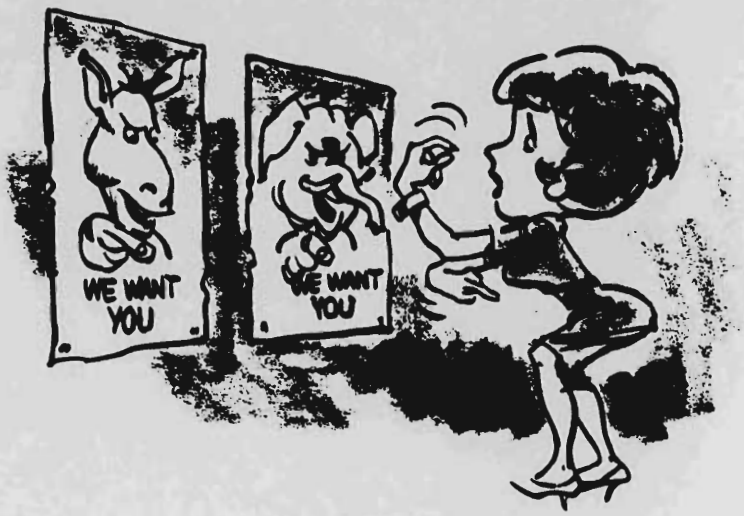
Her job is vital to the CSC's effectiveness, so she should be chosen with particular care.

The projects she undertakes must be practical, planned, officially approved, realistic, and carefully explained to the women who will work at them.

Liaison with the campaign manager, or someone he designates, should be regular and frequent.

The women working on the CSC must also remember that they, too, are opinion-makers and that they should talk it up for the candidate at every available opportunity.

directing women's activities is a key job



Winning votes is essentially a matter of asking for them. That's what a campaign is all about. But the candidate obviously cannot do all the asking personally. So he uses direct mail, the mass media, and his campaign organization to help him ask.

The members of the CSC can also help him—substantially, if they go about it right—because they qualify as opinion-makers. They are usually well-liked and respected within the community.

They needn't talk issues. They simply seize every convenient occasion to express a favorable opinion of the candidate.

AMPAC has a simple, easy-to-read pamphlet on opinion-making; and a 30-minute film as well. Every member of the CSC should see the film and read the pamphlet early in the campaign.

For opinion-making is one of the most effective activities available in candidate support. And it wins votes.

Summary

Keep the executive committee small—five at most. Choose its members carefully. Assess its potential, in terms of volunteers and money, before calling on the candidate.

Get off on the right foot by talking frankly and fully with the candidate at the initial meeting. Take on no project that can't be handled properly, and deliver on commitments made.

Set fund-raising quotas realistically and try to exceed them. Establish a deadline. Raise the bulk of the candidate support funds within the district. Solicit personally—don't depend on letter-writing. Follow the reporting procedures and fiscal controls recommended by the campaign's legal counsel.

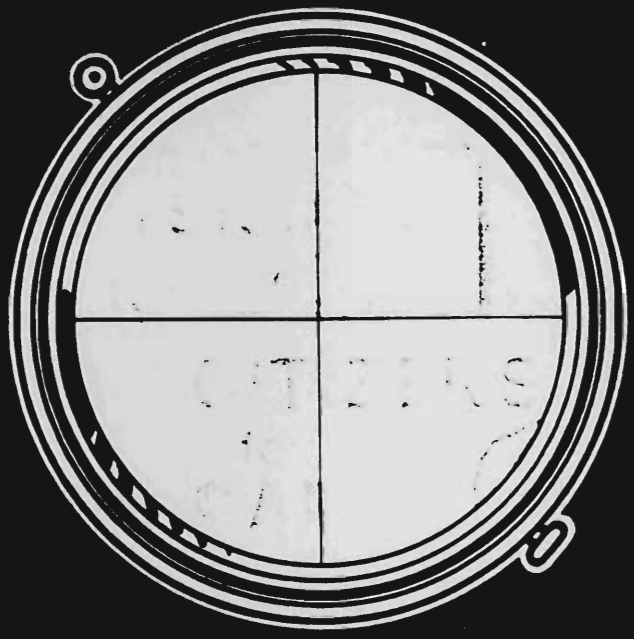
Get started early so that dollars are available to the candidate early. Do not commit the CSC to a financial quota prematurely, and do not promise the candidate supplementary funds from the State PAC or AMPAC.

Every CSC member should do some volunteer work, but the women will handle most of it.

Work out volunteer projects with the campaign manager; don't bite off more than you can chew; delegate clearly the person responsible for follow-up; set and meet deadlines; maintain campaign discipline; choose practical, planned and realistic projects if you expect women to handle them properly and happily; and remember that every member of the candidate support committee—physician or physician's wife—is an opinion maker.

SMALL EXEC. COMMITTEE
FRANK TALK
REALISTIC QUOTAS
EARLY START
VOLUNTEERS
PROJECTS

FOCUS



on Candidate Support Committees

AMPAC

Government EXHIBIT #17
NAME Prosz N.P. Stulla
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Why Political Action

Congress and the state legislature make laws which govern people's lives and professions. Because your Congressman and your legislator represent you in the law-making body, then he in effect works for you and is accountable to you. He should be, and is, far more accountable to you than to any lobby, whether in Washington or your state capitol.

When the Congress passes a law with which you do not agree, you are angry and frustrated. However, those two emotions do you no good. The law has already been passed. Rarely is one repealed. On the other hand, when Congress refuses to pass a law which you are against, or when it does pass a law which you are for, you are pleased and relieved.

One way in which to affect the course of legislation is to communicate with the lawmaker and let him know how you feel on the issues. He, in turn, will communicate with you, advising you of the status of certain issues, and informing you of his position on the issues.

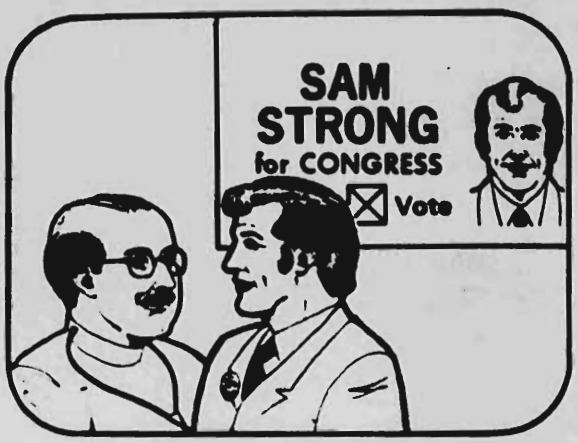
The most effective method of insuring the passage of good legislation is to elect good legislators. Laws are made in the voting booth on election day every two years. They are not made in legislative session, since the kind of man elected determines the course of future legislation. If you elect a legislator who is willing to listen to you, you may not convince him, but at least you will be heard. However, a legislator who is predisposed against you will not hear your case.

Electing the best man means a great deal of effort and organization. There is no substitute for hard work when you hope to elect your candidate. Not even campaign contributions can overcome the dedicated and systematic work of large numbers of individuals in a campaign.

Two Ways To Participate Politically

You, as a member of the medical community, have two alternative vehicles to elect the best candidate for Congress. You can get involved in the political party of your choice, and you can become involved in medical candidate support activity.

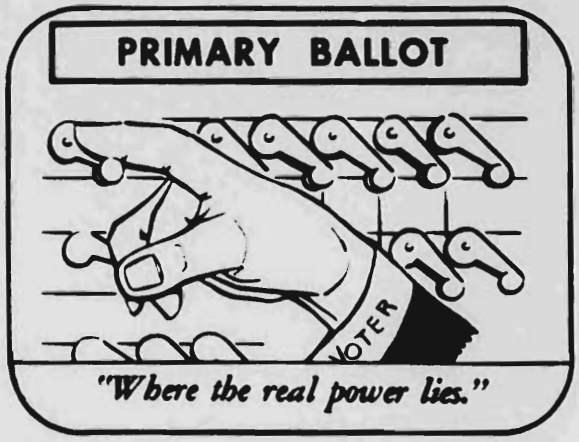
Political parties are the traditional vehicle for nominating and electing the right candidate. The nomination of the right candidate is of utmost importance. Nominating the best man helps the political party because the party can be proud of its choice. Also, people are drawn to a party that has outstanding people carrying its banner. A candidate who wants to become the nominee must start early and have the strong support of the party. In this way, he should win the nomination



over all opponents and perhaps even eliminate the competition by his strong backing. The nominating process is just as important as the general election and should be considered a prime activity for physicians and spouses.

New campaign financing trends give state and national political parties more potential for helping candidates. And, with limitations on campaign spending, it is more important than ever that the right candidate have solid support in the primary, as well as in the general election.

Another way that you, as a member of the medical community, can play a major role in electing a candidate is through group action with your medical colleagues. The medical candidate support committee, and any medical candidate support activity, provides double identification for the physician. One, the medical candidate support committee identifies the physician as a politically-active individual. And, two, the medical candidate support committee aligns the physician with his medical colleagues and gives political identity to the medical community.

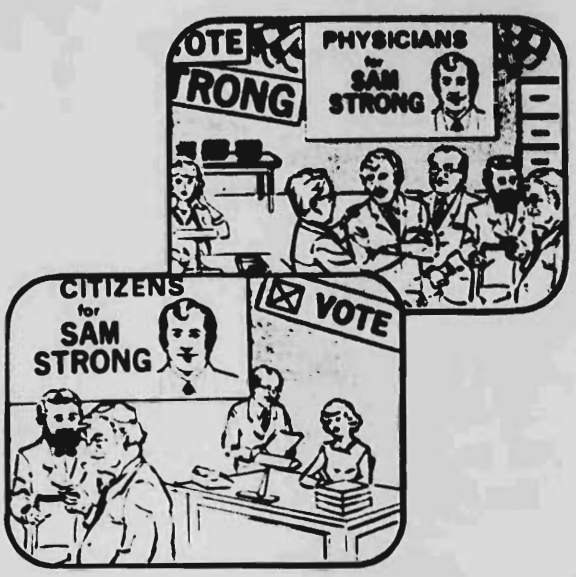


Two Types Of Medical Candidate Support

Medical candidate support has evolved into two methods of political activity.

First, medical candidate support may take on the attributes of a structured committee. Physicians work with the medical community as a professional political precinct, much the same way a precinct captain works his geographical precinct.

Second, medical candidate support may mean a group of physicians and spouses who support a candidate within the framework of the existing campaign structure.

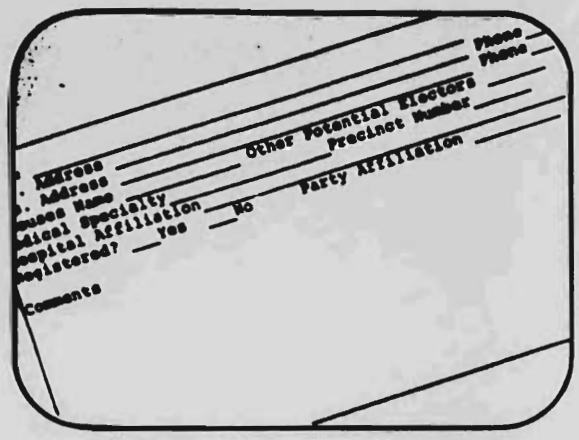


The Medical Profession As A Precinct

The medical candidate support committee is a group of physicians, spouses, and others working together, within the profession, to help elect a candidate. The method of operating the medical candidate support committee is the same as the method of conducting precinct work for the candidate. The difference lies in that a precinct is a geographical area and the medical profession is scattered around the district.

The first step in forming a medical candidate support committee is to decide which candidate is the best candidate and the one whom the medical community would support. In making this decision, the state PAC Board leaders in your state and your district should be consulted.

A group of physicians and spouses decide which candidate would be best for the job. It is the medical candidate support committee's job to decide upon the best method of getting the most votes for the candidate from the medical community.



This group obtains a list of all the physicians in the district. One source for this list might be the yellow pages. Or, perhaps the county or state medical society would have such a list available.

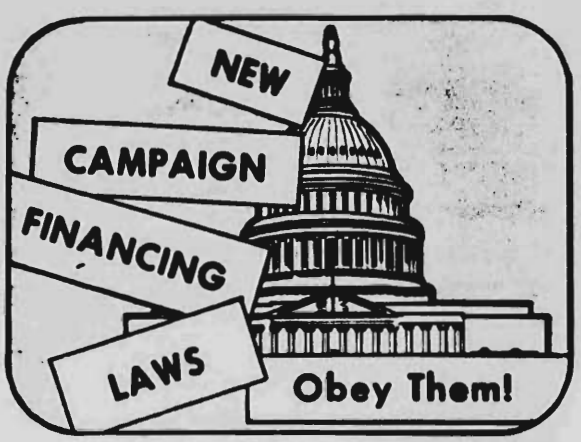
The medical candidate support committee transfers the list to reference cards, one physician household per card. The card should include the physician's name, the spouse's name, office and home address, office and home phone numbers, medical specialty, hospital affiliation, voter registration status, party affiliation, voting precinct, and other adult members of the household and ample space for notes.

Each member of the medical candidate support committee takes as his or her assignment a certain number of physicians in the district to contact. As a result of that contact they should find out four facts.

1. Are the physician and spouse registered? It is easier to obtain a list of registered voters and ascertain this fact before the first contact is made. Many times people think they are registered when they are not.
2. Will they vote for the candidate?
3. Will they contribute to the candidate?
4. Will they volunteer to work for the candidate?

WRITING A LETTER TO THE PHYSICIANS IN THE DISTRICT

If the number of physicians is high in the congressional district, sometimes the medical candidate



"REGISTER THE PHYSICIAN FAMILIES"

"THANK-YOU LETTERS TO CONTRIBUTORS"

"PUT VOLUNTEERS TO WORK"

"REMIND THEM TO VOTE"

support committee sends a letter to each physician household in the district.

The letter should be brief, concise and direct.

The letter should be positive about the candidate and ignore the opponent.

The letter should begin with the name of the candidate, the office he is seeking and the date of the election.

The letter should not ask for a specific contribution amount, but should inform the physician that federal law prohibits a person from contributing more than $1,000 to any campaign for federal office. The primary, primary run-off and general election are considered three separate campaigns.

The letter should ask that checks be made payable to the candidate's official campaign fund and not to the medical candidate support committee.

The letter should reflect the general tone of the campaign plan and should reinforce the central theme of the campaign strategy.

CONTACTING THE PHYSICIANS IN THE DISTRICT

All those who do not respond to the letter should be contacted within two weeks after the mailing. The results of the letter plus the personal contacts should be noted on the reference cards. For example, a contribution should be noted, its date and amount; an offer of volunteer work should be noted, as well as the registration status and whether or not the physician and spouse have indicated they will vote for the candidate.

After each physician household is contacted, the cards should be divided into categories for follow-up work.

1. See that the non-registered physician family members register, if they are for the candidate.
2. See that contributors receive thank-you letters from the candidate and from the medical candidate support committee.
3. See that volunteers are put to work. Nothing is worse than asking people to volunteer when no specific plans have been made to put them to effective use. The medical candidate support committee should have specific jobs for volunteers who want to work. Also, the medical candidate support committee should be in touch with the candidate's campaign headquarters, so that specific details can be furnished to those persons who want to volunteer at campaign headquarters.
4. All those who have said they will vote for the candidate should be reminded to vote. They should be reminded twice, once prior to election day, and once on election day.

When follow up work is complete, assignments should be made for election day. The medical candidate support committee's job is not complete until every favorable physician and spouse are registered, and have voted on election day.

Medical Candidate Support Within The Candidate's Organization

There is an alternative way to help the candidate, without having the formal structure of a Chairman, a letterhead and the professional precinct. Physicians and spouses can support a candidate within the campaign organization. This is not as effective as the structured medical candidate support committee, but it can prove worthwhile in the overall campaign effort.

A group of physicians and spouses decide to support a candidate, and ascertain that the majority of medical professionals are also behind that candidate. They contact the campaign manager and tell him they want to be involved in the campaign, and hope to recruit other medical colleagues in the campaign. The campaign manager decides to put their talents and professional identity to work for the candidate.

1. Physicians' spouses may volunteer to do precinct work for the candidate. They might take responsibility for providing volunteers for campaign headquarters one day a week.
2. Physicians and spouses could host social functions to raise money for the candidate and recruit volunteers for his campaign.
3. Physicians and spouses could furnish the campaign with research and insight on issues, especially in the field of health.
4. Physicians and spouses could serve in key areas of the campaign, such as on the candidate's steering committee, on his campaign staff, or as volunteer coordinators.
5. Physicians should write to their patients in support of the candidate.
6. Physicians should talk with their patients about the candidate; or, place campaign literature in their waiting rooms.
7. Physicians should be part of a project for opinion makers in the community to write to priority precincts in support of the candidate.

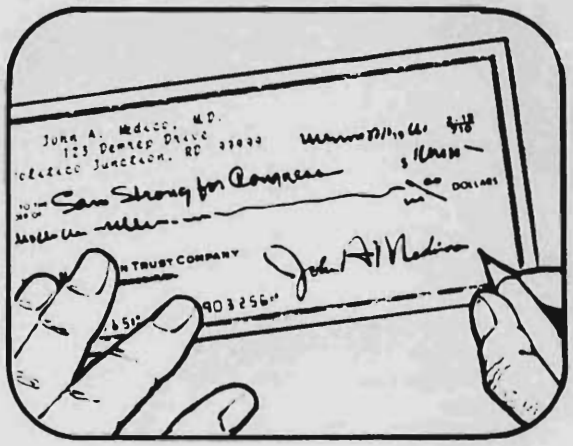
Some Political Basics

Successful political action requires knowledge in practical politics. Although there is no substitute for learning on the job, there are a few axioms which, if followed, make the individual more effective in the political spectrum.

1. Adopt a realistic perspective. Successful politics calls for clear vision, straight thinking and objective scrutiny. Successful political leaders waste no time in philosophizing and wishful thinking. They are practical and take action.
2. Don't expect the candidate you support to agree with you on every issue. It is better to elect a candidate who will listen to you half the time, than to allow, by your inactivity, a candidate to be elected who will never listen to you.

3. An incumbent has certain advantages over a challenger. When you support a friendly incumbent, even if he is a sure winner, help him attain the widest vote margin possible. Conversely, when working against an unfriendly incumbent, try to win the election by as wide a vote margin as possible. Wide vote margins add to the incumbent's solidarity in office, and make the next election easier. Narrow vote margins make any incumbent vulnerable to defeat in the next election. The widest vote margin possible is good campaign insurance.

4. Early campaign funds are more important to a campaign than funds received at any other time during the election. Early campaign funds allow the candidate to get his campaign off to a good start, and to raise even more funds. Early funds allow the campaign to reach a potential broad base of support.

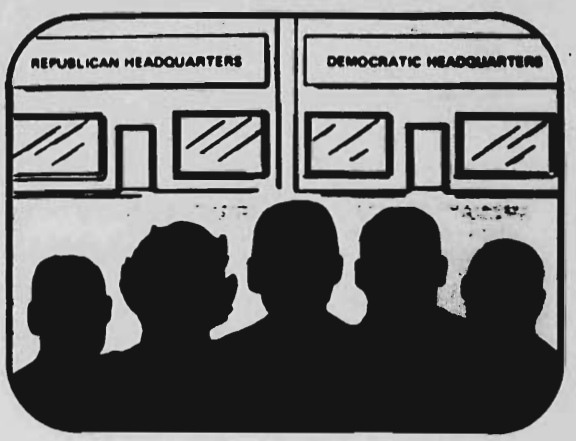


5. A paid campaign manager, with adequate, professional staffing, is the key to campaign victory. As a rule, campaigns with competent professional campaign management will be victorious over campaigns run by volunteers and a skeleton campaign organization.

6. Recent federal legislation adds to the regulations already placed on the operation of campaigns. If you are involved in any federal campaign, make sure you are familiar with the law governing the conduct of federal campaigns. If you are involved in a state legislative race, make sure you know the state law concerning the conduct of elections.

You Are Vital

The thrust of legislation regulating campaign spending and conduct is to reduce the importance of contributions in a campaign and to increase the importance of people. Whether you agree with the



legislation or not, its intent is to discourage the influence of large contributions, and to encourage large numbers of people to be involved in political campaigns. While some argue the legislation does not do what was intended, the fact remains that the American political system is crying out for more people to be involved in political campaigns.

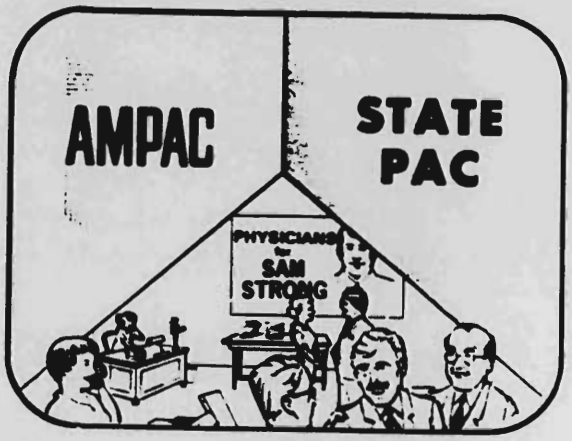
You are vital.

AMPAC and the state PACs urge you to become involved in the political party of your choice, at the highest level you can achieve.

AMPAC and the state PACs offer you a political alternative in the medical candidate support committee. The medical candidate support committee fulfills your citizenship obligations, and allows you to work with members of your profession to elect the congressional and legislative representative of your choice.

Join AMPAC and your state PAC, and start a medical candidate support committee in your congressional or legislative district. Begin now for the next election.

For additional information on effective candidate support activity, please write to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.



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ALABAMA

Senators	Rm. No. & Bldg.	Ext. No.
John J. Sparkman (D)	3203 DSOB	4124
James B. Allen (D)	6205 DSOB	5744

Representatives

1. Jack Edwards (R)	2439 RHOB	4931
2. William L. Dickinson (R)	2436 RHOB	2901
3. Bill Nichols (D)	2417 RHOB	3261
4. Tom Bevill (D)	2305 RHOB	4876
5. Robert E. Jones, Jr. (D)	2426 RHOB	4801
6. John H. Buchanan (R)	2159 RHOB	4921
7. Walter W. Flowers (D)	401 CHOB	2665

ALASKA

Senators

Theodore F. Stevens (R)	411 RSOB	3004
Mike Gravel (D)	3317 DSOB	6665

Representative (At Large)

Don Young (R)	1210 LHOB	5765

ARIZONA

Senators

Paul J. Fannin (R)	3121 DSOB	4521
Barry Goldwater (R)	427 RSOB	2235

Representatives

1. John J. Rhodes (R)	2310 RHOB	2635
2. Morris K. Udall (D)	1424 LHOB	4065
3. Sam Steiger (R)	2432 RHOB	4576
4. John B. Conlan (R)	130 CHOB	3361

ARKANSAS

Senators

John L. McClellan (D)	3241 DSOB	2353
Dale Bumpers (D)	6313 DSOB	4843

Representatives

1. William V. Alexander (D)	227 CHOB	4076

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	Rm. No. & Bldg.	Ext. No.
2. Wilbur D. Mills (D)	1136 LHOB	2506
3. John P. Hammerschmidt (R)	2453 RHOB	4301
4. Ray Thornton (D)	1109 LHOB	3772

CALIFORNIA

Senators

Alan Cranston (D)	452 RSOB	3553
John V. Tunney (D)	6221 DSOB	3841

Representatives

1. Harold T. Johnson (D)	2347 RHOB	3076
2. Don H. Clausen (R)	2433 RHOB	3311
3. John E. Moss (D)	2354 RHOB	7163
4. Robert Leggett (D)	2263 RHOB	5716
5. John L. Burton (D)	1513 LHOB	5161
6. Phillip Burton (D)	2454 RHOB	4965
7. George Miller (D)	1532 LHOB	5511
8. Ronald V. Dellums (D)	1417 LHOB	2661
9. Fortney H. Stark (D)	1034 LHOB	5065
10. Don Edwards (D)	2240 RHOB	3072
11. Leo J. Ryan (D)	119 CHOB	3531
12. Paul N. McCloskey, Jr. (R)	205 CHOB	5411
13. Norman Mineta (D)	510 CHOB	2631
14. John J. McFall (D)	2346 RHOB	2511
15. B. F. Sisk (D)	2217 RHOB	6131
16. Burt Talcott (R)	1536 LHOB	2861
17. John Krebs (D)	435 CHOB	3341
18. William M. Ketchum (R)	413 CHOB	2915
19. Robert Lagomarsino (R)	1319 LHOB	3601
20. Barry M. Goldwater, Jr. (R)	1421 LHOB	4461
21. James C. Corman (D)	2252 RHOB	5811
22. Carlos J. Moorhead (R)	1208 LHOB	4176
23. Thomas M. Rees (D)	1112 LHOB	5911
24. Henry A. Waxman (D)	1721 LHOB	3976
25. Edward R. Roybal (D)	2404 RHOB	6235
26. John H. Rousselot (R)	1706 LHOB	4206
27. Alphonzo Bell (R)	2329 RHOB	6451
28. Yvonne B. Burke (D)	336 CHOB	7084
29. Augustus F. Hawkins (D)	2350 RHOB	2201
30. George E. Danielson (D)	312 CHOB	5464
31. Charles H. Wilson (D)	2335 RHOB	5425
32. Glenn M. Anderson (D)	1230 LHOB	6676
33. Del Clawson (R)	2349 RHOB	357[illegible]

California Continued	Rm. No. & Bldg.	Ext. No.
34. Mark W. Hannaford (D)	315 CHOB	2415
35. Jim Lloyd (D)	222 CHOB	2305
36. George E. Brown, Jr. (D)	2342 RHOB	6161
37. Shirley Pettis (R)	1021 LHOB	5861
38. Jerry Patterson (D)	507 CHOB	2965
39. Charles E. Wiggins (R)	2445 RHOB	4111
40. Andrew J. Hinshaw (R)	1128 LHOB	5611
41. Bob Wilson (R)	2307 RHOB	3201
42. Lionel Van Deerlin (D)	2427 RHOB	5672
43. Clair W. Burgener (R)	316 CHOB	3906

COLORADO

Senators

Floyd K. Haskell (D)	4104 DSOB	5941
Gary Hart (D)	6327 DSOB	5852

Representatives

1. Patricia Schroeder (D)	1131 LHOB	4431
2. Timothy E. Wirth (D)	516 CHOB	2161
3. Frank E. Evans (D)	2443 RHOB	4761
4. James P. Johnson (R)	129 CHOB	4676
5. William L. Armstrong (R)	223 CHOB	4422

CONNECTICUT

Senators

Abraham A. Ribicoff (D)	337 RSOB	2823
Lowell P. Weicker, Jr. (R)	342 RSOB	4041

Representatives

1. William R. Cotter (D)	213 CHOB	2265
2. Christopher J. Dodd (D)	429 CHOB	2076
3. Robert N. Giaimo (D)	2265 RHOB	3661
4. Stewart B. McKinney (R)	504 CHOB	5541
5. Ronald A. Sarasin (R)	229 CHOB	3822
6. Anthony Moffett (D)	1008 LHOB	4476

DELAWARE

Senators

William V. Roth (R)	4327 DSOB	2441
Joseph R. Biden, Jr. (D)	440 RSOB	5042

Representative (At Large)

Pierre S. duPont, IV (R)	127 CHOB	4165

FLORIDA

Senators

	Rm. No. & Bldg.	Ext. No.
Lawton Chiles (D)	21[illegible] DSOB	5274
Richard Stone (D)	13[illegible] DSOB	30[illegible]

Representatives

1. Robert L. F. Sikes (D)	22[illegible] RHOB	[illegible]
2. Don Fuqua (D)	22[illegible] RHOB	5235
3. Charles E. Bennett (D)	21[illegible] RHOB	250[illegible]
4. William V. Chappell (D)	112[illegible] LHOB	[illegible]
5. Richard Kelly (R)	113[illegible] LHOB	2176
6. C. W. Bill Young (R)	34[illegible] CHOB	5961
7. Sam Gibbons (D)	216[illegible] RHOB	3376
8. James A. Haley (D)	123[illegible]	[illegible]
9. Louis Frey, Jr. (R)	21[illegible]	[illegible]
10. L. A. (Skip) Bafalis (R)	40[illegible] CHOB	2536
11. Paul G. Rogers (D)	240[illegible] RHOB	3[illegible]
12. J. Herbert Burke (R)	2442 LHOB	30[illegible]
13. William Lehman (D)	424 RHOB	4[illegible]
14. Claude Pepper (D)	2239 RHOB	3[illegible]
15. Dante B. Fascell (D)	2160 RHOB	4[illegible]

GEORGIA

Senators

Herman E. Talmadge (D)	109 R	
Sam Nunn (D)	110 R	

Representatives

1. Bo Ginn (D)	508 C[illegible]	
2. Dawson Mathis (D)	236 C[illegible]	
3. Jack Brinkley (D)	2412 R[illegible]	
4. Elliott H. Levitas (D)	506 [illegible]	
5. Andrew Young (D)	332 [illegible]	
6. John J. Flynt, Jr. (D)	211[illegible]	
7. Larry McDonald (D)	164[illegible]	
8. W. S. (Bill) Stuckey (D)	224[illegible]	
9. Phil M. Landrum (D)	230[illegible]	
10. Robert G. Stephens, Jr. (D)	2410 R[illegible]	

HAWAII

Senators

Hiram L. Fong (R)	2121 DS[illegible]	

Kansas Continued

	Rm. No. & Bldg.	Ext. No.
2. Martha Keys (D)	1207 LHOB	6601
3. Larry Winn, Jr. (R)	2430 RHOB	2865
4. Garner E. Shriver (R)	2209 RHOB	6216
5. Joe Skubitz (R)	2211 RHOB	3911

KENTUCKY

Senators

Walter Huddleston (D)	3327 DSOB	2541
Wendell H. Ford (D)	2104 DSOB	4343

Representatives

1. Carroll Hubbard, Jr. (D)	423 CHOB	3115
2. William H. Natcher (D)	2333 RHOB	3501
3. Romano L. Mazzoli (D)	1212 LHOB	5401
4. M. G. Snyder (R)	2330 RHOB	3465
5. Tim Lee Carter (R)	2441 RHOB	4601
6. John Breckinridge (D)	125 CHOB	4706
7. Carl D. Perkins (D)	2365 RHOB	4935

LOUISIANA

Senators

Russell B. Long (D)	217 RSOB	4623
J. Bennett Johnston, Jr. (D)	432 RSOB	5824

Representatives

1. F. Edward Hébert (D)	2340 RHOB	3015
2. Lindy (Mrs. Hale) Boggs (D)	1519 LHOB	6636
3. David C. Treen (R)	404 CHOB	4031
4. Joe D. Waggonner, Jr. (D)	221 CHOB	2777
5. Otto E. Passman (D)	2108 RHOB	2376
6. W. Henson Moore (R)	427 CHOB	3901
7. John B. Breaux (D)	204 CHOB	2031
8. Gillis W. Long (D)	215 CHOB	4926

MAINE

Senators

Edmund S. Muskie (D)	145 RSOB	5344
William D. Hathaway (D)	248 RSOB	2523

Representatives

1. David F. Emery (R)	425 CHOB	6116

Maine Continued

	Rm. No. & Bldg.	Ext. No.
2. William S. Cohen (R)	412 CHOB	6306

MARYLAND

Senators

Charles McC. Mathias, Jr. (R)	358 RSOB	4654
J. Glenn Beall, Jr. (R)	362 RSOB	4524

Representatives

1. Robert E. Bauman (R)	118 CHOB	5311
2. Clarence D. Long (D)	2421 RHOB	3061
3. Paul S. Sarbanes (D)	317 CHOB	4016
4. Marjorie S. Holt (R)	1510 LHOB	8090
5. Gladys Noon Spellman (D)	1117 LHOB	4131
6. Goodloe E. Byron (D)	1730 LHOB	2721
7. Parren J. Mitchell (D)	414 CHOB	4741
8. Gilbert Gude (R)	104 CHOB	5341

MASSACHUSETTS

Senators

Edward M. Kennedy (D)	431 RSOB	4543
Edward W. Brooke (R)	421 RSOB	2742

Representatives

1. Silvio O. Conte (R)	239 CHOB	5335
2. Edward P. Boland (D)	2111 RHOB	5601
3. Joseph D. Early (D)	1032 LHOB	6101
4. Robert F. Drinan (D)	224 CHOB	5931
5. Paul E. Tsongas (D)	419 CHOB	3411
6. Michael Harrington (D)	405 CHOB	8020
7. Torbert H. Macdonald (D)	2470 RHOB	2836
8. Thomas P. O'Neill, Jr. (D)	2231 RHOB	5111
9. John Moakley (D)	238 CHOB	8273
10. Margaret M. Heckler (R)	343 CHOB	4335
11. James A. Burke (D)	241 CHOB	3215
12. Gerry E. Studds (D)	1511 LHOB	3111

MICHIGAN

Senators

Philip A. Hart (D)	253 RSOB	4822
Robert P. Griffin (R)	353 RSOB	6221

Representatives

1. John Conyers, Jr. (D)	2444 RHOB	5126

Michigan Continued	Rm. No. & Bldg.	Ext. No.
2. Marvin L. Esch (R)	2353 RHOB	4401
3. Garry Brown (R)	2446 RHOB	5011
4. Edward Hutchinson (R)	2336 RHOB	3761
5. Richard F. Vander Veen (D)	1232 LHOB	3831
6. Bob Carr (D)	1608 LHOB	4872
7. Donald W. Riegle, Jr. (D)	438 CHOB	3611
8. Bob Traxler (D)	1526 LHOB	2806
9. Guy Vander Jagt (R)	1203 LHOB	3511
10. Elford A. Cederberg (R)	2306 RHOB	3561
11. Philip E. Ruppe (R)	203 CHOB	4735
12. James G. O'Hara (D)	2262 RHOB	2106
13. Charles C. Diggs, Jr. (D)	2208 RHOB	2261
14. Lucien N. Nedzi (D)	2418 RHOB	6276
15. William D. Ford (D)	2238 RHOB	6261
16. John D. Dingell (D)	2210 RHOB	4071
17. William M. Brodhead (D)	416 CHOB	4961
18. James J. Blanchard (D)	515 CHOB	2101
19. William S. Broomfield (R)	2435 RHOB	6135

MINNESOTA

Senators

Walter F. Mondale (D)	443 RSOB	5641
Hubert H. Humphrey (D)	232 RSOB	3244

Representatives

1. Albert H. Quie (R)	2182 RHOB	2271
2. Tom Hagedorn (R)	325 CHOB	2472
3. Bill Frenzel (R)	1026 LHOB	2871
4. Joseph E. Karth (D)	2408 RHOB	6631
5. Donald M. Fraser (D)	1111 LHOB	4755
6. Richard Nolan (D)	1107 LHOB	2331
7. Bob Bergland (D)	1414 LHOB	2165
8. James L. Oberstar (D)	323 CHOB	6211

MISSISSIPPI

Senators

James O. Eastland (D)	2241 DSOB	5054
John Stennis (D)	205 RSOB	6253

Representatives

1. Jamie L. Whitten (D)	2413 RHOB	4306
2. David R. Bowen (D)	116 CHOB	5876

Mississippi Continued	Rm. No. & Bldg.	Ext. No.
3. G. V. (Sonny) Montgomery (D)	2367 RHOB	5031
4. Thad Cochran (R)	212 CHOB	5865
5. Trent Lott (R)	308 CHOB	5772

MISSOURI

Senators

Stuart Symington (D)	229 RSOB	6154
Thomas F. Eagleton (D)	6235 DSOB	5721

Representatives

1. William L. Clay (D)	328 CHOB	2406
2. James W. Symington (D)	307 CHOB	2561
3. Leonor K. Sullivan (D)	2221 RHOB	2671
4. William J. Randall (D)	2469 RHOB	2876
5. Richard Bolling (D)	2465 RHOB	4535
6. Jerry Litton (D)	1502 LHOB	7041
7. Gene Taylor (R)	1114 LHOB	6536
8. Richard H. Ichord (D)	2402 RHOB	5155
9. William L. Hungate (D)	2437 RHOB	2956
10. Bill D. Burlison (D)	1338 LHOB	4404

MONTANA

Senators

Mike Mansfield (D)	133 RSOB	2644
Lee Metcalf (D)	1121 DSOB	2651

Representatives

1. Max S. Baucus (D)	226 CHOB	3211
2. John Melcher (D)	1224 LHOB	1555

NEBRASKA

Senators

Roman L. Hruska (R)	209 RSOB	6551
Carl T. Curtis (R)	2213 DSOB	4224

Representatives

1. Charles Thone (R)	1524 LHOB	4806
2. John Y. McCollister (R)	217 CHOB	4155
3. Virginia Smith (R)	1005 LHOB	6435

NEVADA

Senators	Rm. No. & Bldg.	Ext. No.
Howard W. Cannon (D)	259 RSOB	6244
Paul Laxalt (R)	326 RSOB	3542

Representative (At Large)

Jim Santini (D)	1408 LHOB	5965

NEW HAMPSHIRE

Senators

Thomas J. McIntyre (D)	1215 DSOB	2841
John A. Durkin (D)	1409 DSOB	3324

Representatives

1. Norman E. D'Amours (D)	1330 LHOB	5456
2. James C. Cleveland (R)	2246 RHOB	5206

NEW JERSEY

Senators

Clifford P. Case (R)	315 RSOB	3224
Harrison A. Williams, Jr. (D)	352 RSOB	4744

Representatives

1. James J. Florio (D)	1725 LHOB	6501
2. William J. Hughes (D)	327 CHOB	6572
3. James J. Howard (D)	2245 RHOB	4671
4. Frank Thompson, Jr. (D)	2109 RHOB	3765
5. Millicent Fenwick (R)	1610 LHOB	7300
6. Edwin B. Forsythe (R)	331 CHOB	4765
7. Andrew Maguire (D)	1314 LHOB	4465
8. Robert A. Roe (D)	1007 LHOB	5751
9. Henry Helstoski (D)	2331 RHOB	5061
10. Peter W. Rodino, Jr. (D)	2462 RHOB	3436
11. Joseph G. Minish (D)	2162 RHOB	5035
12. Matthew J. Rinaldo (R)	314 CHOB	5361
13. Helen S. Meyner (D)	126 CHOB	5801
14. Dominick V. Daniels (D)	2370 RHOB	2765
15. Edward J. Patten (D)	2332 RHOB	6301

NEW MEXICO

Senators

Joseph M. Montoya (D)	5229 DSOB	5521

New Mexico Continued

	Rm. No. & Bldg.	Ext. No.
Pete V. Domenici (R)	4107 DSOB	6621

Representatives

1. Manuel Lujan (R)	1323 LHOB	6316
2. Harold L. Runnels (D)	1535 LHOB	2365

NEW YORK

Senators

Jacob K. Javits (R)	321 RSOB	6542
James L. Buckley (CR)	304 RSOB	4451

Representatives

1. Otis G. Pike (D)	2428 RHOB	3826
2. Thomas J. Downey (D)	1019 LHOB	3335
3. Jerome Ambro, Jr. (D)	1313 LHOB	3865
4. Norman F. Lent (R)	428 CHOB	7896
5. John W. Wydler (R)	2334 RHOB	5516
6. Lester L. Wolff (D)	2463 RHOB	5956
7. Joseph P. Addabbo (D)	2440 RHOB	3461
8. Benjamin S. Rosenthal (D)	2372 RHOB	2601
9. James J. Delaney (D)	2267 RHOB	3965
10. Mario Biaggi (D)	211 CHOB	2464
11. James H. Scheuer (D)	2438 RHOB	5471
12. Shirley Chisholm (D)	123 CHOB	6231
13. Stephen J. Solarz (D)	1228 LHOB	2361
14. Frederwick W. Richmond (D)	1533 LHOB	5936
15. Leo C. Zeferetti (D)	1726 LHOB	4105
16. Elizabeth Holtzman (D)	1027 LHOB	6616
17. John M. Murphy (D)	2187 RHOB	3371
18. Edward I. Koch (D)	1126 LHOB	2436
19. Charles B. Rangel (D)	107 CHOB	4365
20. Bella S. Abzug (D)	1507 LHOB	5635
21. Herman Badillo (D)	319 CHOB	4361
22. Jonathan B. Bingham (D)	2241 RHOB	4411
23. Peter A. Peyser (R)	1133 LHOB	5536
24. Richard L. Ottinger (D)	240 CHOB	6506
25. Hamilton Fish, Jr. (R)	409 CHOB	5441
26. Benjamin A. Gilman (R)	1226 LHOB	3776
27. Matthew F. McHugh (D)	1204 LHOB	6335
28. Samuel S. Stratton (D)	2302 RHOB	5076
29. Edward W. Pattison (D)	1127 LHOB	5614
30. Robert C. McEwen (R)	2464 RHOB	4611
31. Donald J. Mitchell (R)	1527 LHOB	3665

New York Continued	Rm. No. & Bldg.	Ext. No.
32. James M. Hanley (D)	106 CHOB	3701
33. William F. Walsh (R)	206 CHOB	3333
34. Frank Horton (R)	2229 RHOB	4916
35. Barber B. Conable, Jr. (R)	2228 RHOB	3615
36. John J. LaFalce (D)	417 CHOB	3231
37. Henry J. Nowak (D)	1223 LHOB	3306
38. Jack F. Kemp (R)	132 CHOB	5265
39. Stanley Lundine (D)		

NORTH CAROLINA

Senators

Jesse A. Helms (R)	5107 DSOB	6342
Robert F. Morgan (D)	1251 DSOB	3154

Representatives

1. Walter B. Jones (D)	201 CHOB	3101
2. L. H. Fountain (D)	2188 RHOB	4531
3. David N. Henderson (D)	235 CHOB	3415
4. Ike F. Andrews (D)	228 CHOB	1784
5. Stephen L. Neal (D)	502 CHOB	2071
6. L. Richardson Preyer (D)	403 CHOB	3065
7. Charles Rose, III (D)	218 CHOB	2731
8. W. G. (Bill) Hefner (D)	1004 LHOB	3715
9. James G. Martin (R)	115 CHOB	1976
10. James T. Broyhill (R)	2227 RHOB	2576
11. Roy A. Taylor (D)	2268 RHOB	6401

NORTH DAKOTA

Senators

Milton R. Young (R)	5205 DSOB	2043
Quentin N. Burdick (D)	451 RSOB	2551

Representative (At Large)

Mark Andrews (R)	2411 RHOB	2611

OHIO

Senators

Robert Taft, Jr. (R)	405 RSOB	2315
John H. Glenn, Jr. (D)	204 RSOB	3353

Representatives

1. Willis D. Gradison, Jr. (R)	1331 LHOB	3164

Ohio Continued	Rm. No. & Bldg.	Ext. No.
2. Donald D. Clancy (R)	2313 RHOB	2216
3. Charles W. Whalen, Jr. (R)	1035 LHOB	6465
4. Tennyson Guyer (R)	114 CHOB	2676
5. Delbert L. Latta (R)	2309 RHOB	6405
6. William H. Harsha (R)	2457 RHOB	5705
7. Clarence J. Brown, Jr. (R)	2242 RHOB	4324
8. Thomas N. Kindness (R)	1440 LHOB	6205
9. Thomas L. Ashley (D)	2406 RHOB	4146
10 Clarence E. Miller (R)	434 CHOB	5131
11. J. William Stanton (R)	2466 RHOB	5306
12. Samuel L. Devine (R)	2206 RHOB	5355
13. Charles A. Mosher (R)	2368 RHOB	3401
14. John F. Seiberling, Jr. (D)	1225 LHOB	5231
15. Chalmers P. Wylie (R)	2447 RHOB	2015
16. Ralph S. Regula (R)	1729 LHOB	3876
17. John M. Ashbrook (R)	1436 LHOB	6431
18. Wayne L. Hays (D)	2264 RHOB	6265
19. Charles J. Carney (D)	1714 LHOB	5261
20. James V. Stanton (D)	103 CHOB	5871
21. Louis Stokes (D)	303 CHOB	7032
22. Charles A. Vanik (D)	2371 RHOB	6331
23. Ronald M. Mottl (D)	1233 LHOB	5731

OKLAHOMA

Senators

Henry Bellmon (R)	125 RSOB	5754
Dewey F. Bartlett (R)	140 RSOB	4721

Representatives

1. James R. Jones (D)	225 CHOB	2211
2. Theodore M. Risenhoover (D)	1407 LHOB	2701
3. Carl Albert (D)	2205 RHOB	4565
4. Tom Steed (D)	2405 RHOB	6165
5. John Jarman (R)	2416 RHOB	2132
6. Glenn English (D)	1108 LHOB	5565

OREGON

Senators

Mark O. Hatfield (R)	463 RSOB	3753
Robert W. Packwood (R)	1317 DSOB	5244

Oregon Continued	Rm. No. & Bldg.	Ext. No.
Representatives		
1. Les AuCoin (D)	329 CHOB	0855
2. Al Ullman (D)	2207 RHOB	5711
3. Robert Duncan (D)	330 CHOB	4811
4. James Weaver (D)	1723 LHOB	6416

PENNSYLVANIA

Senators		
Hugh Scott (R)	260 RSOB	6324
Richard S. Schweiker (R)	347 RSOB	4254
Representatives		
1. William A. Barrett (D)	2304 RHOB	4731
2. Robert N. C. Nix (D)	2201 RHOB	4001
3. William J. Green (D)	2434 RHOB	6271
4. Joshua Eilberg (D)	2429 RHOB	4661
5. Richard T. Schulze (R)	1009 LHOB	5761
6. Gus Yatron (D)	313 CHOB	5546
7. Robert W. Edgar (D)	117 CHOB	2011
8. Edward G. Biester, Jr. (R)	2351 RHOB	4276
9. E. G. Shuster (R)	1110 LHOB	2431
10. Joseph M. McDade (R)	2202 RHOB	3731
11. Daniel J. Flood (D)	108 CHOB	6511
12. John P. Murtha (D)	431 CHOB	2065
13. Lawrence Coughlin (R)	306 CHOB	6111
14. William S. Moorhead (D)	2467 RHOB	2301
15. Fred B. Rooney (D)	2301 RHOB	6411
16. Edwin D. Eshleman (R)	2244 RHOB	2411
17. Herman T. Schneebeli (R)	1336 LHOB	4315
18. H. John Heinz III (R)	324 CHOB	2135
19. William F. Goodling (R)	1713 LHOB	5836
20. Joseph M. Gaydos (D)	301 CHOB	4631
21. John H. Dent (D)	2104 RHOB	5631
22. Thomas E. Morgan (D)	2183 RHOB	4665
23. Albert W. Johnson (R)	2233 RHOB	5121
24. Joseph P. Vigorito (D)	440 CHOB	5406
25. Gary A. Myers (R)	1711 LHOB	2565

RHODE ISLAND

Senators		
John O. Pastore (D)	3215 DSOB	2921
Claiborne Pell (D)	325 RSOB	4642

Rhode Island Continued	Rm. No. & Bldg.	Ext. No.
Representatives		
1. Fernand J. St. Germain (D)	2136 RHOB	4911
2. Edward P. Beard (D)	131 CHOB	2735

SOUTH CAROLINA

Senators		
Strom Thurmond (R)	4241 DSOB	5972
Ernest F. Hollings (D)	437 RSOB	6121
Representatives		
1. Mendel J. Davis (D)	230 CHOB	3176
2. Floyd Spence (R)	120 CHOB	2452
3. Butler Derrick (D)	415 CHOB	5301
4. James R. Mann (D)	1214 LHOB	6030
5. Kenneth L. Holland (D)	511 CHOB	5501
6. John W. Jenrette, Jr. (D)	426 CHOB	3315

SOUTH DAKOTA

Senators		
George McGovern (D)	2313 DSOB	2321
James Abourezk (D)	1105 DSOB	5842
Representatives		
1. Larry Pressler (D)	1238 LHOB	2801
2. James Abdnor (R)	1227 LHOB	5165

TENNESSEE

Senators		
W. E. (Bill) Brock (R)	254 RSOB	3344
Howard H. Baker, Jr. (R)	4123 DSOB	4944
Representatives		
1. James H. (Jimmy) Quillen (R)	102 CHOB	6356
2. John J. Duncan (R)	2458 RHOB	5435
3. Marilyn Lloyd (D)	1017 LHOB	3271
4. Joe L. Evins (D)	2300 RHOB	4231
5. Clifford Allen (D)	1039 LHOB	4311
6. Robin L. Beard (R)	124 CHOB	2811
7. Ed Jones (D)	407 CHOB	4714
8. Harold E. Ford (D)	1609 LHOB	3265

TEXAS

Senators	Rm. No. & Bldg.	Ext. No.
John G. Tower (R)	142 RSOB	2934
Lloyd M. Bentsen (D)	240 RSOB	5922

Representatives

1. Wright Patman (D)	2328 RHOB	3035
2. Charles Wilson (D)	1504 LHOB	2401
3. James M. Collins (R)	2419 RHOB	4201
4. Ray Roberts (D)	2455 RHOB	6673
5. Alan Steelman (R)	437 CHOB	2231
6. Olin E. Teague (D)	2311 RHOB	2002
7. Bill Archer (R)	1024 LHOB	2571
8. Bob Eckhardt (D)	1741 LHOB	4901
9. Jack Brooks (D)	2449 RHOB	6565
10. J. J. Pickle (D)	231 CHOB	4865
11. W. R. Poage (D)	2107 RHOB	6105
12. Jim Wright (D)	2459 RHOB	5071
13. Jack Hightower (D)	1315 LHOB	3706
14. John Young (D)	2204 RHOB	2831
15. Eligio de la Garza (D)	1434 LHOB	2531
16. Richard White (D)	2423 RHOB	4831
17. Omar Burleson (D)	2369 RHOB	6605
18. Barbara Jordan (D)	1534 LHOB	3816
19. George Mahon (D)	2314 RHOB	4005
20. Henry B. Gonzalez (D)	2312 RHOB	3236
21. Robert (Bob) Krueger (D)	512 CHOB	4236
22. VACANCY		
23. Abraham Kazen (D)	1514 LHOB	4511
24. Dale Milford (D)	430 CHOB	3605

UTAH

Senators

Frank E. Moss (D)	115 RSOB	5251
Jake Garn (R)	4203 DSOB	5444

Representatives

1. K. Gunn McKay (D)	1427 LHOB	0453
2. Allan T. Howe (D)	1525 LHOB	3011

VERMONT

Senators

Robert T. Stafford (R)	5219 DSOB	5141

Vermont Continued	Rm. No. & Bldg.	Ext. No.
Patrick J. Leahy (D)	1203 DSOB	4242

Representative (At Large)

James M. Jeffords (R)	501 CHOB	4115

VIRGINIA

Senators

Harry Flood Byrd, Jr. (Ind)	417 RSOB	4024
William Lloyd Scott (R)	3109 DSOB	2023

Representatives

1. Thomas N. Downing (D)	2135 RHOB	4261
2. G. William Whitehurst (R)	436 CHOB	4215
3. David E. Satterfield, III (D)	2348 RHOB	2815
4. Robert W. Daniel, Jr. (R)	410 CHOB	6365
5. W. C. Daniel (D)	1705 LHOB	4711
6. M. Caldwell Butler (R)	109 CHOB	5431
7. J. Kenneth Robinson (R)	418 CHOB	6561
8. Herbert E. Harris (D)	1229 LHOB	4376
9. William C. Wampler (R)	2422 RHOB	3861
10. Joseph L. Fisher (D)	318 CHOB	5136

WASHINGTON

Senators

Warren G. Magnuson (D)	127 RSOB	2621
Henry M. Jackson (D)	137 RSOB	3441

Representatives

1. Joel Pritchard (R)	133 CHOB	6311
2. Lloyd Meeds (D)	2352 RHOB	2605
3. Don Bonker (D)	1531 LHOB	3536
4. Mike McCormack (D)	1503 LHOB	5816
5. Thomas S. Foley (D)	1201 LHOB	2006
6. Floyd V. Hicks (D)	1202 LHOB	5916
7. Brock Adams (D)	2235 RHOB	3106

WEST VIRGINIA

Senators

Jennings Randolph (D)	5121 DSOB	6472
Robert C. Byrd (D)	105 RSOB	3954

West Virginia Continued	Rm. No. & Bldg.	Ext. No.
Representatives		
1. Robert H. Mollohan (D)	339 CHOB	4172
2. Harley O. Staggers (D)	2366 RHOB	4331
3. John M. Slack, Jr. (D)	2230 RHOB	2711
4. Ken Hechler (D)	242 CHOB	3452

WISCONSIN

Senators		
William Proxmire (D)	5241 DSOB	5653
Gaylord Nelson (D)	221 RSOB	5323
Representatives		
1. Les Aspin (D)	439 CHOB	3031
2. Robert W. Kastenmeier (D)	2232 RHOB	2906
3. Alvin Baldus (D)	509 CHOB	5506
4. Clement J. Zablocki (D)	2184 RHOB	4572
5. Henry S. Reuss (D)	2186 RHOB	3571
6. William A. Steiger (R)	1025 LHOB	2476
7. David Obey (D)	208 CHOB	3365
8. Robert S. Cornell (D)	1512 LHOB	5665
9. Robert W. Kasten, Jr. (R)	1113 LHOB	5101

WYOMING

Senators		
Gale W. McGee (D)	344 RSOB	6441
Clifford P. Hansen (R)	3229 DSOB	3424
Representative (At Large)		
Teno Roncalio (D)	1134 LHOB	2311

PUERTO RICO

Resident Commissioner		
Jamie Benitez (D)	1317 LHOB	2615

DISTRICT OF COLUMBIA

Walter E. Fauntroy (D)	326 CHOB	8050

GUAM

Antonio Borja Won Pat (D)	216 CHOB	1188

VIRGIN ISLANDS

Ron de Lugo (D)	1217 LHOB	1790

SENATE COMMITTEES

AERONAUTICAL AND SPACE SCIENCES

231 RSOB EXT. 6477

Democrats	Republicans
Frank E. Moss (Utah) *Chairman*	Barry Goldwater (Ariz.)
Stuart Symington (Mo.)	Pete V. Domenici (N.Mex.)
John C. Stennis (Miss.)	Paul Laxalt (Nev.)
Howard W. Cannon (Nev.)	Jake Garn (Utah)
Wendell H. Ford (Ky.)	
Dale Bumpers (Ark.)	

AGRICULTURE AND FORESTRY

324 RSOB EXT. 2035

Democrats	Republicans
Herman E. Talmadge (Ga.) *Chairman*	Robert Dole (Kan.)
James O. Eastland (Miss.)	Milton R. Young (N.D.)
George McGovern (S.D.)	Carl T. Curtis (Neb.)
James B. Allen (Ala.)	Henry Bellmon (Okla.)
Hubert H. Humphrey (Minn.)	Jesse Helms (N.C.)
Walter D. Huddleston (Ky.)	
Dick Clark (Iowa)	
Richard (Dick) Stone (Fla.)	
Patrick J. Leahy (Vt.)	

APPROPRIATIONS

1235 DSOB EXT. 3471

Democrats	Republicans
John L. McClellan (Ark.) *Chairman*	Milton R. Young (N.D.) (Ranking Minority)
Warren G. Magnuson (Wash.)	Roman L. Hruska (Neb.)
John C. Stennis (Miss.)	Clifford P. Case (N.J.)
John O. Pastore (R.I.)	Hiram L. Fong (Hawaii)
Robert C. Byrd (W.Va.)	Edward W. Brooke (Mass.)
Gale W. McGee (Wyo.)	Mark O. Hatfield (Ore.)
Mike Mansfield (Mont.)	Ted Stevens (Alas.)
William Proxmire (Wis.)	Charles McC. Mathias, Jr. (Md.)
Joseph M. Montoya (N.Mex.)	Richard S. Schweiker (Pa.)
Daniel K. Inouye (Hawaii)	Henry Bellmon (Okla.)
Ernest F. Hollings (S.C.)	
Birch Bayh (Ind.)	
Thomas F. Eagleton (Mo.)	
Lawton Chiles (Fla.)	
J. Bennett Johnston, Jr. (La.)	
Walter D. Huddleston (Ky.)	

SUBCOMMITTEE ON DEPARTMENT OF LABOR AND HEALTH, EDUCATION AND WELFARE AND RELATED AGENCIES

1108 DSOB EXT. 7256

Democrats	Republicans
Warren G. Magnuson (Wash.) *Chairman*	Edward W. Brooke (Mass.)
John C. Stennis (Miss.)	Clifford P. Case (N.J.)
Robert C. Byrd (W.Va.)	Hiram L. Fong (Hawaii)
William Proxmire (Wis.)	Ted Stevens (Alas.)
Joseph M. Montoya (N.Mex.)	Richard S. Schweiker (Pa.)
Ernest F. Hollings (S.C.)	
Thomas F. Eagleton (Mo.)	
Birch Bayh (Ind.)	
Lawton Chiles (Fla.)	

ARMED SERVICES

212 RSOB EXT. 3871

Democrats	Republicans
John C. Stennis (Miss.) *Chairman*	Strom Thurmond (S.C.)
Stuart Symington (Mo.)	John G. Tower (Tex.)
Henry M. Jackson (Wash.)	Barry Goldwater (Ariz.)
Howard W. Cannon (Nev.)	William L. Scott (Va.)
Thomas J. McIntyre (N.H.)	Robert Taft, Jr. (O.)
Harry F. Byrd, Jr. (Va.)	Dewey F. Bartlett (Okla.)
Sam Nunn (Ga.)	
John C. Culver (Ia.)	
Gary W. Hart (Colo.)	
Patrick J. Leahy (Vt.)	

BANKING, HOUSING AND URBAN AFFAIRS

5300 DSOB EXT. 7391

Democrats	Republicans
William Proxmire (Wis.) *Chairman*	John G. Tower (Tex.)
John Sparkman (Ala.)	Edward W. Brooke (Mass.)
Harrison A. Williams, Jr. (N.J.)	Robert W. Packwood (Ore.)
Thomas J. McIntyre (N.H.)	Jesse Helms (N.C.)
Alan Cranston (Calif.)	Jake Garn (Utah)
Adlai E. Stevenson (Ill.)	
Joseph R. Biden, Jr. (Del.)	
Robert Morgan (N.C.)	

SUBCOMMITTEE ON PRODUCTION AND STABILIZATION

5300 DSOB 7391

Democrats	Republicans
Alan Cranston (Cal.) *Chairman*	Jesse Helms (N.C.)
Adlai E. Stevenson III (Ill.)	Robert W. Packwood (Ore.)
Joseph Biden (Del.)	

BUDGET

208 CAOB EXT. 0642

Democrats	Republicans
Edmund S. Muskie (Me.) *Chairman*	Henry Bellmon (Okla.)
Warren G. Magnuson (Wash.)	Robert Dole (Kan.)
Frank E. Moss (Utah)	J. Glenn Beall (Md.)
Walter F. Mondale (Minn.)	James L. Buckley (N.Y.)
Ernest F. Hollings (S.C.)	James A. McClure (Id.)
Alan Cranston (Calif.)	Peter V. Domenici (N.Mex.)
Lawton Chiles (Fla.)	
James Abourezk (S.Dak.)	
Joseph R. Biden, Jr. (Del.)	
Sam Nunn (Ga.)	

COMMERCE

5202 DSOB EXT. 5115

Democrats	Republicans
Warren G. Magnuson (Wash.) *Chairman*	James B. Pearson (Kan.)
John O. Pastore (R.I.)	Robert P. Griffin (Mich.)
Vance Hartke (Ind.)	Ted Stevens (Alaska)
Philip A. Hart (Mich.)	J. Glenn Beall (Md.)
Howard W. Cannon (Nev.)	Lowell P. Weicker, Jr. (Conn.)
Russell B. Long (La.)	James L. Buckley (N.Y.)
Frank E. Moss (Utah)	Howard H. Baker, Jr. (Tenn.)
Ernest F. Hollings (S.C.)	
Daniel K. Inouye (Hawaii)	
John V. Tunney (Calif.)	
Adlai E. Stevenson III (Ill.)	
Wendell H. Ford (Ky.)	
John Durkin (N.H.)	

DISTRICT OF COLUMBIA

6222 DSOB EXT. 4161

Democrats	Republicans
Thomas F. Eagleton (Mo.) *Chairman*	Charles McC. Mathias, Jr. (Md.)
Daniel K. Inouye (Hawaii)	Dewey F. Bartlett (Okla.)
Adlai E. Stevenson III (Ill.)	Jake Garn (Utah)
John Glenn (O.)	

FINANCE

2227 DSOB EXT. 4515

Democrats	Republicans
Russell B. Long (La.) *Chairman*	Carl T. Curtis (Neb.)
Herman E. Talmadge (Ga.)	Paul J. Fannin (Ariz.)
Vance Hartke (Ind.)	Clifford P. Hansen (Wyo.)
Abraham Ribicoff (Conn.)	Robert Dole (Kans.)
Harry F. Byrd, Jr. (Va.)	Bob Packwood (Ore.)
Gaylord Nelson (Wis.)	William V. Roth, Jr. (Del.)
Walter F. Mondale (Minn.)	Bill Brock (Tenn.)
Mike Gravel (Alas.)	
Lloyd Bentsen (Tex.)	
William D. Hathaway (Me.)	
Floyd K. Haskell (Colo.)	

SUBCOMMITTEE ON HEALTH

2227 DSOB EXT. 4515

Democrats	Republicans
Harold E. Talmadge (Ga.) *Chairman*	Robert Dole (Kans.)
Vance Hartke (Ind.)	Paul J. Fannin (Ariz.)
Abraham Ribicoff (Conn.)	Bob Packwood (Ore.)
Walter F. Mondale (Minn.)	Bill Brock (Tenn.)
Mike Gravel (Alas.)	
William D. Hathaway (Me.)	
Floyd K. Haskell (Colo.)	

FOREIGN RELATIONS

4229 DSOB EXT. 4651

Democrats	Republicans
John Sparkman (Ala.) *Chairman*	Clifford P. Case (N.J.)
Mike Mansfield (Mont.)	Jacob K. Javits (N.Y.)
Frank Church (Id.)	Hugh Scott (Pa.)
Stuart Symington (Mo.)	James B. Pearson (Kan.)
Claiborne Pell (R.I.)	Charles H. Percy (Ill.)
Gale W. McGee (Wyo.)	Robert P. Griffin (Mich.)
George McGovern (S.D.)	
Hubert H. Humphrey (Minn.)	
Dick Clark (Ia.)	
Joseph R. Biden, Jr. (Del.)	

GOVERNMENT OPERATIONS

3306 DSOB EXT. 4751

Democrats	Republicans
Abraham A. Ribicoff (Conn.) *Chairman*	Charles H. Percy (Ill.)
John L. McClellan (Ark.)	Jacob K. Javits (N.Y.)
Henry M. Jackson (Wash.)	William V. Roth, Jr. (Del.)
Edmund S. Muskie (Me.)	Bill Brock (Tenn.)
Lee Metcalf (Mont.)	Lowell P. Weicker, Jr. (Conn.)
James B. Allen (Ala.)	
Lawton Chiles (Fla.)	
Sam Nunn (Ga.)	
John Glenn (O.)	

INTERIOR AND INSULAR AFFAIRS

3106 DSOB EXT. 4971

Democrats	Republicans
Henry M. Jackson (Wash.) *Chairman*	Paul J. Fannin (Ariz.)
Frank Church (Id.)	Clifford P. Hansen (Wyo.)
Lee Metcalf (Mont.)	Mark O. Hatfield (Ore.)
J. Bennett Johnston, Jr. (La.)	James A. McClure (Id.)
James Abourezk (S.D.)	Dewey F. Bartlett (Okla.)
Floyd K. Haskell (Colo.)	
John Glenn (O.)	
Richard B. Stone (Fla.)	
Dale Bumpers (Ark.)	

JUDICIARY

2226 DSOB EXT. 5225

Democrats	Republicans
James O. Eastland (Miss.) *Chairman*	Roman L. Hruska (Neb.)
John L. McClellan (Ark.)	Hiram L. Fong (Hawaii)
Philip A. Hart (Mich.)	Hugh Scott (Pa.)
Edward M. Kennedy (Mass.)	Strom Thurmond (S.C.)
Birch Bayh (Ind.)	Charles McC. Mathias, Jr. (Md.)
Quentin N. Burdick (N.D.)	William L. Scott (Va.)
Robert C. Byrd (W.Va.)	
John V. Tunney (Cal.)	
James Abourezk (S.Dak.)	

LABOR AND PUBLIC WELFARE

4230 DSOB EXT. 5375

Democrats	Republicans
Harrison A. Williams, Jr. (N.J.) *Chairman*	Jacob K. Javits (N.Y.)
Jennings Randolph (W.Va.)	Richard S. Schweiker (Pa.)
Claiborne Pell (R.I.)	Robert Taft, Jr. (O.)
Edward M. Kennedy (Mass.)	J. Glenn Beall, Jr. (Md.)
Gaylord Nelson (Wis.)	Robert T. Stafford (Vt.)
Walter F. Mondale (Minn.)	Paul Laxalt (Nev.)
John A. Durkin (N.H.)	
Thomas F. Eagleton (Mo.)	
Alan Cranston (Cal.)	
William D. Hathaway (Me.)	

SUBCOMMITTEE ON HEALTH

4226 DSOB EXT. 7675

Democrats	Republicans
Edward M. Kennedy (Mass.) *Chairman*	Richard S. Schweiker (Pa.)
Harrison A. Williams, Jr. (N.J.)	Jacob K. Javits (N.Y.)
Gaylord Nelson (Wis.)	J. Glenn Beall (Md.)
Thomas F. Eagleton (Mo.)	Robert Taft, Jr. (O.)
Alan Cranston (Cal.)	Robert Stafford (Vt.)
Claiborne Pell (R.I.)	Paul Laxalt (Nev.)
Walter F. Mondale (Minn.)	
William D. Hathaway (Me.)	
John A. Durkin (N.H.)	

POST OFFICE AND CIVIL SERVICE

6206 DSOB EXT. 5451

Democrats	Republicans
Gale W. McGee (Wyo.) *Chairman*	Hiram L. Fong (Hawaii)
Jennings Randolph (W.Va.)	Ted Stevens (Alaska)
Quentin N. Burdick (N.D.)	Henry Bellmon (Okla.)
Ernest F. Hollings (S.C.)	
Frank E. Moss (Utah)	
Patrick J. Leahy (Vt.)	

PUBLIC WORKS

4202 DSOB EXT. 6176

Democrats	Republicans
Jennings Randolph (W.Va.) *Chairman*	Howard H. Baker, Jr. (Tenn.)
Edmund S. Muskie (Me.)	James L. Buckley (N.Y.)
Joseph M. Montoya (N.M.)	Robert T. Stafford (Vt.)
Mike Gravel (Alaska)	James A. McClure (Id.)
Lloyd Bentsen (Tex.)	Pete V. Domenici (N. Mex.)
Quentin N. Burdick (N.D.)	
John C. Culver (Iowa)	
Robert Morgan (N.C.)	
Gary W. Hart (Colo.)	

SUBCOMMITTEE ON ENVIRONMENTAL POLLUTION

4204 DSOB EXT. 6176

Democrats	Republicans
Edmund S. Muskie (Me.) *Chairman*	James L. Buckley (N.Y.)
Joseph M. Montoya (N.M.)	Robert T. Stafford (Vt.)
Lloyd M. Bentsen (Tex.)	James A. McClure (Id.)
Mike Gravel (Alas.)	Pete V. Domenici (N. Mex.)
John Culver (Iowa)	
Robert Morgan (N.C.)	
Phillip Hart (Mich.)	

RULES AND ADMINISTRATION

305 RSOB EXT. 6352

Democrats	Republicans
Howard W. Cannon (Nev.) *Chairman*	Mark O. Hatfield (Ore.)
Claiborne Pell (R.I.)	Hugh Scott (Pa.)
Robert C. Byrd (W.Va.)	Robert P. Griffin (Mich.)
James B. Allen (Ala.)	
Harrison A. Williams, Jr. (N.J.)	
Dick Clark (Iowa)	

VETERANS' AFFAIRS

414 RSOB EXT. 9126

Democrats	Republicans
Vance Hartke (Ind.) *Chairman*	Clifford P. Hansen (Wyo.)
Herman E. Talmadge (Ga.)	Strom Thurmond (S.C.)
Jennings Randolph (W.Va.)	Robert T. Stafford (Vt.)
Alan Cranston (Cal.)	
Richard B. Stone (Fla.)	
John A. Durkin (N.H.)	

SELECT SMALL BUSINESS

424 RSOB EXT. 5175

Democrats	Republicans
Gaylord Nelson (Wis.) *Chairman*	Jacob K. Javits (N.Y.)
John Sparkman (Ala.)	J. Glenn Beall, Jr. (Md.)
Thomas J. McIntyre (N.H.)	Bill Brock (Tenn.)
Sam Nunn (Ga.)	Lowell P. Weicker, Jr. (Conn.)
J. Bennett Johnston, Jr. (La.)	Paul Laxalt (Nev.)
William D. Hathaway (Me.)	Dewey F. Bartlett (Okla.)
James Abourezk (S.D.)	Bob Packwood (Ore.)
Floyd K. Haskell (Colo.)	
John C. Culver (Iowa)	
Walter F. Mondale (Minn.)	

SPECIAL COMMITTEE ON AGING

233 DSOB EXT. 5364

Democrats	Republicans
Frank Church (Id.) *Chairman*	Hiram L. Fong (Hawaii)
Harrison A. Williams (N.J.)	Clifford P. Hansen (Wyo.)
Jennings Randolph (W. Va.)	Edward W. Brooke (Mass.)
Edmund S. Muskie (Me.)	Charles H. Percy (Ill.)
Frank E. Moss (Ut.)	Robert T. Stafford (Vt.)
Edward M. Kennedy (Mass.)	J. Glenn Beall, Jr. (Md.)
Walter F. Mondale (Minn.)	Pete V. Domenici (N. Mex.)
Vance Hartke (Ind.)	Bill Brock (Tenn.)
Claiborne Pell (R.I.)	Dewey Bartlett (Okla.)
Thomas F. Eagleton (Mo.)	
John V. Tunney (Cal.)	
Lawton Chiles (Fla.)	
Dick Clark (Iowa)	
John A. Durkin (N.H.)	

HOUSE COMMITTEES

AGRICULTURE

1301 LHOB 2171

Democrats RATIO: 29/14	Republicans
Thomas S. Foley (Wash.) *Chairman*	William C. Wampler (Va.)
W. R. Poage (Tex.)	Keith G. Sebelius (Kans.)
E de la Garza (Tex.)	Paul Findley (Ill.)
Joseph P. Vigorito (Pa.)	Charles Thone (Neb.)
Walter B. Jones (N.C.)	Steven D. Symms (Ida.)
Ed Jones (Tenn.)	James P. (Jim) Johnson (Colo.)
John Melcher (Mont.)	Edward R. Madigan (Ill.)
Dawson Mathis (Ga.)	Peter A. Peyser (N.Y.)
Bob Bergland (Minn.)	Margaret M. Heckler (Mass.)
George E. Brown, Jr. (Cal.)	James M. Jeffords (Vt.)
David R. Bowen (Miss.)	Richard Kelly (Fla.)
Charles Rose (N.C.)	Charles E. Grassley (Iowa)
Jerry Litton (Mo.)	Tom Hagedorn (Minn.)
John Breckinridge (Ky.)	W. Henson Moore (La.)
Frederick W. Richmond (N.Y.)	
Richard Nolan (Minn.)	
James Weaver (Ore.)	
Alvin Baldus (Wis.)	
John Krebs (Cal.)	
Tom Harkin (Iowa)	
Jack Hightower (Tex.)	
Berkley Bedell (Iowa)	
Matthew F. McHugh (N.Y.)	
Glenn English (Okla.)	
Floyd J. Fithian (Ind.)	
John W. Jenrette, Jr. (S.C.)	
Norman E. D'Amours (N.H.)	
Ray Thornton (Ark.)	
Vacancy	

APPROPRIATIONS

H-218 CAPITOL 2771

Democrats RATIO: 37/18	Republicans
George H. Mahon (Tex.) *Chairman*	Elford A. Cederberg (Mich.)
Jamie L. Whitten (Miss.)	Robert H. Michel (Ill.)
Robert L. F. Sikes (Fla.)	Silvio O. Conte (Mass.)
Otto E. Passman (La.)	Garner E. Shriver (Kans.)
Joe L. Evins (Tenn.)	Joseph M. McDade (Pa.)
Edward P. Boland (Mass.)	Mark Andrews (N.Dak.)
William H. Natcher (Ky.)	Burt L. Talcott (Cal.)
Daniel J. Flood (Pa.)	Jack Edwards (Ala.)
Tom Steed (Okla.)	Robert C. McEwen (N.Y.)
George E. Shipley (Ill.)	John T. Myers (Ind.)
John M. Slack (W.Va.)	J. Kenneth Robinson (Va.)
John J. Flynt, Jr. (Ga.)	Clarence E. Miller (Ohio)
Neal Smith (Iowa)	Lawrence Coughlin (Pa.)
Robert N. Giaimo (Conn.)	C. W. Bill Young (Fla.)
Joseph P. Addabbo (N.Y.)	Jack F. Kemp (N.Y.)
John J. McFall (Cal.)	William L. Armstrong (Colo.)
Edward J. Patten (N.J.)	Ralph S. Regula (Ohio)
Clarence D. Long (Md.)	Clair W. Burgener (Cal.)
Sidney R. Yates (Ill.)	
Charles Wilson (Tex.)	
Frank E. Evans (Colo.)	
David R. Obey (Wis.)	
Edward R. Roybal (Cal.)	
Louis Stokes (Ohio)	
J. Edward Roush (Ind.)	
Gunn McKay (Utah)	
Tom Bevill (Ala.)	
Bill Chappell, Jr. (Fla.)	
Bill D. Burlison (Mo.)	
Bill Alexander (Ark.)	
Edward I. Koch (N.Y.)	
Yvonne Brathwaite Burke (Cal.)	
John P. Murtha (Pa.)	
Bob Traxler (Mich.)	
Robert Duncan (Ore.)	
Joseph D. Early (Mass.)	
Max Baucus (Mont.)	

SUBCOMMITTEE ON LABOR, HEALTH, EDUCATION AND WELFARE

Democrats	Republicans
Daniel J. Flood (Pa.) *Chairman*	Robert H. Michel (Ill.)
William H. Natcher (Ky.)	Garner E. Shriver (Kan.)
Neal Smith (Iowa)	Silvio O. Conte (Mass.)
Joseph Early (Mass.)	
Edward J. Patten (N.J.)	
David R. Obey (Wis.)	
Edward R. Roybal (Cal.)	
Louis Stokes (Ohio)	

ARMED SERVICES

2120 RHOB 4151

Democrats RATIO: 27/13	Republicans
Melvin Price (Ill.) *Chairman*	Bob Wilson (Cal.)
F. Edward Hébert (La.)	William L. Dickinson (Ala.)
Charles E. Bennett (Fla.)	G. William Whitehurst (Va.)
Samuel S. Stratton (N.Y.)	Floyd Spence (S.C.)
Richard H. Ichord (Mo.)	David C. Treen (La.)
Lucien N. Nedzi (Mich.)	George M. O'Brien (Ill.)
Wm. J. Randall (Mo.)	Robin L. Beard (Tenn.)
Charles H. Wilson (Cal.)	Donald J. Mitchell (N.Y.)
Robert L. Leggett (Cal.)	Marjorie S. Holt (Md.)
Floyd V. Hicks (Wash.)	Robert W. Daniel, Jr. (Va.)
Richard C. White (Tex.)	Elwood Hillis (Ind.)
Bill Nichols (Ala.)	Andrew J. Hinshaw (Cal.)
Jack Brinkley (Ga.)	Richard T. Schulze (Pa.)
Robert H. Mollohan (W.Va.)	
Dan Daniel (Va.)	
G. V. (Sonny) Montgomery (Miss.)	
Harold Runnels, (N.Mex.)	
Les Aspin (Wis.)	
Ronald V. Dellums (Cal.)	
Mendel J. Davis (S.C.)	
Patricia Schroeder (Colo.)	
Abraham Kazen, Jr. (Tex.)	
Antonio Borja Won Pat (Guam)	
Bob Carr (Mich.)	
Jim Lloyd (Cal.)	
Larry McDonald (Ga.)	
Thomas J. Downey (N.Y.)	

BANKING AND CURRENCY

2129 RHOB 4247

Democrats RATIO: 29/14	Republicans
Henry S. Reuss (Wis.) *Chairman*	Albert W. Johnson (Pa.)
Wright Patman (Tex.)	J. William Stanton (Ohio)
William A. Barrett (Pa.)	Garry Brown (Mich.)
Leonor K. (Mrs. John B.) Sullivan (Mo.)	Chalmers P. Wylie (Ohio)
Thomas L. Ashley (Ohio)	John H. Rousselot (Cal.)
William S. Moorhead (Pa.)	Stewart B. McKinney (Conn.)
Robert G. Stephens, Jr. (Ga.)	John B. Conlan (Ariz.)
Fernand J. St. Germain (R.I.)	George Hansen (Idaho)
Henry B. Gonzalez (Tex.)	Richard T. Schulze (Pa.)
Joseph G. Minish (N.J.)	Willis D. Gradison, Jr. (Ohio)
Frank Annunzio (Ill.)	Henry J. Hyde (Ill.)
Thomas M. Rees (Cal.)	Richard Kelly (Fla.)
James M. Hanley (N.Y.)	Charles E. Grassley (Iowa)
Parren J. Mitchell (Md.)	Millicent Fenwick (N.J.)
Walter E. Fauntroy (D.C.)*	
Lindy (Mrs. Hale) Boggs (La.)	
Stephen L. Neal (N.C.)	
Jerry M. Patterson (Cal.)	
James J. Blanchard (Mich.)	
Carroll Hubbard, Jr. (Ky.)	
John J. LaFalce (N.Y.)	
Gladys Noon Spellman (Md.)	
Les AuCoin (Ore.)	
Paul E. Tsongas (Mass.)	
Butler Derrick (S.C.)	
Philip H. Hayes (Ind.)	
Mark W. Hannaford (Cal.)	
David W. Evans (Ind.)	
Clifford Allen (Tenn.)	

Non-Voting Delegate. Permitted to participate in Committee Business and vote in Committee, but not in the House of Representatives.

BUDGET COMMITTEE

214 COBA 7200

Democrats RATIO: 17/8	Republicans
Brock Adams (Wash.) *Chairman*	Delbert L. Latta (Ohio)
Thomas P. O'Neill Jr. (Mass.)	Elford A. Cederberg (Mich).

Continued

BUDGET COMMITTEE *Continued*

214 COBA 7200

Democrats RATIO: 17/8	Republicans
Jim Wright (Texas)	Herman T. Schneebeli (Pa.)
Thomas L. Ashley (Ohio)	James T. Broyhill (N.C.)
Robert N. Giaimo (Conn.)	Del Clawson (Cal.)
Neal Smith (Iowa)	Garner E. Shriver (Kan.)
James G. O'Hara (Mich.)	Barber B. Conable Jr. (N.Y.)
Robert L. Leggett (Cal.)	Marjorie S. Holt (Md.)
Parren J. Mitchell (Md.)	
Omar Burleson (Texas)	
Phil M. Landrum (Ga.)	
Sam Gibbons (Fla.)	
Patsy T. Mink (Hawaii)	
Louis Stokes (Ohio)	
Harold Runnels (N.M.)	
Elizabeth Holtzman (N.Y.)	
Butler Derrick (S.C.)	

DISTRICT OF COLUMBIA

1310 LHOB 4457

Democrats RATIO: 17/8	Republicans
Charles C. Diggs, Jr. (Mich.) *Chairman*	Gilbert Gude (Md.)
Donald M. Fraser (Minn.)	William H. Harsha (Ohio)
W. S. (Bill) Stuckey, Jr. (Ga.)	Stewart B. McKinney (Conn.)
Ronald V. Dellums (Cal.)	Edward G. Biester, Jr. (Pa.)
Thomas M. Rees (Cal.)	Tom Railsback (Ill.)
Walter E. Fauntroy (D.C.)[1]	Robert W. Daniel, Jr. (Va.)
James R. Mann (S.C.)	Charles Whalen, Jr. (Ohio)
Romano L. Mazzoli (Ky.)	Vacancy
Herbert E. Harris II (Va.)	
Dan Daniel (Va.)	
Jerry Litton (Mo.)	
Helen S. Meyner (N.J.)	
Henry J. Nowak (N.J.)	
Philip R. Sharp (Ind.)	
James J. Florio (N.J.)	
Vacancy	
Vacancy	

[1]*Non-Voting Delegate. Permitted to participate in Committee Business and vote in Committee, but not in the House of Representatives.*

EDUCATION AND LABOR

2181 RHOB 4527

Democrats RATIO: 27/13	Republicans
Carl D. Perkins (Ky.) *Chairman*	Albert H. Quie (Minn.)
Frank Thompson, Jr. (N.J.)	John M. Ashbrook (Ohio)
John H. Dent (Pa.)	Alphonzo Bell (Cal.)
Dominick V. Daniels (N.J.)	John N. Erlenborn (Ill.)
John Brademas (Ind.)	Marvin L. Esch (Mich.)
James G. O'Hara (Mich.)	Edwin D. Eshleman (Pa.)
Augustus F. Hawkins (Cal.)	Peter A. Peyser (N.Y.)
William D. Ford (Mich.)	Ronald A. Sarasin (Conn.)
Patsy T. Mink (Hawaii)	John Buchanan (Ala.)
Lloyd Meeds (Wash.)	James M. Jeffords (Vt.)
Phillip Burton (Cal.)	Larry Pressler (S.D.)
Joseph M. Gaydos (Pa.)	William F. Goodling (Pa.)
William (Bill) Clay (Mo.)	Virginia Smith (Nebr.)
Shirley Chisholm (N.Y.)	
Mario Biaggi (N.Y.)	
Ike F. Andrews (N.C.)	
William Lehman (Fla.)	
Jaime Benitez (P.R.)[1]	
Michael T. Blouin (Iowa)	
Robert J. Cornell (Wis.)	
Theodore M. (Ted) Risenhoover (Okla.)	
Paul Simon (Ill.)	
Edward P. Beard (R.I.)	
Leo C. Zeferetti (N.Y.)	
George Miller (Cal.)	
Ronald M. Mottl (Ohio)	
Tim L. Hall (Ill.)	

[1]*Resident Commissioner. May participate in Committee Business but does not vote.*

GOVERNMENT OPERATIONS

2157 RHOB 5051

Democrats RATIO: 29/14	Republicans
Jack Brooks (Tex.) *Chairman*	Frank Horton (N.Y.)
L. H. Fountain (N.C.)	John N. Erlenborn (Ill.)
John E. Moss (Cal.)	John W. Wydler (N.Y.)
Dante B. Fascell (Fla.)	Clarence J. Brown (Ohio)
Torbert H. Macdonald (Mass.)	Gilbert Gude (Md.)
William S. Moorhead (Pa.)	Paul N. McCloskey, Jr (Cal.)

Continued

GOVERNMENT OPERATIONS *Continued*

2157 RHOB 5051

Democrats RATIO: 29/14	Republicans
Wm. J. Randall (Mo.)	Sam Steiger (Ariz.)
Benjamin S. Rosenthal (N.Y.)	Garry Brown (Mich.)
Jim Wright (Tex.)	Charles Thone (Nebr.)
Fernand J. St. Germain (R.I.)	Alan Steelman (Tex.)
Floyd V. Hicks (Wash.)	Joel Pritchard (Wash.)
Don Fuqua (Fla.)	Edwin B. Forsythe (N.J.)
John Conyers, Jr. (Mich.)	Robert W. Kasten, Jr. (Wis.)
Bella S. Abzug (N.Y.)	Willis D. Gradison, Jr. (Ohio)
James V. Stanton (Ohio)	
Leo J. Ryan (Cal.)	
Cardiss Collins (Ill.)	
John L. Burton (Cal.)	
Richardson Preyer (N.C.)	
Michael Harrington (Mass.)	
Robert F. Drinan (Mass.)	
Edward Mezvinsky (Iowa)	
Barbara Jordan (Tex.)	
Glenn English (Okla.)	
Elliott H. Levitas (Ga.)	
David W. Evans (Ind.)	
Anthony Toby Moffett (Conn.)	
Andrew Maguire (N.J.)	
Les Aspin (Wis.)	

HOUSE ADMINISTRATION

H-326 CAPITOL 2061

Democrats RATIO: 17 8	Republicans
Wayne L. Hays (Ohio) *Chairman*	William L. Dickinson (Ala.)
Frank Thompson, Jr. (N.J.)	Samuel L. Devine (Ohio)
John H. Dent (Pa.)	James C. Cleveland (N.H.)
Lucien N. Nedzi (Mich.)	Charles E. Wiggins (Cal.)
John Brademas (Ind.)	J. Herbert Burke (Fla.)
Augustus F. Hawkins (Cal.)	Marjorie S. Holt (Md.)
Frank Annunzio (Ill.)	W. Henson Moore (La.)
Joseph M. Gaydos (Pa.)	Bill Frenzel (Minn.)
Ed Jones (Tenn.)	
Robert H. Mollohan (W. Va.)	
Dawson Mathis (Ga.)	
Lionel Van Deerlin (Cal.)	

Continued

HOUSE ADMINISTRATION *Continued*

H-326 CAPITOL 2061

Democrats RATIO: 17 8	Republicans
Joseph G. Minish (N.J.)	
Mendel J. Davis (S.C.)	
Charles Rose (N.C.)	
Lindy (Mrs. Hale) Boggs (La.)	
John L. Burton (Cal.)	

INTERIOR AND INSULAR AFFAIRS

1324 LHOB 2761

Democrats RATIO: 29/14	Republicans
James A. Haley (Fla.) *Chairman*	Joe Skubitz (Kans.)
Roy A. Taylor (N.C.)	Sam Steiger (Ariz.)
Harold T. Johnson (Cal.)	Don H. Clausen (Cal.)
Morris K. Udall (Ariz.)	Philip E. Ruppe (Mich.)
Phillip Burton (Cal.)	Manuel Lujan, Jr. (N. Mex.)
Robert W. Kastenmeier (Wis.)	Keith G. Sebelius (Kans.)
Patsy T. Mink (Hawaii)	Alan Steelman (Tex.)
Lloyd Meeds (Wash.)	Don Young (Alas.)
Abraham Kazen, Jr. (Tex.)	Robert E. Bauman (Md.)
Robert G. Stephens, Jr. (Ga.)	Steven D. Symms (Idaho)
Joseph P. Vigorito (Pa.)	James P. (Jim) Johnson (Colo.)
John Melcher (Mont.)	Robert J. Lagomarsino (Cal.)
Teno Roncalio (Wyo.)	Virginia Smith (Nebr.)
Jonathan B. Bingham (N.Y.)	Shirley Pettis (Cal.)
John F. Seiberling (Ohio)	
Harold Runnels (N. Mex.)	
Antonio Borja Won Pat (Guam)[1]	
Ron de Lugo (V.I.)[1]	
Bob Eckhardt (Tex.)	
Goodloe E. Byron (Md.)	
Jaime Benitez (P.R.)[1]	
Jim Santini (Nev.)	
Paul E. Tsongas (Mass.)	
Allen T. Howe (Utah)	
James Weaver (Ore.)	
Bob Carr (Mich.)	
George Miller (Cal.)	
Theodore M. (Ted) Risenhoover (Okla.)	
Wright Patman (Tex.)	

Participate in Committee Business but do not vote.

INTERNATIONAL RELATIONS

2170 RHOB 5021

Democrats RATIO: 25/12	Republicans
Thomas E. Morgan (Pa.) *Chairman*	Wm. S. Broomfield (Mich.)
Clement J. Zablocki (Wis.)	Edward J. Derwinski (Ill.)
Wayne L. Hays (Ohio)	Paul Findley (Ill.)
L. H. Fountain (N.C.)	John H. Buchanan, Jr. (Ala.)
Dante B. Fascell (Fla.)	J. Herbert Burke (Fla.)
Charles C. Diggs, Jr. (Mich.)	Pierre S. (Pete) du Pont (Del.)
Robert N. C. Nix (Pa.)	Charles W. Whalen, Jr. (Ohio)
Donald M. Fraser (Minn.)	Edward G. Biester, Jr. (Pa.)
Benjamin S. Rosenthal (N.Y.)	Larry Winn, Jr. (Kans.)
Lee H. Hamilton (Ind.)	Benjamin A. Gilman (N.Y.)
Lester L. Wolff (N.Y.)	Tennyson Guyer (Ohio)
Jonathan B. Bingham (N.Y.)	Robert J. Lagomarsino (Cal.)
Gus Yatron (Pa.)	
Roy A. Taylor (N.C.)	
Michael Harrington (Mass.)	
Leo J. Ryan (Cal.)	
Charles Wilson (Tex.)	
Donald W. Reigle, Jr. (Mich.)	
Cardiss Collins (Ill.)	
Stephen J. Solarz (N.Y.)	
Helen S. Meyner (N.J.)	
Don Bonker (Wash.)	
Vacancy	
Vacancy	
Vacancy	

INTERSTATE AND FOREIGN COMMERCE

2125 RHOB 2927

Democrats RATIO: 29 14	Republicans
Harley O. Staggers (W. Va.) *Chairman*	Samuel L. Devine (Ohio)
Torbert H. Macdonald (Mass.)	James T. Broyhill (N.C.)
John E. Moss (Cal.)	Tim Lee Carter (Ky.)
John D. Dingell (Mich.)	Clarence J. Brown (Ohio)
Paul G. Rogers (Fla.)	Joe Skubitz (Kans.)
Lionel Van Deerlin (Cal.)	James M. Collins (Tex.)
Fred B. Rooney (Pa.)	Louis Frey, Jr. (Fla.)
	John Y. McCollister (Nebr.)

Continued

INTERSTATE AND FOREIGN COMMERCE

Continued

2125 RHOB 2927

Democrats RATIO: 29/14	Republicans
John M. Murphy (N.Y.)	Norman F. Lent (N.Y.)
David E. Satterfield III (Va.)	H. John Heinz III (Pa.)
Brock Adams (Wash.)	Edward R. Madigan (Ill.)
W. S. (Bill) Stuckey, Jr. (Ga.)	Carlos J. Moorhead (Cal.)
Bob Eckhardt (Tex.)	Matthew J. Rinaldo (N.J.)
Richardson Preyer (N.C.)	Henson Moore (La.)
James W. Symington (Mo.)	
Charles J. Carney (Ohio)	
Ralph H. Metcalfe (Ill.)	
Goodloe E. Byron (Md.)	
James H. Scheuer (N.Y.)	
Richard L. Ottinger (N.Y.)	
Henry A. Waxman (Cal.)	
Robert (Bob) Krueger (Tex.)	
Timothy E. Wirth (Colo.)	
Philip R. Sharp (Ind.)	
William M. Brodhead (Mich.)	
W. G. (Bill) Hefner (N.C.)	
James J. Florio (N.J.)	
Anthony Toby Moffett (Conn.)	
Jim Santini (Nev.)	
Andrew Maguire (N.J.)	

SUBCOMMITTEE ON PUBLIC HEALTH AND ENVIRONMENT

Democrats	Republicans
Paul G. Rogers (Fla.) *Chairman*	Tim Lee Carter (Ky.)
David E. Satterfield III (Va.)	James T. Broyhill (N.C.)
Richardson Preyer (N.C.)	H. John Heinz III (Pa.)
James W. Symington (Mo.)	Edward R. Madigan (Ill.)
James H. Scheuer (N.Y.)	Samuel L. Devine (Ohio)
Henry A. Waxman (Cal.)	
W. G. (Bill) Hefner (N.C.)	
James J. Florio (N.J.)	
Charles J. Carney (Ohio)	
Andrew Maguire (N.J.)	
Harley O. Staggers (W. Va.)	

JUDICIARY

2137 RHOB 3951

Democrats RATIO: 22/11	Republicans
Peter W. Rodino, Jr. (N.J.) *Chairman*	Edward Hutchinson (Mich.)
Jack Brooks (Tex.)	Robert McClory (Ill.)
Robert W. Kastenmeier (Wis.)	Tom Railsback (Ill.)
Don Edwards (Cal.)	Charles E. Wiggins (Cal.)
William L. Hungate (Mo.)	Hamilton Fish, Jr. (N.Y.)
John Conyers, Jr. (Mich.)	M. Caldwell Butler (Va.)
Joshua Eilberg (Pa.)	William S. Cohen (Me)
Walter Flowers (Ala.)	Carlos J. Moorhead (Cal.)
James R. Mann (S.C.)	John M. Ashbrook (Ohio)
Paul S. Sarbanes (Md.)	Henry J. Hyde (Ill.)
John F. Seiberling (Ohio)	Thomas N. Kindness (Ohio)
George E. Danielson (Cal.)	
Robert F. Drinan (Mass.)	
Barbara Jordan (Tex.)	
Elizabeth Holtzman (N.Y.)	
Edward Mezvinsky (Iowa)	
Herman Badillo (N.Y.)	
Romano L. Mazzoli (Ky.)	
Edward W. Pattison (N.Y.)	
Christopher J. Dodd (Conn.)	
William J. Hughes (N.J.)	
Martin A. Russo (Ill.)	

MERCHANT MARINE AND FISHERIES

1334 LHOB 4047

Democrats RATIO: 27/13	Republicans
Lenor K. (Mrs. John B.) Sullivan (Mo.) *Chairman*	Philip E. Ruppe (Mich.)
Thomas L. Ashley (Ohio)	Charles A. Mosher (Ohio)
John D. Dingell (Mich.)	Paul N. McCloskey, Jr. (Cal.)
Thomas N. Downing (Va.)	Gene Snyder (Ky.)
Paul G. Rogers (Fla.)	Edwin B. Forsythe (N.J.)
John M. Murphy (N.Y.)	Pierre S. (Pete) du Pont (Del.)
Walter B. Jones (N.C.)	David C. Treen (La.)
Robert L. Leggett (Cal.)	Joel Pritchard (Wash.)
Mario Biaggi (N.Y.)	Don Young (Alas.)

Continued

MERCHANT MARINE AND FISHERIES

Continued

1334 LHOB 4047

Democrats RATIO: 27/13	Republicans
Glenn M. Anderson (Cal.)	Robert E. Bauman (Md.)
E de la Garza (Tex.)	Norman F. Lent (N.Y.)
Ralph H. Metcalfe (Ill.)	Matthew J. Rinaldo (N.J.)
John B. Breaux (La.)	David F. Emery (Me.)
Fred B. Rooney (Pa.)	
Paul S. Sarbanes (Md.)	
Bo Ginn (Ga.)	
Gerry E. Studds (Mass.)	
David R. Bowen (Miss.)	
Joshua Eilberg (Pa.)	
Ron de Lugo (V.I.)[1]	
Carroll Hubbard, Jr. (Ky.)	
Don Bonker (Wash.)	
Les AuCoin (Ore.)	
Norman E. D'Amours (N.H.)	
Jerry M. Patterson (Cal.)	
Leo C. Zeferetti (N.Y.)	
James L. Oberstar (Minn.)	

[1] *Participate in Committee Business but do not vote*

POST OFFICE AND CIVIL SERVICE

207 CHOB 4057

Democrats RATIO: 19/9	Republicans
David N. Henderson (N.C.) *Chairman*	Edward J. Derwinski (Ill.)
Morris K. Udall (Ariz.)	Albert W. Johnson (Pa.)
Dominick V. Daniels (N.J.)	John H. Rousselot (Cal.)
Robert N. C. Nix (Pa.)	Andrew J. Hinshaw (Cal.)
James M. Hanley (N.Y.)	James M. Collins (Tex.)
Charles H. Wilson (Cal.)	Gene Taylor (Mo.)
Richard C. White (Tex.)	Benjamin A. Gilman (N.Y.)
William D. Ford (Mich.)	Robin L. Beard (Tenn.)
William (Bill) Clay (Mo.)	Trent Lott (Miss.)
Patricia Schroeder (Colo.)	
William Lehman (Fla.)	
Gladys Noon Spellman (Md.)	
Stephen L. Neal (N.C.)	
Herbert E. Harris II (Va.)	
William M. Brodhead (Mich.)	
Paul Simon (Ill.)	
Norman Y. Mineta (Cal.)	
John W. Jenrette, Jr. (S.C.)	
Stephen J. Solarz (N.Y.)	

PUBLIC WORKS & TRANSPORTATION

2156 RHOB 4472

Democrats RATIO: 27/13	Republicans
Robert E. Jones (Ala.) *Chairman*	William H. Harsha (Ohio)
Jim Wright (Tex.)	James C. Cleveland (N.H.)
Harold T. Johnson (Cal.)	Don H. Clausen (Cal.)
David N. Henderson (N.C.)	Gene Snyder (Ky.)
Ray Roberts (Tex.)	John Paul Hammerschmidt (Ark.)
James J. Howard (N.J.)	Bud Shuster (Pa.)
Glenn M. Anderson (Cal.)	William F. Walsh (N.Y.)
Robert A. Roe (N.J.)	Thad Cochran (Miss.)
Teno Roncalio (Wyo.)	James Abdnor (S.D.)
Mike McCormack (Wash.)	Gene Taylor (Mo.)
James V. Stanton (Ohio)	Barry M. Goldwater, Jr. (Cal.)
Bella S. Abzug (N.Y.)	Tom Hagedorn (Minn.)
John B. Breaux (La.)	Gary A. Myers (Pa.)
Gerry E. Studds (Mass.)	
Bo Ginn (Ga.)	
Dale Milford (Tex.)	
Norman Y. Mineta (Cal.)	
Kenneth L. Holland (S.C.)	
Allan T. Howe (Utah)	
Elliott H. Levitas (Ga.)	
James L. Oberstar (Minn.)	
Jerome A. Ambro (N.Y.)	
Henry J. Nowak (N.Y.)	
Robert W. Edgar (Pa.)	
Marilyn Lloyd (Tenn.)	
John G. Fary (Ill.)	
Vacancy	

SUBCOMMITTEE ON WATER RESOURCES

Democrats	Republicans
Ray Roberts (Tex.)	Don H. Clausen, (Cal.)
Harold T. Johnson (Cal.)	Gene Snyder (Ky.)
James J. Howard (N.J.)	John Paul Hammerschmidt (Ark.)
Robert A. Roe (N.J.)	William F. Walsh (N.Y.)
Mike McCormack (Wash.)	James Abdnor (S.D.)
John B. Breaux (La.)	Gene Taylor (Mo.)
Bo Ginn (Ga.)	

Continued

SUBCOMMITTEE ON WATER RESOURCES
Continued

Democrats	Republicans
James L. Oberstar (Minn.)	Tom Hagedorn (Minn.)
Jerome A. Ambro (N.Y.)	
Robert W. Edgar (Pa.)	
Marilyn Lloyd (Tenn.)	
Glenn M. Anderson (Cal.)	
Bella S. Abzug (N.Y.)	
Allan T. Howe (Utah)	
Henry J. Nowak (N.Y.)	
John G. Fary (Ill.)	

RULES

H-313 CAPITOL 9486

Democrats RATIO: 11/5	Republicans
Ray J. Madden (Ind.) *Chairman*	James H. (Jimmy) Quillen (Tenn.)
James J. Delaney (N.Y.)	John B. Anderson (Ill.)
Richard Bolling (Mo.)	Delbert L. Latta (Ohio)
B. F. Sisk (Cal.)	Del Clawson (Cal.)
John Young (Tex.)	Trent Lott (Miss.)
Claude Pepper (Fla.)	
Spark M. Matsunaga (Hawaii)	
Morgan F. Murphy (Ill.)	
Gillis W. Long (La.)	
Joe Moakley (Mass.)	
Andrew Young (Ga.)	

SCIENCE AND TECHNOLOGY

2321 RHOB 6371

Democrats RATIO: 25/12	Republicans
Olin E. Teague (Tex.) *Chairman*	Charles A. Mosher (Ohio)
Ken Hechler (W. Va.)	Alphonzo Bell (Cal.)
Thomas N. Downing (Va.)	John Jarman (Okla.)
Don Fuqua (Fla.)	John W. Wydler (N.Y.)
James W. Symington (Mo.)	Larry Winn, Jr. (Kans.)
Walter Flowers (Ala.)	Louis Frey, Jr. (Fla.)
Robert A. Roe (N.J.)	Barry M. Goldwater, Jr. (Cal.)
Mike McCormack (Wash.)	Marvin L. Esch (Mich.)

Continued

SCIENCE AND TECHNOLOGY *Continued*

2319 RHOB 6371

Democrats RATIO: 25/12	Republicans
George E. Brown, Jr. (Cal.)	John B. Conlan (Ariz.)
Dale Milford (Tex.)	Gary A. Myers (Pa.)
Ray Thornton (Ark.)	David F. Emery (Me.)
James H. Scheuer (N.Y.)	Larry Pressler (S. Dak.)
Richard L. Ottinger (N.Y.)	
Henry A. Waxman (Cal.)	
Philip H. Hayes (Ind.)	
Tom Harkin (Iowa)	
Jim Lloyd (Cal.)	
Jerome A. Ambro (N.Y.)	
Christopher J. Dodd (Conn.)	
Michael T. Blouin (Iowa)	
Tim L. Hall (Ill.)	
Robert (Bob) Krueger (Tex.)	
Marilyn Lloyd (Tenn.)	
James J. Blanchard (Mich.)	
Timothy Wirth (Colo.)	

SMALL BUSINESS

2361 RHOB 5821

Democrats RATIO: 25/12	Republicans
Joe L. Evins (Tenn.), *Chairman*	Silvio O. Conte (Mass.)
Tom Steed (Okla.)	J. William Stanton (Ohio)
John D. Dingell (Mich.)	Joseph M. McDade (Pa.)
Neal Smith (Iowa)	John Y. McCollister (Neb.)
James C. Corman (Cal.)	William S. Broomfield (Mich.)
Joseph P. Addabbo (N.Y.)	Tim Lee Carter (Ky.)
William L. Hungate (Mo.)	Hamilton Fish, Jr. (N.Y.)
Fernand J. St. Germain (R.I.)	M. Caldwell Butler (Va.)
Charles J. Carney (Ohio)	William S. Cohen (Me.)
Bob Bergland (Minn.)	Millicent Fenwick (N.J.)
Henry B. Gonzalez (Tex.)	Thomas N. Kindness (Ohio)
James M. Hanley (N.Y.)	William F. Goodling (Pa.)
Gus Yatron (Pa.)	
John B. Breckinridge (Ky.)	
John J. LaFalce (N.Y.)	
John Krebs (Cal.)	
Berkley Bedell (Iowa)	

Continued

SMALL BUSINESS *Continued*

2361 RHOB 5821

Democrats RATIO: 25/12	Republicans
Frederick W. Richmond (N.Y.)	
Herman Badillo (N.Y.)	
Martin A. Russo (Ill.)	
Alvin J. Baldus (Wis.)	
Richard Nolan (Minn.)	
Jack Hightower (Tex.)	
Thomas J. Downey (N.Y.)	
Floyd J. Fithian (Ind.)	

STANDARDS OF OFFICIAL CONDUCT

2360 RHOB 7103

Democrats RATIO: 6/6	Republicans
John J. Flynt, Jr. (Ga.) *Chairman*	Floyd Spence (S.C.)
Melvin Price (Ill.)	James H. (Jimmy) Quillen (Tenn.)
Olin E. Teague (Tex.)	Edward Hutchinson (Mich.)
F. Edward Hébert (La.)	Albert H. Quie (Minn.)
Thomas S. Foley (Wash.)	Donald J. Mitchell (N.Y.)
Charles E. Bennett (Fla.)	Thad Cochran (Miss.)

VETERANS' AFFAIRS

335 CHOB 3527

Democrats RATIO: 18/9	Republicans
Ray Roberts (Tex.) *Chairman*	John Paul Hammerschmidt (Ark.)
Olin E. Teague (Tex.)	Margaret M. Heckler (Mass.)
David E. Satterfield III (Va.)	Chalmers P. Wylie (Ohio)
Don Edwards (Cal.)	Elwood Hillis (Ind.)
G. V. (Sonny) Montgomery (Miss.)	James Abdnor (S.D.)
Charles J. Carney (Ohio)	William F. Walsh (N.Y.)
George E. Danielson (Cal.)	Tennyson Guyer (Ohio)
Lester L. Wolff (N.Y.)	George Hansen (Idaho)
Jack Brinkley (Ga.)	George M. O'Brien (Ill.)
Ronald M. Mottl (Ohio)	
Robert J. Cornell (Wis.)	

Continued

VETERANS' AFFAIRS *Continued*

335 CHOB 3527

Democrats RATIO: 18/9	Republicans
W. G. (Bill) Hefner (N.C.)	
Mark W. Hannaford (Cal.)	
Edward P. Beard (R.I.)	
Robert W. Edgar (Pa.)	
Kenneth L. Holland (S.C.)	
Matthew F. McHugh (N.Y.)	
Clifford Allen (Tenn.)	

WAYS AND MEANS

1102 LHOB 3625

Democrats RATIO: 25 12	Republicans
Al Ullman (Ore.) *Chairman*	Herman T. Schneebeli (Pa.)
Wilbur D. Mills (Ark.)	Barber B. Conable, Jr. (N.Y.)
James A. Burke (Mass.)	John J. Duncan (Tenn.)
Dan Rostenkowski (Ill.)	Donald D. Clancy (Ohio)
Phil M. Landrum (Ga.)	Bill Archer (Tex.)
Charles A. Vanik (Ohio)	Guy Vander Jagt (Mich.)
Omar Burleson (Tex.)	William A. Steiger (Wis.)
James C. Corman (Cal.)	Philip M. Crane (Ill.)
William J. Green (Pa.)	Bill Frenzel (Minn.)
Sam Gibbons (Fla.)	James G. Martin (N.C.)
Joe D. Waggonner, Jr (La.)	L. A. (Skip) Bafalis (Fla.)
Joseph E. Karth (Minn.)	William M. Ketchum (Cal.)
Otis G. Pike (N.Y)	
Richard F. Vander Veen (Mich.)	
J. J. Pickle (Tex.)	
Henry Helstoski (N.J.)	
Charles B. Rangel (N.Y.)	
William R. Cotter (Conn.)	
Fortney H. (Pete) Stark (Cal.)	
James R. Jones (Okla.)	
Andrew Jacobs, Jr. (Ind.)	
Abner J. Mikva (Ill.)	
Martha Keys (Kans.)	
Joseph L. Fisher (Va.)	
Harold E. Ford (Tenn.)	

SUBCOMMITTEE ON HEALTH

Democrats	Republicans
Dan Rostenkowski (Ill.) *Chairman*	John J. Duncan (Tenn.)
James C. Corman (Cal.)	Philip M. Crane (Ill.)
Otis G. Pike (N.Y.)	James G. Martin (N.C.)
Charles A. Vanik (Ohio)	Donald D. Clancy (Ohio)
Omar Burleson (Tex.)	
Joe D. Waggoner, Jr. (La.)	
William R. Cotter (Conn.)	
Martha Keys (Kans.)	
Vacancy	

SUBCOMMITTEE ON SOCIAL SECURITY

Democrats	Republicans
James A. Burke (Mass.) *Chairman*	Bill Archer (Tex.)
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ALABAMA

Senators	Rm. No. & Bldg.	Ext. No.
John J. Sparkman (D)	3203 NSOB	4124
James B. Allen (D)	6313 NSOB	5744
Representatives		
1. Jack Edwards (R)	137 CHOB	4931
2. William L. Dickinson (R)	204 CHOB	2901
3. VACANCY		
4. Bill Nichols (D)	1037 LHOB	3261
5. Walter W. Flowers (D)	327 CHOB	2665
6. John H. Buchanan (R)	1212 LHOB	4921
7. Tom Bevill (D)	1207 LHOB	4876
8. Robert E. Jones, Jr. (D)	2426 RHOB	4801

ALASKA

Senators		
Theodore F. Stevens (R)	304 OSOB	3004
Mike Gravel (D)	1251 NSOB	6665
Representative (At Large)		
Nick J. Begich (D)	1210 LHOB	5765

ARIZONA

Senators		
Paul J. Fannin (R)	140 OSOB	4521
Barry Goldwater (R)	440 OSOB	2235
Representatives		
1. John J. Rhodes (R)	2312 RHOB	2635
2. Morris K. Udall (D)	119 CHOB	4065
3. Sam Steiger (R)	126 CHOB	4576

ARKANSAS

Senators		
John L. McClellan (D)	3241 NSOB	2353
J. W. Fulbright (D)	1215 NSOB	4843
Representatives		
1. William V. Alexander (D)	116 CHOB	4076

Arkansas Continued	Rm. No. & Bldg.	Ext. No.
2. Wilbur D. Mills (D)	1136 LHOB	2506
3. John P. Hammerschmidt (R)	437 CHOB	4301
4. David Pryor (D)	307 CHOB	3772

CALIFORNIA

Senators		
Alan Cranston (D)	452 OSOB	3553
John V. Tunney (D)	1415 NSOB	3841
Representatives		
1. Don H. Clausen (R)	1035 LHOB	3311
2. Harold T. Johnson (D)	2347 RHOB	3076
3. John E. Moss (D)	2185 RHOB	7163
4. Robert L. Leggett (D)	2263 RHOB	5716
5. Phillip Burton (D)	339 CHOB	4965
6. William S. Mailliard (R)	2336 RHOB	5161
7. Ronald V. Dellums (D)	1417 LHOB	7177
8. George P. Miller (D)	2365 RHOB	5065
9. Don Edwards (D)	2422 RHOB	3072
10. Charles S. Gubser (R)	2373 RHOB	2631
11. Paul N. McCloskey (R)	1511 LHOB	5411
12. Burt L. Talcott (R)	1524 LHOB	2861
13. Charles M. Teague (R)	1414 LHOB	3601
14. Jerome R. Waldie (D)	408 CHOB	5511
15. John J. McFall (D)	2346 RHOB	2511
16. B. F. Sisk (D)	2242 RHOB	6131
17. Glenn M. Anderson (D)	1132 LHOB	6676
18. Robert B. Mathias (R)	1024 LHOB	3341
19. Chet Holifield (D)	2469 RHOB	3976
20. H. Allen Smith (R)	2433 RHOB	4176
21. Augustus F. Hawkins (D)	2350 RHOB	2201
22. James C. Corman (D)	203 CHOB	5811
23. Del Clawson (R)	227 CHOB	3576
24. John H. Rousselot (R)	1706 LHOB	4206
25. Charles E. Wiggins (R)	229 CHOB	4111
26. Thomas M. Rees (D)	1113 LHOB	5911
27. Barry M. Goldwater, Jr. (R)	1421 LHOB	4461
28. Alphonzo Bell (R)	113 CHOB	6451
29. George E. Danielson (D)	1513 LHOB	5464
30. Edward R. Roybal (D)	504 CHOB	6235
31. Charles H. Wilson (D)	104 CHOB	5425
32. Craig Hosmer (R)	2217 RHOB	2415
33. Jerry L. Pettis (R)	427 CHOB	5861
34. Richard T. Hanna (D)	213 CHOB	2965

California Continued	Rm. No. & Bldg.	Ext. No.
35. John G. Schmitz (R)	1208 LHOB	5611
36. Bob Wilson (R)	2235 RHOB	3201
37. Lionel Van Deerlin (D)	211 CHOB	5672
38. Victor V. Veysey (R)	1227 LHOB	2305

COLORADO

Senators

Gordon Allott (R)	5229 NSOB	5941
Peter H. Dominick (R)	248 OSOB	5852

Representatives

1. J. D. (Mike) McKevitt (R)	426 CHOB	3331
2. Donald G. Brotzman (R)	413 CHOB	2161
3. Frank E. Evans (D)	127 CHOB	4761
4. Wayne N. Aspinall (D)	2313 RHOB	4431

CONNECTICUT

Senators

Abraham A. Ribicoff (D)	321 OSOB	2823
Lowell P. Weicker, Jr. (R)	5313 NSOB	4041

Representatives

1. William R. Cotter (D)	514 CHOB	2265
2. Robert H. Steele (R)	1206 LHOB	2076
3. Robert N. Giaimo (D)	2338 RHOB	3661
4. Stewart B. McKinney (R)	1007 LHOB	5541
5. John S. Monagan (D)	2331 RHOB	3822
6. Ella T. Grasso (D)	513 CHOB	4476

DELAWARE

Senators

J. Caleb Boggs (R)	3311 NSOB	5042
William V. Roth (R)	3123 NSOB	2441

Representative (At Large)

Pierre S. DuPont, IV (R)	1209 LHOB	4165

FLORIDA

Senators

Edward J. Gurney (R)	5107 NSOB	3041
Lawton Chiles (D)	2106 NSOB	5274

Florida Continued

Representatives	Rm. No. & Bldg.	Ext. No.
1. Robert L. F. Sikes (D)	2269 RHOB	4136
2. Don Fuqua (D)	434 CHOB	5235
3. Charles E. Bennett (D)	2113 RHOB	2501
4. William V. Chappell (D)	1131 LHOB	4035
5. Louis Frey, Jr. (R)	214 CHOB	3671
6. Sam M. Gibbons (D)	2161 RHOB	3376
7. James A. Haley (D)	1236 LHOB	5015
8. C. W. Bill Young (R)	1721 LHOB	5961
9. Paul G. Rogers (D)	2417 RHOB	3001
10. J. Herbert Burke (R)	1125 LHOB	3026
11. Claude Pepper (D)	432 CHOB	3931
12. Dante B. Fascell (D)	2160 RHOB	4506

GEORGIA

Senators

Herman E. Talmadge (D)	347 OSOB	3643
David Gambrell (D)	460 OSOB	3521

Representatives

1. G. Elliott Hagan (D)	2443 RHOB	5831
2. Dawson Mathis (D)	502 CHOB	3631
3. Jack Brinkley (D)	317 CHOB	5901
4. Benjamin B. Blackburn (R)	1019 LHOB	4272
5. Fletcher Thompson (R)	208 CHOB	3801
6. John J. Flynt, Jr. (D)	2335 RHOB	4501
7. John W. Davis (D)	2342 RHOB	2931
8. W. S. (Bill) Stuckey (D)	223 CHOB	6531
9. Phil M. Landrum (D)	2308 RHOB	5211
10. Robert G. Stephens, Jr. (D)	343 CHOB	4101

HAWAII

Senators

Hiram L. Fong (R)	1313 NSOB	6361
Daniel K. Inouye (D)	442 OSOB	3934

Representatives

1. Spark M. Matsunaga (D)	442 CHOB	2726
2. Patsy T. Mink (D)	301 CHOB	4906

IDAHO

Senators	Rm. No. & Bldg.	Ext. No.
Frank Church (D)	204 OSOB	6142
Len B. Jordan (R)	437 OSOB	2752

Representatives

1. James A. McClure (R)	1034 LHOB	6611
2. Orval Hansen (R)	312 CHOB	5531

ILLINOIS

Senators

Charles H. Percy (R)	1200 NSOB	2152
Adlai E. Stevenson, III (D)	109 OSOB	2854

Representatives

1. Ralph H. Metcalfe (D)	1110 LHOB	4372
2. Abner J. Mikva (D)	1527 LHOB	4835
3. Morgan F. Murphy (D)	1108 LHOB	3406
4. Edward J. Derwinski (R)	1401 LHOB	3961
5. John C. Kluczynski (D)	2302 RHOB	5701
6. George W. Collins (D)	1504 LHOB	5006
7. Frank Annunzio (D)	1224 LHOB	6661
8. Dan Rostenkowski (D)	2348 RHOB	4061
9. Sidney R. Yates (D)	2234 RHOB	2111
10. Harold R. Collier (R)	1436 LHOB	4561
11. Roman C. Pucinski (D)	2104 RHOB	4211
12. Robert McClory (R)	2452 RHOB	5221
13. Philip M. Crane (R)	1407 LHOB	3711
14. John N. Erlenborn (R)	330 CHOB	3515
15. VACANCY		
16. John B. Anderson (R)	1101 LHOB	5676
17. Leslie C. Arends (R)	2306 RHOB	2976
18. Robert H. Michel (R)	2112 RHOB	6201
19. Tom Railsback (R)	218 CHOB	5905
20. Paul Findley (R)	2162 RHOB	5271
21. Kenneth J. Gray (D)	2372 RHOB	5201
22. William L. Springer (R)	2202 RHOB	2371
23. George E. Shipley (D)	237 CHOB	5001
24. Melvin Price (D)	2468 RHOB	5661

INDIANA

Senators	Rm. No. & Bldg.	Ext. No.
Vance Hartke (D)	313 OSOB	4814
Birch Bayh (D)	363 OSOB	5623

Representatives

1. Ray J. Madden (D)	2409 RHOB	2461
2. Earl F. Landgrebe (R)	1238 LHOB	5777
3. John Brademas (D)	2134 RHOB	3915
4. J. Edward Roush (D)	2400 RHOB	4436
5. Elwood Hillis (R)	1510 LHOB	5037
6. William G. Bray (R)	2204 RHOB	2276
7. John T. Myers (R)	103 CHOB	5805
8. Roger H. Zion (R)	1226 LHOB	4636
9. Lee H. Hamilton (D)	224 CHOB	5315
10. David W. Dennis (R)	1729 LHOB	3021
11. Andrew Jacobs, Jr. (D)	1535 LHOB	4011

IOWA

Senators

Jack R. Miller (R)	4313 NSOB	3254
Harold E. Hughes (D)	1327 NSOB	3744

Representatives

1. Fred Schwengel (R)	2229 RHOB	6576
2. John C. Culver (D)	107 CHOB	2911
3. H. R. Gross (R)	2368 RHOB	3301
4. John Kyl (R)	1026 LHOB	3906
5. Neil Smith (D)	2458 RHOB	4426
6. Wiley Mayne (R)	114 CHOB	5476
7. William J. Scherle (R)	512 CHOB	3806

KANSAS

Senators

James B. Pearson (R)	5313 NSOB	4774
Robert Dole (R)	2327 NSOB	6521

Representatives

1. Keith G. Sebelius (R)	1117 LHOB	2715
2. William R. Roy (D)	1118 LHOB	6601
3. Larry Winn, Jr. (R)	428 CHOB	2865
4. Garner E. Shriver (R)	2439 RHOB	6216
5. Joe Skubitz (R)	2447 RHOB	3911

KENTUCKY

Senators	Rm. No. & Bldg.	Ext. No.
John S. Cooper (R)	125 OSOB	2542
Marlow W. Cook (R)	347 OSOB	4343

Representatives

1. Frank A. Stubblefield (D)	2228 RHOB	3115
2. William H. Natcher (D)	2333 RHOB	3501
3. Romano L. Mazzoli (D)	1017 LHOB	5401
4. M. G. Snyder (R)	306 CHOB	3465
5. Tim Lee Carter (R)	1202 LHOB	4601
6. William P. Curlin, Jr.	1330 LHOB	4706
7. Carl D. Perkins (D)	2252 RHOB	4935

LOUISIANA

Senators

Allen J. Ellender (D)	245 OSOB	5824
Russell B. Long (D)	217 OSOB	4623

Representatives

1. F. Edward Hebert (D)	2340 RHOB	3015
2. Hale Boggs (D)	H148 Capitol	5081
3. Patrick Caffery (D)	216 CHOB	4031
4. Joe D. Waggonner, Jr. (D)	221 CHOB	2777
5. Otto E. Passman (D)	2108 RHOB	2376
6. John R. Rarick (D)	1525 LHOB	3901
7. VACANCY		
8. Speedy O. Long (D)	419 CHOB	4926

MAINE

Senators

Margaret Chase Smith (R)	2121 NSOB	2523
Edmund S. Muskie (D)	221 OSOB	5344

Representatives

1. Peter N. Kyros (D)	228 CHOB	6116
2. William D. Hathaway (D)	329 CHOB	6306

MARYLAND

Senators

Charles McC. Mathias, Jr. (R)	460 OSOB	4654
J. Glenn Beall, Jr. (R)	404 OSOB	4524

Maryland Continued

Representatives

	Rm. No. & Bldg.	Ext. No.
1. William O. Mills (R)	1009 LHOB	5311
2. Clarence D. Long (D)	1126 LHOB	3061
3. Edward A. Garmatz (D)	2187 RHOB	6161
4. Paul S. Sarbanes (D)	1507 LHOB	4016
5. Lawrence J. Hogan (R)	1027 LHOB	4131
6. Goodloe E. Byron (D)	1730 LHOB	2721
7. Parren J. Mitchell (D)	1228 LHOB	4741
8. Gilbert Gude (R)	332 CHOB	5341

MASSACHUSETTS

Senators

Edward M. Kennedy (D)	431 OSOB	4543
Edward W. Brooke (R)	421 OSOB	2742

Representatives

1. Silvio O. Conte (R)	239 CHOB	5335
2. Edward P. Boland (D)	2111 RHOB	5601
3. Robert F. Drinan (D)	509 CHOB	5931
4. Harold D. Donohue (D)	2265 RHOB	6101
5. F. Bradford Morse (R)	2244 RHOB	3411
6. Michael Harrington (D)	435 CHOB	8020
7. Torbert H. Macdonald (D)	2470 RHOB	2836
8. Thomas P. O'Neill, Jr. (D)	2231 RHOB	5111
9. Louise Day Hicks (D)	1232 LHOB	8273
10. Margaret M. Heckler (R)	318 CHOB	4335
11. James A. Burke (D)	241 CHOB	3215
12. Hastings Keith (R)	2344 RHOB	3111

MICHIGAN

Senators

Philip A. Hart (D)	253 OSOB	4822
Robert P. Griffin (R)	353 OSOB	6221

Representatives

1. John Conyers, Jr., (D)	222 CHOB	5126
2. Marvin L. Esch (R)	412 CHOB	4401
3. Garry Brown (R)	404 CHOB	5011
4. Edward Hutchinson (R)	2436 RHOB	3761
5. Gerald R. Ford (R)	H230 Capitol	3831
6. Charles E. Chamberlain (R)	2233 RHOB	4872
7. Donald W. Riegle, Jr. (R)	1408 LHOB	3611
8. James Harvey (R)	2352 RHOB	2806
9. Guy Vander Jagt (R)	1211 LHOB	3511

Michigan Continued

	Rm. No. & Bldg.	Ext. No
10. Elford A. Cederberg (R)	2303 RHOB	3561
11. Philip E. Ruppe (R)	124 CHOB	4735
12. James G. O'Hara (D)	2241 RHOB	2106
13. Charles C. Diggs, Jr. (D)	2464 RHOB	2261
14. Lucien N. Nedzi (D)	2418 RHOB	6276
15. William D. Ford (D)	125 CHOB	6261
16. John D. Dingell (D)	2210 RHOB	4071
17. Martha W. Griffiths (D)	1536 LHOB	4961
18. William S. Broomfield (R)	2435 RHOB	6135
19. Jack H. McDonald (R)	1204 LHOB	2101

MINNESOTA

Senators

Walter F. Mondale (D)	443 OSOB	5641
Hubert H. Humphrey (D)	232 OSOB	3244

Representatives

1. Albert H. Quie (R)	2334 RHOB	2271
2. Ancher Nelsen (R)	2329 RHOB	2472
3. Bill Frenzel (R)	1725 LHOB	2871
4. Joseph E. Karth (D)	2432 RHOB	6631
5. Donald M. Fraser (D)	1111 LHOB	4755
6. John M. Zwach (R)	1502 LHOB	2331
7. Bob Bergland (D)	1008 LHOB	2165
8. John A. Blatnik (D)	2449 RHOB	6211

MISSISSIPPI

Senators

James O. Eastland (D)	2241 NSOB	5054
John Stennis (D)	205 OSOB	6253

Representatives

1. Thomas G. Abernethy (D)	2371 RHOB	5876
2. Jamie L. Whitten (D)	2413 RHOB	4306
3. Charles H. Griffin (D)	1315 LHOB	5865
4. G. V. Montgomery (D)	503 CHOB	5031
5. William M. Colmer (D)	2307 RHOB	5772

MISSOURI

Senators

Stuart Symington (D)	229 OSOB	6154
Thomas F. Eagleton (D)	6235 NSOB	5721

Missouri Continued

Representatives

	Rm. No. & Bldg.	Ext. No.
1. William L. Clay (D)	328 CHOB	2406
2. James W. Symington (D)	1533 LHOB	2561
3. Leonor K. Sullivan (D)	2221 RHOB	2671
4. William J. Randall (D)	2431 RHOB	2876
5. Richard Bolling (D)	2465 RHOB	4535
6. W. R. Hull, Jr. (D)	2349 RHOB	7041
7. Durward G. Hall (R)	2411 RHOB	6536
8. Richard H. Ichord (D)	2429 RHOB	5155
9. William L. Hungate (D)	439 CHOB	2956
10. Bill D. Burlison (D)	1338 LHOB	4404

MONTANA

Senators

Mike Mansfield (D)	133 OSOB	2644
Lee Metcalf (D)	427 OSOB	2651

Representatives

1. Richard G. Shoup (R)	1724 LHOB	3211
2. John Melcher (D)	1641 LHOB	4415

NEBRASKA

Senators

Roman L. Hruska (R)	209 OSOB	6551
Carl T. Curtis (R)	2213 NSOB	4224

Representatives

1. Charles Thone (R)	1531 LHOB	4806
2. John Y. McCollister (R)	511 CHOB	4155
3. Dave Martin (R)	2227 RHOB	6435

NEVADA

Senators

Alan Bible (D)	145 OSOB	3542
Howard W. Cannon (D)	259 OSOB	6244

Representative (At Large)

Walter S. Baring (D)	2434 RHOB	5965

NEW HAMPSHIRE

Senators

Norris Cotton (R)	4121 NSOB	3324
Thomas J. McIntyre (D)	405 OSOB	2841

New Hampshire Continued

Representatives

	Rm. No. & Bldg.	Ext. No.
1. Louis C. Wyman (R)	410 CHOB	5456
2. James C. Cleveland (R)	1112 LHOB	5206

NEW JERSEY

Senators

Clifford P. Case (R)	315 OSOB	3224
Harrison A. Williams, Jr. (D)	352 OSOB	4744

Representatives

1. John E. Hunt (R)	1440 LHOB	6501
2. Charles W. Sandman, Jr. (R)	115 CHOB	6572
3. James J. Howard (D)	131 CHOB	4671
4. Frank Thompson, Jr. (D)	2246 RHOB	3765
5. Peter H. B. Frelinghuysen (R)	2110 RHOB	7300
6. Edwin B. Forsythe (R)	331 CHOB	4765
7. William B. Widnall (R)	2309 RHOB	4465
8. Robert A. Roe (D)	1009 LHOB	5751
9. Henry Helstoski (D)	326 CHOB	5061
10. Peter W. Rodino, Jr. (D)	2266 RHOB	3436
11. Joseph G. Minish (D)	438 CHOB	5035
12. Florence P. Dwyer (R)	2421 RHOB	5361
13. Cornelius E. Gallagher (D)	235 CHOB	5801
14. Dominick V. Daniels (D)	2370 RHOB	2765
15. Edward J. Patten (D)	2332 RHOB	6301

NEW MEXICO

Senators

Clinton P. Anderson (D)	4215 NSOB	6621
Joseph M. Montoya (D)	4107 NSOB	5521

Representatives (At Large)

Manuel Lujan (R)	1323 LHOB	6316
Harold L. Runnels (D)	1728 LHOB	2365

NEW YORK

Senators

Jacob K. Javits (R)	326 OSOB	6542
James L. Buckley (CR)	5323 NSOB	4451

Representatives

1. Otis G. Pike (D)	2428 RHOB	3826

New York Continued

	Rm. No. & Bldg.	Ext. No.
2. James R. Grover, Jr. (R)	1234 LHOB	3335
3. Lester L. Wolff (D)	403 CHOB	5956
4. John W. Wydler (R)	2444 RHOB	5516
5. Norman F. Lent (R)	1230 LHOB	7896
6. Seymour Halpern (R)	2236 RHOB	2536
7. Joseph P. Addabbo (D)	2440 RHOB	3461
8. Benjamin S. Rosenthal (D)	2453 RHOB	2601
9. James J. Delaney (D)	2267 RHOB	3965
10. Emanuel Celler (D)	2136 RHOB	3531
11. Frank J. Brasco (D)	405 CHOB	5471
12. Shirley Chisholm (D)	123 CHOB	6231
13. Bertram Podell (D)	1712 LHOB	2361
14. John J. Rooney (D)	2268 RHOB	5936
15. Hugh L. Carey (D)	106 CHOB	4105
16. John M. Murphy (D)	2445 RHOB	3371
17. Edward I. Koch (D)	1134 LHOB	2436
18. Charles B. Rangel (D)	226 CHOB	4365
19. Bella S. Abzug (D)	1506 LHOB	5635
20. William F. Ryan (D)	303 CHOB	6616
21. Herman Badillo (D)	510 CHOB	4361
22. James H. Scheuer (D)	431 CHOB	3816
23. Jonathan B. Bingham (D)	133 CHOB	4411
24. Mario Biaggi (D)	1221 LHOB	2464
25. Peter A. Peyser (R)	1133 LHOB	5536
26. Ogden R. Reid (R)	240 CHOB	6506
27. John G. Dow (D)	238 CHOB	3776
28. Hamilton Fish, Jr. (R)	1534 LHOB	5441
29. Samuel S. Stratton (D)	2404 RHOB	5076
30. Carleton J. King (R)	2245 RHOB	5615
31. Robert C. McEwen (R)	423 CHOB	4611
32. Alexander Pirnie (R)	1434 LHOB	3665
33. Howard W. Robison (R)	2330 RHOB	6335
34. John H. Terry (R)	1410 LHOB	8090
35. James M. Hanley (D)	109 CHOB	3701
36. Frank J. Horton (R)	407 CHOB	4916
37. Barber B. Conable, Jr. (R)	230 CHOB	3615
38. James F. Hastings (R)	118 CHOB	3161
39. Jack F. Kemp (R)	1229 LHOB	5265
40. Henry P. Smith, III (R)	422 CHOB	3231
41. Thaddeus J. Dulski (D)	205 CHOB	3306

NORTH CAROLINA

Senators	Rm. No. & Bldg.	Ext. No.
Sam J. Ervin, Jr. (D)	337 OSOB	3154
B. Everett Jordan (D)	3229 NSOB	6342

Representatives	Rm. No. & Bldg.	Ext. No.
1. Walter B. Jones (D)	130 CHOB	3101
2. L. H. Fountain (D)	2188 RHOB	4531
3. David N. Henderson (D)	217 CHOB	3415
4. Nick Galifianakis (D)	225 CHOB	2515
5. Wilmer Mizell (R)	429 CHOB	2071
6. L. Richardson Preyer (D)	501 CHOB	3065
7. Alton Lennon (D)	2437 RHOB	2731
8. Earl B. Ruth (R)	129 CHOB	3715
9. Charles Raper Jonas (R)	2133 RHOB	3476
10. James T. Broyhill (R)	2448 RHOB	2576
11. Roy A. Taylor (D)	2240 RHOB	6401

NORTH DAKOTA

Senators	Rm. No. & Bldg.	Ext. No.
Milton R. Young (R)	5205 NSOB	2043
Quentin N. Burdick (D)	451 OSOB	2551

Representatives	Rm. No. & Bldg.	Ext. No.
1. Mark Andrews (R)	409 CHOB	2611
2. Arthur A. Link (D)	1610 LHOB	5736

OHIO

Senators	Rm. No. & Bldg.	Ext. No.
William B. Saxbe (R)	1203 NSOB	3353
Robert Taft, Jr. (R)	110 OSOB	2315

Representatives	Rm. No. & Bldg.	Ext. No.
1. William J. Keating (R)	1317 LHOB	3164
2. Donald D. Clancy (R)	2351 RHOB	2216
3. Charles W. Whalen, Jr. (R)	1225 LHOB	6465
4. William M. McCulloch (R)	2186 RHOB	2676
5. Delbert L. Latta (R)	2423 RHOB	6405
6. William H. Harsha (R)	2457 RHOB	5705
7. Clarence J. Brown, Jr. (R)	212 CHOB	4324
8. Jackson E. Betts (R)	2310 RHOB	3865
9. Thomas L. Ashley (D)	2427 RHOB	4146
10. Clarence E. Miller (R)	128 CHOB	5131

Ohio Continued	Rm. No. & Bldg.	Ext. No.
11. J. William Stanton (R)	132 CHOB	5306
12. Samuel L. Devine (R)	2262 RHOB	5355
13. Charles A. Mosher (R)	2442 RHOB	3401
14. John F. Seiberling, Jr. (D)	1223 LHOB	5231
15. Chalmers P. Wylie (R)	1331 LHOB	2015
16. Frank T. Bow (R)	2182 RHOB	3876
17. John M. Ashbrook (R)	206 CHOB	6431
18. Wayne L. Hays (D)	2264 RHOB	6265
19. Charles J. Carney (D)	1123 LHOB	5261
20. James V. Stanton (D)	1107 LHOB	5871
21. Louis Stokes (D)	315 CHOB	7032
22. Charles A. Vanik (D)	2463 RHOB	6331
23. William E. Minshall (R)	2243 RHOB	5731
24. Walter E. Powell (R)	1532 LHOB	6205

OKLAHOMA

Senators	Rm. No. & Bldg.	Ext. No.
Fred R. Harris (D)	254 OSOB	4721
Henry Bellmon (R)	4203 NSOB	5754

Representatives	Rm. No. & Bldg.	Ext. No.
1. Page Belcher (R)	2462 RHOB	2211
2. Ed Edmondson (D)	2402 RHOB	2701
3. Carl Albert (D)	H209 Capitol	2204
4. Tom Steed (D)	2405 RHOB	6165
5. John Jarman (D)	2416 RHOB	2132
6. John N. Happy Camp (R)	1406 LHOB	5565

OREGON

Senators	Rm. No. & Bldg.	Ext. No.
Mark O. Hatfield (R)	463 OSOB	3753
Robert W. Packwood (R)	6327 NSOB	5244

Representatives	Rm. No. & Bldg.	Ext. No.
1. Wendell Wyatt (R)	414 CHOB	2206
2. Al Ullman (D)	2410 RHOB	5711
3. Edith Green (D)	2441 RHOB	4811
4. John R. Dellenback (R)	1214 LHOB	6416

PENNSYLVANIA

Senators	Rm. No. & Bldg.	Ext. No.
Hugh Scott (R)	260 OSOB	6324
Richard S. Schweiker (R)	6221 NSOB	4254

Pennsylvania Continued

Representatives	Rm. No. & Bldg.	Ext. No.
1. William A. Barrett (D)	2304 RHOB	4731
2. Robert N. C. Nix (D)	2201 RHOB	4001
3. James A. Byrne (D)	2412 RHOB	2431
4. Joshua Eilberg (D)	1130 LHOB	4661
5. William J. Green (D)	1128 LHOB	6271
6. Gus Yatron (D)	313 CHOB	5546
7. Lawrence G. Williams (R)	1503 LHOB	2011
8. Edward G. Biester, Jr. (R)	325 CHOB	4276
9. John Ware (R)	1021 LHOB	5761
10. Joseph M. McDade (R)	2438 RHOB	3731
11. Daniel J. Flood (D)	108 CHOB	6511
12. J. Irving Whalley (R)	1235 LHOB	4676
13. Lawrence Coughlin (R)	336 CHOB	6111
14. William S. Moorhead (D)	2467 RHOB	2301
15. Fred B. Rooney (D)	236 CHOB	6411
16. Edwin D. Eshleman (R)	416 CHOB	2411
17. Herman T. Schneebeli (R)	1336 LHOB	4315
18. H. John Heinz III (R)	507 CHOB	2135
19. George A. Goodling (R)	1714 LHOB	5836
20. Joseph M. Gaydos (D)	1033 LHOB	4631
21. John H. Dent (D)	2430 RHOB	5631
22. John P. Saylor (R)	2354 RHOB	2065
23. Albert W. Johnson (R)	1424 LHOB	5121
24. Joseph P. Vigorito (D)	440 CHOB	5406
25. Frank M. Clark (D)	2238 RHOB	2565
26. Thomas E. Morgan (D)	2183 RHOB	4665
27. VACANCY		

RHODE ISLAND

Senators

John O. Pastore (D)	3215 NSOB	2921
Claiborne Pell (D)	325 OSOB	4642

Representatives

1. Fernand J. St. Germain (D)	2367 RHOB	4911
2. Robert O. Tiernan (D)	417 CHOB	2735

SOUTH CAROLINA

Senators

Strom Thurmond (R)	4241 NSOB	5972
Ernest F. Hollings (D)	432 OSOB	6121

South Carolina Continued

Representatives	Rm. No. & Bldg.	Ext. No.
1. Mendel J. Davis (D)	1726 LHOB	3176
2. Floyd Spence (R)	516 CHOB	2452
3. W. J. Bryan Dorn (D)	2256 RHOB	5301
4. James R. Mann (D)	1109 LHOB	6030
5. Tom S. Gettys (D)	341 CHOB	5501
6. John L. McMillan (D)	2208 RHOB	3315

SOUTH DAKOTA

Senators

Karl E. Mundt (R)	5241 NSOB	5842
George McGovern (D)	362 OSOB	2321

Representatives

1. Frank E. Denholm (D)	1321 LHOB	2801
2. James Abourezk (D)	508 CHOB	5165

TENNESSEE

Senators

Howard H. Baker, Jr. (R)	2107 NSOB	4944
W. E. (Bill) Brock (R)	304 OSOB	3344

Representatives

1. James H. (Jimmy) Quillen (R)	102 CHOB	6356
2. John J. Duncan (R)	117 CHOB	5435
3. LaMar Baker (R)	1116 LHOB	3271
4. Joe L. Evins (D)	2300 RHOB	4231
5. Richard Fulton (D)	401 CHOB	4311
6. William R. Anderson (D)	316 CHOB	2811
7. Ray Blanton (D)	1005 LHOB	7084
8. Ed Jones (D)	1313 LHOB	4714
9. Dan Kuykendall (R)	1526 LHOB	3265

TEXAS

Senators

John G. Tower (R)	142 OSOB	2934
Lloyd M. Bentsen (D)	240 OSOB	5922

Representatives

1. Wright Patman (D)	2328 RHOB	3035
2. John Dowdy (D)	2301 RHOB	2401

Texas Continued

	Rm. No. & Bldg.	Ext. No.
3. James M. Collins (R)	1512 LHOB	4201
4. Ray Roberts (D)	2455 RHOB	6673
5. Earle Cabell (D)	418 CHOB	2231
6. Olin E. Teague (D)	2311 RHOB	2002
7. Bill Archer (R)	1608 LHOB	2571
8. Bob Eckhardt (D)	1741 LHOB	4901
9. Jack Brooks (D)	2239 RHOB	6565
10. J. J. Pickle (D)	231 CHOB	4865
11. W. R. Poage (D)	2107 RHOB	6105
12. Jim Wright (D)	2459 RHOB	5071
13. Graham Purcell (D)	120 CHOB	3605
14. John Young (D)	2419 RHOB	2831
15. Eligio de la Garza (D)	319 CHOB	2531
16. Richard White (D)	322 CHOB	4831
17. Omar Burleson (D)	2369 RHOB	6605
18. Robert Price (R)	430 CHOB	3706
19. George Mahon (D)	2314 RHOB	4005
20. Henry B. Gonzalez (D)	2446 RHOB	3236
21. O. C. Fisher (D)	2407 RHOB	4236
22. Bob Casey (D)	2353 RHOB	5951
23. Abraham Kazen (D)	1514 LHOB	4511

UTAH

Senators

Wallace F. Bennett (R)	1121 NSOB	5444
Frank E. Moss (D)	6205 NSOB	5251

Representatives

1. K. Gunn McKay (D)	1427 LHOB	3171
2. Sherman P. Lloyd (R)	1114 LHOB	3011

VERMONT

Senators

George D. Aiken (R)	358 OSOB	4242
Robert T. Stafford (R)	5215 NSOB	5141

Representative (At Large)

Richard W. Mallary (R)	1131 LHOB	4115

VIRGINIA

Senators

Harry Flood Byrd, Jr. (Ind)	417 OSOB	4024
William B. Spong, Jr. (D)	6203 NSOB	2023

Virginia Continued

Representatives

	Rm. No. & Bldg.	Ext. No.
1. Thomas N. Downing (D)	2135 RHOB	4261
2. G. William Whitehurst (R)	424 CHOB	4215
3. David E. Satterfield, III (D)	324 CHOB	2815
4. Watkins M. Abbitt (D)	2209 RHOB	6365
5. W. C. Daniel (D)	1705 LHOB	4711
6. Richard H. Poff (R)	2408 RHOB	5431
7. J. Kenneth Robinson (R)	1723 LHOB	6561
8. William Lloyd Scott (R)	1217 LHOB	4376
9. William C. Wampler (R)	323 CHOB	3861
10. Joel T. Broyhill (R)	2109 RHOB	5136

WASHINGTON

Senators

Warren G. Magnuson (D)	127 OSOB	2621
Henry M. Jackson (D)	137 OSOB	3441

Representatives

1. Thomas M. Pelly (R)	2211 RHOB	6311
2. Lloyd Meeds (D)	308 CHOB	2605
3. Julia Butler Hansen (D)	201 CHOB	3536
4. Mike McCormack (D)	1205 LHOB	5816
5. Thomas S. Foley (D)	1201 LHOB	2006
6. Floyd V. Hicks (D)	1203 LHOB	5916
7. Brock Adams (D)	436 CHOB	3106

WEST VIRGINIA

Senators	Rm. No. & Bldg.	Ext. No.
Jennings Randolph (D)	5121 NSOB	6472
Robert C. Byrd (D)	105 OSOB	3954

Representatives

1. Robert H. Mollohan (D)	314 CHOB	4172
2. Harley O. Staggers (D)	2366 RHOB	4331
3. John M. Slack, Jr. (D)	2230 RHOB	2711
4. Ken Hechler (D)	242 CHOB	3452
5. James Kee (D)	215 CHOB	2176

WISCONSIN

Senators

William Proxmire (D)	2311 NSOB	5653
Gaylord Nelson (D)	211 OSOB	5323

APPROPRIATIONS

1235 NSOB EXT. 3471

Democrats	Republicans
Allen J. Ellender (La.) *Chairman*	Milton R. Young (N.D.)
John L. McClellan (Ark.)	Karl E. Mundt (S.D.)
Warren G. Magnuson (Wash.)	Margaret Chase Smith (Me.)
John C. Stennis (Miss.)	Roman L. Hruska (Neb.)
John O. Pastore (R.I.)	Gordon Allott (Colo.)
Alan Bible (Nev.)	Norris Cotton (N.H.)
Robert C. Byrd (W.Va.)	Clifford P. Case (N.J.)
Gale W. McGee (Wyo.)	Hiram L. Fong (Hawaii)
Mike Mansfield (Mont.)	J. Caleb Boggs (Del.)
William Proxmire (Wis.)	Charles H. Percy (Ill.)
Joseph M. Montoya (N.Mex.)	Edward W. Brooke (Mass.)
Daniel K. Inouye (Hawaii)	
Ernest F. Hollings (S.C.)	

SUBCOMMITTEE ON DEPARTMENT OF LABOR AND HEALTH, EDUCATION AND WELFARE AND RELATED AGENCIES

1108 NSOB EXT. 7256

Democrats	Republicans
Warren G. Magnuson (Wash.) *Chairman*	Norris Cotton (N.H.)
John Stennis (Miss.)	Clifford P. Case (N.J.)
Alan Bible (Nev.)	Hiram L. Fong (Hawaii)
Robert C. Byrd (W.Va.)	J. Caleb Boggs (Del.)
William Proxmire (Wis.)	Charles H. Percy (Ill.)
Joseph M. Montoya (N.Mex.)	Edward W. Brooke (Mass.)
Ernest F. Hollings (S.C.)	

ARMED SERVICES

212 OSOB EXT. 3871

Democrats	Republicans
John C. Stennis (Miss.) *Chairman*	Margaret Chase Smith (Me.)
Stuart Symington (Mo.)	Strom Thurmond (S.C.)
Henry M. Jackson (Wash.)	John G. Tower (Tex.)
Sam J. Ervin, Jr. (N.C.)	Peter H. Dominick (Col.)
Howard W. Cannon (Nev.)	Barry Goldwater (Ariz.)
Thomas J. McIntyre (N.H.)	Richard S. Schweiker (Pa.)
Harry F. Byrd, Jr. (Va.)	William B. Saxbe (O.)
Harold E. Hughes (Ia.)	
Lloyd Bentsen (Tex.)	

BANKING, HOUSING AND URBAN AFFAIRS

5300 NSOB EXT. 7391

Democrats	Republicans
John Sparkman (Ala.) *Chairman*	John G. Tower (Tex.)
William Proxmire (Wis.)	Wallace F. Bennett (Utah)
Harrison A. Williams, Jr. (N.J.)	Edward W. Brooke
Thomas J. McIntyre (N.H.)	Robert W. Packwood (Ore.)
Walter F. Mondale (Minn.)	William V. Roth, Jr.
Alan Cranston (Calif.)	Bill Brock (Tenn.)
Adlai E. Stevenson (Ill.)	Robert Taft, Jr. (O.)
David H. Gambrell (Ga.)	

INTERIOR AND INSULAR AFFAIRS

3106 NSOB EXT. 4971

Democrats	Republicans
Henry M. Jackson (Wash.) *Chairman*	Gordon Allott (Col.)
Clinton P. Anderson (N.M.)	Len B. Jordan (Id.)
Alan Bible (Nev.)	Paul J. Fannin (Ariz.)
Frank Church (Id.)	Clifford P. Hansen (Wyo.)
Frank E. Moss (Utah)	Mark O. Hatfield (Ore.)
Quentin N. Burdick (N.D.)	Ted Stevens (Alaska)
George McGovern (S.D.)	Henry Bellmon (Okla.)
Lee Metcalf (Mont.)	
Mike Gravel (Alaska)	

JUDICIARY

2226 NSOB EXT. 5225

Democrats	Republicans
James O. Eastland (Miss.) *Chairman*	Roman L. Hruska (Neb.)
John L. McClellan (Ark.)	Hiram L. Fong (Hawaii)
Sam J. Ervin, Jr. (N.C.)	Hugh Scott (Pa.)
Philip A. Hart (Mich.)	Strom Thurmond (S.C.)
Edward M. Kennedy (Mass.)	Marlow W. Cook (Ky.)
Birch Bayh (Ind.)	Charles McC. Mathias, Jr. (Md.)
Quentin N. Burdick (N.D.)	Edward J. Gurney (Fla.)
Robert C. Byrd (W.Va.)	
John V. Tunney (Cal.)	

LABOR AND PUBLIC WELFARE

4230 NSOB EXT. 5375

Democrats	Republicans
Harrison A. Williams, Jr. (N.J.) *Chairman*	Jacob K. Javits (N.Y.)
Jennings Randolph (W.Va.)	Peter H. Dominick (Col.)
Claiborne Pell (R.I.)	Richard S. Schweiker (Pa.)
Edward M. Kennedy (Mass.)	Robert W. Packwood (Ore.)
Gaylord Nelson (Wis.)	Robert Taft, Jr. (O.)
Walter F. Mondale (Minn.)	J. Glenn Beall, Jr. (Md.)
Thomas F. Eagleton (Mo.)	Robert T. Stafford (Vt.)
Alan Cranston (Cal.)	
Harold E. Hughes (Ia.)	
Adlai E. Stevenson III (Ill.)	

SUBCOMMITTEE ON HEALTH

4226 NSOB EXT. 7675

Democrats	Republicans
Edward M. Kennedy (Mass.) *Chairman*	Peter Dominick (Col.)
Harrison A. Williams, Jr. (N.J.)	Jacob K. Javits (N.Y.)
Gaylord Nelson (Wis.)	Richard S. Schweiker (Pa.)
Thomas F. Eagleton (Mo.)	Robert W. Packwood (Ore.)
Alan Cranston (Cal.)	J. Glenn Beall (Md.)
Claiborne Pell (R.I.)	Robert T. Stafford (Vt.)
Walter F. Mondale (Minn.)	

POST OFFICE AND CIVIL SERVICE

6206 NSOB EXT. 5451

Democrats	Republicans
Gale W. McGee (Wyo.) *Chairman*	Hiram L. Fong (Hawaii)
Jennings Randolph (W.Va.)	J. Caleb Boggs (Del.)
Quentin N. Burdick (N.D.)	Ted Stevens (Alaska)
Ernest F. Hollings (S.C.)	Henry Bellmon (Okla.)
Frank E. Moss (Utah)	

HOUSE COMMITTEES

AGRICULTURE

1301 LHOB 2171

Democrats	Republicans
W. R. Poage (Tex.) *Chairman*	Page Belcher (Okla.)
John L. McMillan (S.C.)	Charles M. Teague (Cal.)
Thomas G. Abernethy (Miss.)	William C. Wampler (Va.)
Watkins M. Abbitt (Va.)	George A. Goodling (Pa.)
Frank A. Stubblefield (Ky.)	Clarence E. Miller (O.)
Graham Purcell (Tex.)	Robert B. Mathias (Cal.)
Thomas S. Foley (Wash.)	Wiley Mayne (Ia.)
Eligio de la Garza (Tex.)	John M. Zwach (Minn.)
Joseph P. Vigorito (Pa.)	Robert Price (Tex.)
Walter B. Jones (N.C.)	Keith G. Sebelius (Kan.)
B. F. Sisk (Cal.)	Wilmer Mizell (N.C.)
Bill Alexander (Ark.)	Paul Findley (Ill.)
Bill D. Burlison (Mo.)	John Kyl (Ia.)
John R. Rarick (La.)	Vacancy
Ed Jones (Tenn.)	
John Melcher (Mont.)	
John G. Dow (N.Y.)	
Dawson Mathis (Ga.)	
Bob Bergland (Minn.)	
Arthur A. Link (N.Dak.)	
Frank E. Denholm (S.Dak.)	
Spark M. Matsunaga (Hawaii)	

APPROPRIATIONS

H-218 CAPITOL 2771

Democrats	Republicans
George H. Mahon (Tex.) *Chairman*	Frank T. Bow (O.)
Jamie L. Whitten (Miss.)	Charles Raper Jonas (N.C.)
John J. Rooney (N.Y.)	Elford A. Cederberg (Mich.)
Robert L. F. Sikes (Fla.)	John J. Rhodes (Ariz.)
Otto E. Passman (La.)	William E. Minshall (O.)
Joe L. Evins (Tenn.)	Robert H. Michel (Ill.)
Vacancy	
Edward P. Boland (Mass.)	Silvio O. Conte (Mass.)
William H. Natcher (Ky.)	Glenn R. Davis (Wis.)
Daniel J. Flood (Pa.)	Howard W. Robison (N.Y.)
Tom Steed (Okla.)	Garner E. Shriver (Kan.)
George E. Shipley (Ill.)	Joseph M. McDade (Pa.)
John M. Slack (W.Va.)	Mark Andrews (N.Dak.)
John J. Flynt, Jr. (Ga.)	Louis C. Wyman (N.H.)
Neal Smith (Ia.)	Burt L. Talcott (Cal.)
Robert N. Giaimo (Conn.)	Donald W. Riegle, Jr. (Mich.)
Julia Butler Hansen (Wash.)	Wendell Wyatt (Ore.)
Joseph P. Addabbo (N.Y.)	Jack Edwards (Ala.)
John J. McFall (Cal.)	Del Clawson (Cal.)
W. R. Hull, Jr. (Mo.)	William J. Scherle (Ia.)
Edward J. Patten (N.J.)	Robert C. McEwen (N.Y.)
Clarence D. Long (Md.)	John T. Myers (Ind.)
Sidney R. Yates (Ill.)	J. Kenneth Robinson (Va.)
Bob Casey (Tex.)	
David Pryor (Ark.)	
Frank E. Evans (Colo.)	
David R. Obey (Wis.)	
Edward R. Roybal (Cal.)	
William D. Hathaway (Me.)	
Nick Galifianakis (N.C.)	
Louis Stokes (O.)	
J. Edward Roush (Ind.)	
K. Gunn McKay (Utah)	

SUBCOMMITTEE ON LABOR, HEALTH, EDUCATION AND WELFARE

Democrats	Republicans
Daniel J. Flood (Pa.) *Chairman*	Robert Michel (Ill.)
William H. Natcher (Ky.)	Garner E. Shriver (Kan.)
Neal Smith (Ia.)	Howard W. Robison (N.Y.)
W. R. Hull, Jr. (Mo.)	Louis C. Wyman (N.H.)
Bob Casey (Tex.)	
Edward J. Patten (N.J.)	

DISTRICT OF COLUMBIA

1310 LHOB 4457

Democrats	Republicans
John L. McMillan (S.C.) *Chairman*	Ancher Nelsen (Minn.)
Thomas G. Abernethy (Miss.)	William L. Springer (Ill.)
John Dowdy (Tex.)	Alvin E. O'Konski (Wis.)
Charles C. Diggs, Jr. (Mich.)	William H. Harsha (O.)
G. Elliott Hagan (Ga.)	Joel T. Broyhill (Va.)
Donald M. Fraser (Minn.)	Gilbert Gude (Md.)
Andrew Jacobs, Jr. (Ind.)	Vernon W. Thomson (Wis.)
William L. Hungate (Mo.)	Henry P. Smith III (N.Y.)
Earle Cabell (Tex.)	Earl F. Landgrebe (Ind.)
Ray Blanton (Tenn.)	Stewart B. McKinney (Conn.)
W. S. (Bill) Stuckey (Ga.)	
Abner J. Mikva (Ill.)	
Arthur A. Link (N.Dak.)	
Ronald V. Dellums (Cal.)	
Edith Green (Ore.)	
[1]Walter Fauntroy (Wash., D.C.)	

[1]*Non-Voting Delegate. Permitted to participate in Committee Business and vote in Committee, but not in the House of Representatives.*

EDUCATION AND LABOR

2175 RHOB 4527

Democrats	Republicans
Carl D. Perkins (Ky.) *Chairman*	Albert H. Quie (Minn.)
Edith Green (Ore.)	John M. Ashbrook (O.)
Frank Thompson, Jr. (N.J.)	Alphonzo Bell (Cal.)
John H. Dent (Pa.)	Ogden R. Reid (N.Y.)
Roman C. Pucinski (Ill.)	John N. Erlenborn (Ill.)
Dominick V. Daniels (N.J.)	John Dellenback (Ore.)
John Brademas (Ind.)	Marvin L. Esch (Mich.)
James G. O'Hara (Mich.)	Edwin D. Eshleman (Pa.)
Augustus F. Hawkins (Cal.)	William A. Steiger (Wis.)
William D. Ford (Mich.)	Earl F. Landgrebe (Ind.)
Patsy T. Mink (Hawaii)	Orval Hansen (Id.)
James H. Scheuer (N.Y.)	Earl B. Ruth (N.C.)
Lloyd Meeds (Wash.)	Edwin B. Forsythe (N.J.)
Phillip Burton (Cal.)	Victor V. Veysey (Cal.)
Joseph M. Gaydos (Pa.)	Jack F. Kemp (N.Y.)
William (Bill) Clay (Mo.)	Peter A. Peyser (N.Y.)
Shirley Chisholm (N.Y.)	
Mario Biaggi (N.Y.)	
Ella T. Grasso (Conn.)	
Louise Day Hicks (Mass.)	
Romano L. Mazzoli (Ky.)	
Herman Badillo (N.Y.)	

FOREIGN AFFAIRS

2170 RHOB 5021

Democrats	Republicans
Thomas E. Morgan (Pa.) *Chairman*	William S. Mailliard (Cal.)
Clement J. Zablocki (Wis.)	Peter H. B. Frelinghuysen (N.J.)
Wayne L. Hays (O.)	William S. Broomfield (Mich.)
L. H. Fountain (N.C.)	J. Irving Whalley (Pa.)
Dante B. Fascell (Fla.)	H. R. Gross (Ia.)
Charles C. Diggs, Jr. (Mich.)	Edward J. Derwinski (Ill.)
Cornelius E. Gallagher (N.J.)	F. Bradford Morse (Mass.)
Robert N. C. Nix (Pa.)	Vernon W. Thomson (Wis.)
John S. Monagan (Conn.)	Paul Findley (Ill.)
Donald M. Fraser (Minn.)	John Buchanan (Ala.)
Benjamin S. Rosenthal (N.Y.)	Sherman P. Lloyd (Ut.)
John C. Culver (Ia.)	J. Herbert Burke (Fla.)
Lee H. Hamilton (Ind.)	Seymour Halpern (N.Y.)
Abraham Kazen, Jr. (Tex.)	Guy Vander Jagt (Mich.)
Lester L. Wolff (N.Y.)	Robert H. Steele (Conn.)
Jonathan B. Bingham (N.Y.)	Pierre S. du Pont IV (Del.)
Gus Yatron (Pa.)	Charles W. Whalen, Jr. (Ohio)
Roy A. Taylor (N.C.)	
John W. Davis (Ga.)	
Morgan F. Murphy (Ill.)	
Ronald V. Dellums (Cal.)	

GOVERNMENT OPERATIONS

2757 RHOB 5051

Democrats	Republicans
Chet Holifield (Cal.) *Chairman*	Florence P. Dwyer (N.J.)
Jack Brooks (Tex.)	Ogden R. Reid (N.Y.)
L. H. Fountain (N.C.)	Frank Horton (N.Y.)
Robert E. Jones (Ala.)	John N. Erlenborn (Ill.)
Edward A. Garmatz (Md.)	John W. Wydler (N.Y.)
John E. Moss (Cal.)	Clarence J. Brown (O.)
Dante B. Fascell (Fla.)	Guy Vander Jagt (Mich.)
Henry S. Reuss (Wis.)	Gilbert Gude (Md.)
John S. Monagan (Conn.)	Paul N. McCloskey, Jr. (Cal.)
Torbert H. Macdonald (Mass.)	John Buchanan (Ala.)
William S. Moorhead (Pa.)	Sam Steiger (Ariz.)
Cornelius E. Gallagher (N.J.)	Garry Brown (Mich.)
Wm. J. Randall (Mo.)	Barry M. Goldwater, Jr. (Cal.)
Benjamin S. Rosenthal (N.Y.)	Walter E. Powell (O.)
Jim Wright (Tex.)	Charles Thone (Nebr.)
Fernand J. St Germain (R.I.)	Vacancy
John C. Culver (Ia.)	
Floyd V. Hicks (Wash.)	
George W. Collins (Ill.)	
Don Fuqua (Fla.)	
John Conyers, Jr. (Mich.)	
Bill Alexander (Ark.)	
Bella S. Abzug (N.Y.)	

HOUSE ADMINISTRATION

H-329 CAPITOL 2061

Democrats	Republicans
Wayne L. Hays (O.) *Chairman*	Samuel L. Devine (O.)
Frank Thompson, Jr. (N.J.)	William L. Dickinson (Ala.)
Watkins M. Abbitt (Va.)	James C. Cleveland (N.H.)
John H. Dent (Pa.)	Fred Schwengel (Ia.)
Lucien N. Nedzi (Mich.)	James Harvey (Mich.)
John Brademas (Ind.)	Orval Hansen (Id.)
Kenneth J. Gray (Ill.)	Philip M. Crane (Ill.)
Augustus F. Hawkins (Cal.)	John H. Ware (Pa.)
Tom S. Gettys (S.C.)	Victor V. Veysey (Cal.)
Jonathan B. Bingham (N.Y.)	Bill Frenzel (Minn.)
Bertram L. Podell (N.Y.)	
Frank Annunzio (Ill.)	
Joseph M. Gaydos (Pa.)	
Ed Jones (Tenn.)	
Robert H. Mollohan (W. Va.)	

INTERIOR AND INSULAR AFFAIRS

1324 LHOB 2761

Democrats	Republicans
Wayne N. Aspinall (Colo.) *Chairman*	John P. Saylor (Pa.)
James A. Haley (Fla.)	Craig Hosmer (Cal.)
Ed Edmondson (Okla.)	Joe Skubitz (Kan.)
Walter S. Baring (Nev.)	John Kyl (Ia.)
Roy A. Taylor (N.C.)	Sam Steiger (Ariz.)
Harold T. Johnson (Cal.)	James A. McClure (Id.)
Morris K. Udall (Ariz.)	Don H. Clausen (Cal.)
Phillip Burton (Cal.)	Philip E. Ruppe (Mich.)
Thomas S. Foley (Wash.)	John N. Happy Camp (Okla.)
Robert W. Kastenmeier (Wis.)	Manuel Lujan, Jr. (N.Mex.)
James G. O'Hara (Mich.)	Sherman P. Lloyd (Ut.)
William F. Ryan (N.Y.)	John Dellenback (Ore.)
Patsy T. Mink (Hawaii)	Keith G. Sebelius (Kan.)
James Kee (W.Va.)	James D. (Mike) McKevitt (Colo.)
Lloyd Meeds (Wash.)	John H. Terry (N.Y.)
Abraham Kazen, Jr. (Tex.)	[1]Jorge L. Córdova (Puerto Rico)
Bill D. Burlison (Mo.)	
Robert G. Stephens, Jr. (Ga.)	
Joseph P. Vigorito (Pa.)	
John Melcher (Mont.)	
Teno Roncalio (Wyo.)	
N. J. (Nick) Begich (Alaska)	
James Abourezk (S.Dak.)	

[1]*Resident Commissioner. May participate in Committee Business but does not vote.*

INTERNAL SECURITY

441 CHOB 3051

Democrats	Republicans
Richard H. Ichord (Mo.) *Chairman*	John M. Ashbrook (O.)
Claude Pepper (Fla.)	Roger H. Zion (Ind.)
Edwin W. Edwards (La.)	Fletcher Thompson (Ga.)
Richardson Preyer (N.C.)	John G. Schmitz (Cal.)
Robert F. Drinan (Mass.)	

INTERSTATE AND FOREIGN COMMERCE

2125 RHOB 2927

Democrats	Republicans
Harley O. Staggers (W.Va.) *Chairman*	William L. Springer (Ill.)
Torbert H. Macdonald (Mass.)	Samuel L. Devine (O.)
John Jarman (Okla.)	Ancher Nelsen (Minn.)
John E. Moss (Cal.)	Hastings Keith (Mass.)
John D. Dingell (Mich.)	James T. Broyhill (N.C.)
Paul G. Rogers (Fla.)	James Harvey (Mich.)
Lionel Van Deerlin (Cal.)	Tim Lee Carter (Ky.)
J. J. Pickle (Tex.)	Clarence J. Brown (O.)
Fred B. Rooney (Pa.)	Dan Kuykendall (Tenn.)
John M. Murphy (N.Y.)	Joe Skubitz (Kan.)
David E. Satterfield III (Va.)	Fletcher Thompson (Ga.)
Brock Adams (Wash.)	James F. Hastings (N.Y.)
Ray Blanton (Tenn.)	John G. Schmitz (Cal.)
W. S. (Bill) Stuckey (Ga.)	James M. Collins (Tex.)
Peter N. Kyros (Me.)	Louis Frey, Jr. (Fla.)
Bob Eckhardt (Tex.)	John H. Ware (Pa.)
Robert O. Tiernan (R.I.)	John Y. McCollister (Neb.)
Richardson Preyer (N.C.)	Richard G. Shoup (Mont.)
Bertram L. Podell (N.Y.)	
Henry Helstoski (N.J.)	
James W. Symington (Mo.)	
Charles J. Carney (O.)	
Ralph H. Metcalfe (Ill.)	
Goodloe E. Byron (Md.)	
William R. Roy (Kan.)	

SUBCOMMITTEE ON PUBLIC HEALTH AND ENVIRONMENT

Democrats	Republicans
Paul G. Rogers (Fla.) *Chairman*	Ancher Nelsen (Minn.)
David E. Satterfield, III (Va.)	Tim Lee Carter (Ky.)
Peter N. Kyros (Me.)	James F. Hastings (N.Y.)
L. Richardson Preyer (N.C.)	John G. Schmitz (Cal.)
James W. Symington (Mo.)	
William R. Roy (Kan.)	

JUDICIARY

2137 RHOB 3951

Democrats	Republicans
Emanuel Celler (N.Y.) *Chairman*	William M. McCulloch (O.)
Peter W. Rodino, Jr. (N.J.)	Richard H. Poff (Va.)
Harold D. Donohue (Mass.)	Edward Hutchinson (Mich.)
Jack Brooks (Tex.)	Robert McClory (Ill.)
John Dowdy (Tex.)	Henry P. Smith III (N.Y.)
Robert W. Kastenmeier (Wis.)	Charles W. Sandman, Jr. (N.J.)
Don Edwards (Cal.)	Tom Railsback (Ill.)
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2156 RHOB 4472

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ETC

Evaluating The Campaign

Government 2D

FOR

NAME Pross N.P. Mueller

DATE 10/13, 19 78

Preface

A lot of people, man-hours, money and plain hard work go into political campaigns in our country. Yet even to many thinking people the process whereby a political candidate campaigns and either wins or loses his bid for public office is an enigma. Because AMPAC recognized a need for you, the doctor, to understand the political campaign in terms of how to evaluate it—its people, money, function and effectiveness, this ETC Manual was developed.

No manual can contain all of the information relevant to a political campaign. Moreover, many principles that are employed in a campaign cannot be concretely illustrated in a manual. This knowledge best comes from give and take discussions with experts.

Consequently, this ETC Manual does not attempt to cover entirely the broad and complex subject of a campaign. Instead it is intended primarily to provide a grounding in evaluating the mechanics and functions of campaign organization in regard to a campaign for election to the United States House of Representatives, and will apply to a campaign on the state or municipal level.

For evaluation purposes, a political campaign is comprised of three major areas of consideration: campaign people, campaign finance, and campaign operation. The systematic information approach and the evaluation checklists utilized in this ETC Manual focus on these areas and make the manual a handy companion during the election year.

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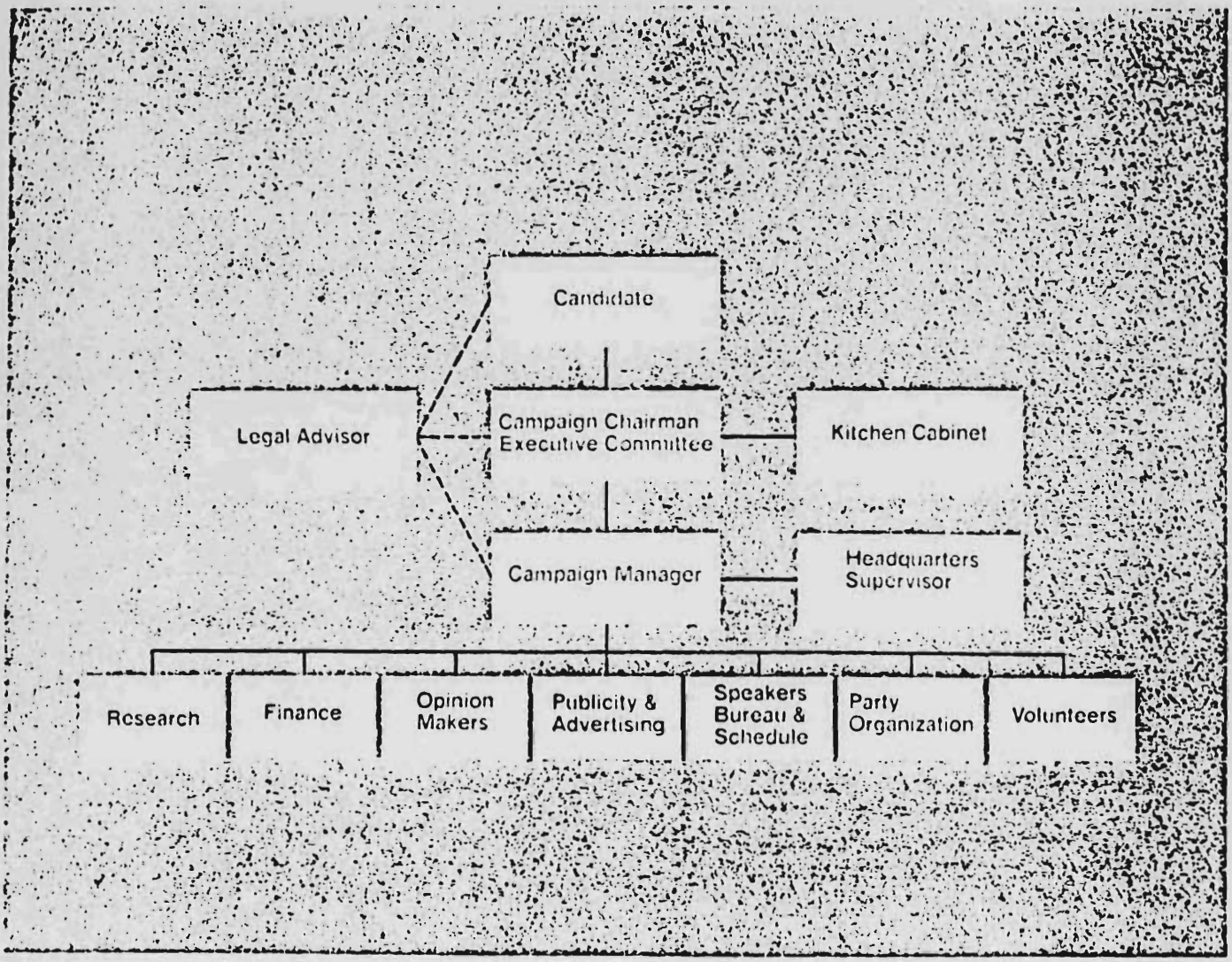
Campaign People

Some of the more important individuals who should be involved in a typical Congressional Campaign, and their relationships to the candidate are illustrated on the following table of organization.



Bear in mind that these position titles are not as important as the functions that should be performed

The Candidate

The candidate rightfully heads up the table of organization in any campaign. His responsibilities are somewhat similar to those normally handled by the president of a major corporation. His major assignment is to campaign.

Therefore, the candidate must delegate much of the detail work to others. Although he should retain the right of absolute veto on all major decisions, he should surround himself with capable people who he will trust to make the day-to-day decisions necessary to keep the campaign moving.

Since few Congressional campaign budgets provide for all the professional help needed, the candidate might have to help put together his campaign organization. His first job should be to locate and hire a competent campaign manager. He then should help the manager to recruit the best available staff, employing whatever blend of professionals and talented political amateurs seems appropriate and necessary.

Prior to announcement of candidacy, the candidate should carefully select his Campaign Chairman, Finance Chairman, and Campaign Legal Advisor. These individuals should quickly reach some general agreement as to the campaign plan and budget that the campaign manager will have prepared.

In preparing the campaign plan and budget, the manager should carefully consider the assets and liabilities of the candidate as well as those of his opponent.

Candidate Asset/Liability Checklist

Personal Qualifications:

- [ ] physical appearance
- [ ] temperament
- [ ] general health
- [ ] age
- [ ] race
- [ ] religion
- [ ] national origin
- [ ] degree of support from immediate family
- [ ] family background
- [ ] education
- [ ] special training or talent
- [ ] occupation
- [ ] ability to meet people
- [ ] public speaking ability
- [ ] resourcefulness
- [ ] leadership qualities
- [ ] administrative ability
- [ ] reputation among community leaders, publishers

General Qualifications

- [ ] ability and willingness to devote adequate time to campaigning
- [ ] knowledge of district, its problems
- [ ] degree of involvement in local organizations
- [ ] reputation with party regulars
- [ ] knowledge of national and international issues
- [ ] relationship with special interest groups
- [ ] previous public service
- [ ] relative potential strength in light of the Political Analysis of Socio-Economic Tabulations (PAST) of the district

The Campaign Chairman

Because he will be the member of the campaign organization most often in the public eye, the campaign chairman should be carefully chosen. The candidate and the chairman should be in agreement on major issues. They should surround themselves with a few trusted advisors to help make campaign decisions and to help implement the campaign plan prepared by the campaign manager.

The chairman should possess some political experience. But more important than that, he should be well known, admired and respected by a large number of the voters of the district. He is the man out front. The campaign chairman also should have adequate time, interest and influence to get things done for the campaign. His responsibilities correspond, somewhat, to those normally delegated to the chairman of the board of a large corporation. He should be willing to accept the campaign manager as his chief executive officer and allow him to supervise and coordinate all campaign activities.

The campaign chairman usually serves as an ex-officio member of the various committees responsible for conducting campaign activities and should reserve the right to appoint all committee chairmen. He should make every effort to secure the best fund-raiser available to head the finance committee and should attend as many meetings of this all-important group as possible.

The campaign chairman should also serve as a member of the candidate's inner circle of advisors, commonly referred to as the kitchen cabinet or campaign steering committee. He should appoint one of his most trusted associates to head the campaign executive committee since this committee deals with matters affecting campaign policy. In some cases, the campaign chairman, himself, can head up this important committee.

Campaign Chairman Checklist

- ☐ loyalty to candidate
- ☐ public identification and reputation
- ☐ executive ability
- ☐ availability
- ☐ political judgment
- ☐ temperament
- ☐ relations with power groups
- ☐ reputation with party leaders

Executive Committee

Executive committee also operates out front the public eye This committee should be fairly and broadly based It should provide representation at the leadership level for all the power bases within the district Its members should be carefully chosen since they will periodically review campaign effort and be called upon to help resolve matters of policy and operation

The executive committee chairman might well be chosen to provide balance (religious, ethnic, occupational, etc) for the candidate Probably, the chairman should also serve on the kitchen cabinet

The executive committee should receive press and letterhead publicity to give the candidate added stature and to strengthen the overall campaign effort If a district covers several counties divided between several important communities, it may be wise to appoint vice-chairmen from each area not otherwise represented at the top leadership level of the campaign

Must-Members The Campaign Chairman, the Finance Chairman the Legal Advisor and the Campaign Treasurer The campaign chairman should make sure that the executive committee chairman includes the campaign manager in all meetings The candidate should try to make a brief appearance at as many meetings as feasible

Executive Committee Checklist

- ☐ loyalty to candidate
- ☐ reputation with community/district leadership
- ☐ reputation with general public
- ☐ reputation with party regulars
- ☐ political experience and judgment
- ☐ ability to help solve problems
- ☐ relationship with special interest groups

The Kitchen Cabinet

The kitchen cabinet works behind the scenes. Often, in order to enlist the best political brains available, the kitchen cabinet functions as an unpublished committee This cabinet is responsible for setting the policy of the entire campaign effort Its members should pass on all major decisions affecting strategy, timing and campaign policy

Only one person should have power of veto over the decision of the kitchen cabinet — the candidate However, careful consideration should be given to the manager's opinion The manager, after all, prepared the original campaign plan, and is probably best informed on all elements of the campaign and how the decision might affect the various committees activities and the overall campaign effort

The cabinet should meet at least once a week. It should be fairly small in size, six to nine members are adequate for a Congressional campaign

Must-members the Candidate, the Campaign Chairman, the Campaign Manager and the Finance Chairman Additional members might include a key woman volunteer and one or two politically knowledgeable people such as a party official or, perhaps, an editor or publisher The Campaign Legal Advisor should be an ex-officio member of the committee and should be encouraged to attend all meetings

Kitchen Cabinet Checklist

- ☐ loyalty to candidate
- ☐ political experience and judgment
- ☐ ability to develop workable campaign plans
- ☐ availability
- ☐ temperament
- ☐ resourcefulness
- ☐ knowledge of community information sources

The Campaign Manager

The campaign manager is the chief executive officer of the campaign committee. In evaluating him, determine if he is experienced and being paid. He should be

The manager should be capable of planning, administering, delegating and following through on every campaign project. He should be objective and have the ability to remain calm under great pressure as he implements the plans of the kitchen cabinet. He should also keep control of the campaign and yet keep it on the move at all times.

Here are some of the more important duties of the manager. He must develop the overall strategy and timing of the campaign and prepare a budget that will do the job and still not total more than it is possible to raise. Then, he must keep a watchful eye on the fund-raising, help his research assistants develop the right issues, supervise the activities of all the staff and principal volunteers and make sure the candidate is properly scheduled. The manager must also help the publicity director, supervise the headquarters and field operation, and maintain Party liaison. Additionally, it is imperative that he work very closely with the advertising agency or person responsible for developing brochures and other materials for the campaign.

Campaign Manager Checklist

- ☐ trustworthiness
- ☐ loyalty to candidate
- ☐ availability
- ☐ compatibility with candidate
- ☐ temperament
- ☐ judgment
- ☐ political or other qualifying experience
- ☐ administrative ability
- ☐ objectivity
- ☐ health
- ☐ energy
- ☐ resourcefulness

Research Director

One of the first tasks for the campaign manager in any campaign is to set up a program of systematic research. The person selected as director of research, whether paid or volunteer, should be politically sensitive, resourceful, and must have experience in researching – there is no time for on-the-job training.

More will be said about the research director under Research in the section on Campaign Operation.

Research Director Checklist

- ☐ trustworthiness
- ☐ experience
- ☐ resourcefulness
- ☐ objectivity
- ☐ availability
- ☐ administrative ability
- ☐ judgment

Finance Chairman

It is the responsibility of the candidate and the campaign chairman to find and appoint a finance chairman who is capable of raising sufficient funds to support a realistic campaign budget and a reasonable campaign timetable. The finance chairman should be an energetic man of major substance who is known and respected by a great number of potential major contributors. He should have previous fund-raising experience and should be reasonably acceptable to the Party's district fund-raisers. The campaign manager should work hand-in-hand with the finance chairman to help assure a successful fund-raising operation.

The finance chairman should have been appointed by the time the campaign manager goes to work preparing the budget. If not, the manager should prepare a preliminary operational budget including minimum requirements to cover the initial period of campaign activity.

The manager and finance chairman should also agree upon a cash-flow, or spending, schedule for various budget items. This schedule should be based on the campaign strategy and campaign timetable prepared by the manager.

The finance chairman should organize a broad-based committee to provide direct approaches to the district's principal financial bases. Before the committee begins solicitation, the finance chairman and the legal advisor should review the legal aspects involved and agree upon the ground rules for committee members. Also, a respected member of the community should be elected to serve as campaign treasurer. Often a certified public accountant or banker will accept this assignment.

The finance chairman may need, as well, a staff or volunteer assistant to help with day-to-day detail work and telephoning.

The manager should help the finance chairman find people with the time, devotion, and fortitude to see the job through. Otherwise, some of the fund-raising effort may revolve back in the direction of the campaign manager's office.

Finance Chairman Checklist

- ☐ loyalty to candidate
- ☐ reputation among potential major contributors/power groups
- ☐ previous fund-raising experience
- ☐ availability
- ☐ health/energy
- ☐ compatibility with manager
- ☐ compatibility with Party fund-raisers
- ☐ ability to inspire and direct activities of others

Publicity Director

Usually a difficult task to get a highly-qualified publicity director for a Congressional campaign. However, the manager should make a strong effort to obtain the very best person available — even if there is a crimp in the budget.

More will be said about the publicity director under publicity in the section on Campaign Operation.

Publicity Director Checklist

- ☐ writing ability
- ☐ reliability/trustworthiness
- ☐ political experience or awareness
- ☐ stability under pressure
- ☐ energy/availability
- ☐ creative ability
- ☐ rapport with working press
- ☐ knowledge of district problems and issues
- ☐ temperament — ability to work and supervise activities of others
- ☐ administrative ability
- ☐ speech writing talent
- ☐ resourcefulness

Headquarters Supervisor

There is no denying that a well-maintained and well-ordered main headquarters is a plus in a campaign. In his primary role as office manager and coordinator of volunteer activities, the headquarters supervisor has considerable impact upon the campaign.

It is not difficult to evaluate the effectiveness of a headquarters supervisor. His lack of desire or his incapabilities will be very obvious. Conversely, his willingness and ability will be obvious.

Headquarters Supervisor Checklist

- ☐ loyalty to Candidate
- ☐ organizational ability
- ☐ temperament
- ☐ compatibility with manager and staff
- ☐ ability to effectively communicate directions

Makers

opinion makers in every district. Some- are known as *thought leaders* or *power* s. But, whatever they are called, they may escribed as the movers and shapers of nion.

manager's job to find out who these people ow they feel about the candidate and his t. The campaign chairman and others may in this assignment, but the manager should the responsibility. No matter what their itude may be, the manager and the candi- should make a continuing effort to get, or , them in their camp.

e candidate's responsibility to personally tact as many of the district's opinion makers as ble. Their support means money, organiza- help and psychological impact in the district all, the candidate should convince them he ognizes their importance in the community and e intends to work with, or cooperate with, when he is elected. The candidate and the anager should also make every effort to give evidence of a well-run campaign at all times.

u find, in evaluating this area, that these indi- iduals are involved in the campaign, you'll know overall campaign effort is on the right track. ey are not involved, you should find out why.

Possible Sources of District Opinion Makers Checklist

- ☐ elected or appointed public officials
- ☐ business leaders
- ☐ labor leaders
- ☐ party officials and contributors
- ☐ publishers, editors, columnists, commentators
- ☐ owners or principal stockholders in locally received television and radio stations or other media
- ☐ educators, school boards, PTA leaders
- ☐ ethnic leaders
- ☐ priests, ministers, rabbis, religious layleaders
- ☐ special interest groups such as organized senior citizens, veterans, sporting enthusiasts
- ☐ professional groups — doctors, dentists, etc.
- ☐ civic and charitable organizations' leaders and key staff members
- ☐ farm and agricultural organizations' leaders and key staff members

Legal Advisor

Ideally, the legal advisor should be an integral part of the campaign well before the announcement. Because so many aspects of the campaign involve legal technicalities, the expertise he can share with the campaign decision makers is more than desirable.

From an evaluation standpoint, the legal advisor's presence in the campaign will indicate that campaign management at all levels will be in a better position to perform as effectively as possible.

Legal Advisor Checklist

- ☐ loyalty to Candidate
- ☐ competence
- ☐ professional reputation
- ☐ political experience and judgment

Volunteers

Nearly all winning Congressional campaigns have a volunteer organization as their cornerstone. Most people vote for a candidate because he or someone else asks them. Since the candidate cannot personally, to meet and ask a majority of the voters to support him, he must rely on help of others. In a sense, his campaign organization is a temporary precinct organization helping to identify supporters, ask for their vote and get them to the polls. Therefore, it is just good campaign strategy to enlist as many volunteers as possible — and to give them meaningful work assignments.

There are innumerable sources of volunteers. Among the more common are:

1. those persons who have worked for the party or its candidates in the past.
2. friends, relatives, and acquaintances of the candidate and key members of the campaign organization.
3. members of political, civic and other groups having views in sympathy with those espoused by the candidate.
4. through meetings, coffees, etc., where prospects meet the candidate or one of his representatives.
5. from Party ranks — by mail solicitation or telephone contact.
6. from the personal recruiting efforts of existing volunteers among their friends, business associates, neighbors, etc.

It is the Campaign Manager's responsibility to see that all volunteers are put to work immediately — even if the only job available at the moment is helping recruit more volunteers. The manager should find an easily-liked person with leadership qualities and plenty of spare-time and energy to serve as director of volunteer activities.

The Campaign Staff

Most Congressional campaign budgets can only provide for a limited number of paid staff — usually from three to six persons. Therefore, certain staff assignments must be delegated to volunteers who have experience qualifying them to handle the job.

If the budget is extremely limited, the most essential full-time paid staff member is the campaign secretary. In addition to usual secretarial skills, it would be most helpful to the campaign effort if the secretary had some practical political experience.

The secretary's major assignment should be to assist the campaign manager and the candidate. Probably, the most important duty she would handle would be to assist the manager with the detail involved in scheduling the candidate — phone calls, correspondence, etc. She might also have to backstop some of the activities of the chairman and other key volunteers and supervise the operation of the main headquarters in the event that a headquarters supervisor cannot be found.

In most campaigns there is a great need for a full-time staff member to assist the various volunteer committee chairmen in organizing their committees and getting a job done. This person, often called the co-ordinator of volunteer activities, usually works in the main headquarters under the direction of the campaign manager. He (or she) may also do field organizational work, if necessary.

Other Professionals Involved

In many Congressional campaigns some of the professionals involved may not be directly on the campaign payroll. For example, the Party may furnish, at no cost, the services of a researcher or publicity agent. Sometimes a Congressional campaign can get professional assistance in preparing advertising materials at no charge, or for commission placement charges only. Whatever arrangements are made — it should be an absolute rule that the campaign manager is in full charge of every part of the campaign and that all other professionals involved clearly understand that they implement policy, not make it, under the direction of the campaign manager.

Volunteers

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Campaign Operation: Research

Next to the candidate and the campaign manager, research may very well be considered the most important element of most Congressional campaigns. In these campaigns research takes place, primarily, on two levels. One level is to gather information showing the strengths, weaknesses, voting record, organization, political support, financial strength and other pertinent factors concerning the opponent as well as the candidate. In other words find out what the campaign knows about the opposition and the candidate. Is the campaign dealing with rumors or does it have documented facts? The other level of research conducted for these Congressional campaigns is research about the voters in the district. It is a research plan or design to provide information for making decisions in every phase of campaign operation. At this point in evaluating the campaign, you'll have to ask yourself the question: Exactly what does voter research do and is it needed in this campaign?

For evaluation purposes let's call voter research simply turning data (or statistics) into information for political decision making. This level of research can be further broken down into area information and people information. Area information deals with past vote analysis and Socio-economic descriptions. People information deals with survey research—a sampling of voter opinion.

In evaluating this area check to see if there are clearly established objectives for the voter research program to accomplish. That is, is the campaign developing information for information's sake, or is it developing information to help it make better political decisions.

How does the campaign want survey research to help it? There are five primary areas where it can be particularly helpful.

Issue Development: It is important to know early what issues are going to be important during the campaign. This allows the campaign manager to determine if his candidate is in agreement with public opinion. Strategies can be determined and issues selected for exposure during the campaign. If a candidate is on the "wrong side" of an issue, other issues consistent with the candidate's beliefs can be singled out for emphasis. Without survey research, one is really only guessing about how voters feel about various issues.

Image Development: Survey research can determine the images of both the candidate and the opponent. Weaknesses of the opponent can be identified and emphasized during the campaign. Equally important, the candidate's strengths can be determined so that the campaign can be built around them. On the other side, there is no sense in basing a campaign on image factors that are actually "weak." One use of survey research in this area is in determining how well known the incumbent and his challenger are. Thus, resource allocation (money and time) can be directed toward name recognition or emphasizing positive image characteristics if that is what is needed.

Advertising: The results of a survey can be used to develop effective billboards, radio and TV spots, mass mailings and handouts. By emphasizing what the campaign knows is meaningful to the public, it can concentrate money where it will do the most good. For these reasons, it is desirable to have the advertising people participate in the early planning of the survey. In this way, questions that will help them in their work can be included. Surveys can be used to provide factual information for political decision making. It is, therefore, extremely important that extensive brainstorming sessions be held between the researchers and the people who will be using the survey. This ensures that meaningful questions are asked which will help in the decision-making process.

Media Buys: Candidates are discovering that surveys can also play a major role in helping to determine the communication medium that best suits the electorate and/or specialized issues. Surveys to assess voters' reading, listening and viewing habits and to find out what kinds of media are most believable to voters, are becoming increasingly common. A campaign can then channel its advertising dollar into the most effective and credible communication sources.

Campaign Operation:
Advertising

Advertising plays an important role in almost every congressional campaign. The role of the advertising agency is to implement the strategy which has been determined by campaign management. This is a critical point of evaluation.

A competent, reliable, friendly advertising agency can do much to maintain a level of quality in creative development and production a campaign needs. Agency services justify the expenditure involved.

How is an agency selected? Hopefully, with a lot of consideration. From an evaluation point of view, a qualified agency will have previous political experience, will be capable of analyzing and implementing research; will demonstrate good graphic design and art production capabilities, will be able to effectively write and produce for the electronic media and buy the best media time and space available.

Since advertising agencies can buy time and space on a commissionable basis, at a price equal to or less than a campaign can, an agency dedicated to the cause will often absorb some of their creative and service costs through the commissions; and will charge a smaller fee — this in addition to reimbursement for expenses and outside production costs.

Advertising Checklist

- ☐ the agency has previous political experience.
- ☐ it is capable of analyzing and implementing research.
- ☐ it demonstrates good graphic design and art production capabilities.
- ☐ it can effectively write and produce for the electronic media.
- ☐ it is implementing campaign strategy.

[illegible] Operation

[illegible] history. The [illegible]-run campaign [illegible] on the [illegible]ential tasks [illegible] on a [illegible]ible tasks [illegible] in the campaign is to organize [illegible] and plan [illegible] their accomplishments. [illegible] strategy and [illegible]get are [illegible]. Although [illegible] campaign [illegible] checklist [illegible] regarding [illegible] effort is [illegible] but it [illegible] some of the [illegible]

[illegible] Announcement:

- [illegible] candidate
- [illegible] announcement
- [illegible] campaign lines [illegible]
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- [illegible] budget
- [illegible] headquarters
- [illegible] director
- [illegible] announcement
- [illegible] advisor
- [illegible] survey research firm
- [illegible] advertising agency

[illegible]th:

- [illegible] announcement [illegible]ve a check
- [illegible] activities and people involved
- [illegible] chairman appointed
- [illegible] new people involved
- [illegible] enrollment of key people
- [illegible] target dates to hire people.
- [illegible] mailer should go out to enlist [illegible] in the campaign

Second month:

- Make hand-out literature and bumper stickers available
- Finalize the budget and make a realistic cash flow sheet
- Get the main public headquarters open
- Begin using substitute speakers for the candidate
- Firm up advertising approach based on research
- If strategy calls for and budget permits, begin soft-sell image advertising on a limited basis
- Investigate media availabilities for a more concentrated media schedule

Third month:

- Outdoor advertising should be in effect.
- Electronic media and newspaper advertising should begin to intensify — utilizing some of the issues in the candidate's favor.
- Media time for the final advertising effort should be nailed down as soon as certainty is made that the effort can be sustained through the end of the campaign

Fourth month:

- The precinct organization should be in final order
- Saturday blitz activities should be utilized to bolster areas of strength
- The campaign workers should be used in every effort to get out the candidate's vote
- Past voter history records should be utilized
- Work assignments should be delegated and more and more people involved
- Suddenly it's election day.

A Glossary of AMPAC Tools

During the past few years AMPAC has developed a wide variety of campaign tools that progressed from theoretical levels to extensive application in actual campaigns. The research stressed has always been towards useable tools. Useable by members of the medical community in campaigns of their choice.

Here are some of the campaign techniques in the AMPAC arsenal.

1. **SICM** — Seminars in Campaign Management. Training sessions for those who wish to contribute to campaigns as planners and developers or as actual campaign managers. In 1971 and 1972 regional SICM's specifically designed to ground doctors in the technical fundamentals of modern information uses and campaign planning will be available. These seminars will enable doctors to contribute to campaigns as specialists with specific skills not often found even in professional political circles.

2. **PIPS** — Precinct Index Priority Systems. An electronic ranking of voting precincts within a larger area. For example, a congressional district. Information is fed to the computers based on the political judgments of key campaign planners. The end product is a listing of precincts in terms of vote potential. In 1970 AMPAC made this tool available on a wide basis supplying the technical back up and field expertise to assist local doctors to be the experts in the campaign when it comes to things like identifying candidate strength areas, targeting audiences for direct mail, planning "get out the vote" activities, etc. AMPAC's regional seminars will also train interested doctors in the development and uses of PIPS.

3. **PSST** — Political Sample Survey Techniques. A rigorous development of specifications for taking an opinion poll. Elements of a survey are clearly defined and a standard of performance established for sample selection, questionnaire development, interviewing, coding, tabulating and analysis. Campaigns wishing to purchase surveys are in a more informed position vis-a-vis the survey firm and can exercise greater quality control. Additionally, survey information obtained in this standard fashion can then be compared from one geographic region to another. AMPAC's regional seminars will also feature units on survey development and uses so that local doctors can begin making expert contributions to campaigns in this important area. AMPAC will in addition, supply or help to supply quality opinion surveys for selected campaigns.

4. **PAST** — Political Analysis of Socio-Economic Tabulations. A demographic profile of geographic areas using only a few variables that are statistically proven to have almost as effective descriptive power as the United States Census. Information is gathered from census data and/or other socio-economic studies. AMPAC seminars will train doctors in the uses of PAST as a method of describing an election district from its socio-economic standpoint and how that description relates to political decision.

5. **TELET** — The Technique to Electronically List the Electorate Totally. The computer listing of registered voters showing names, street address, phone number, precinct, ward, census tract, county, etc. This project is an implementation of previous techniques for direct mail, telephone canvass, precinct walking lists, and "get out the vote" drives.

6. **GIPS** — Group Index Priority System. Not yet ready for use without close expert assistance. GIPS ranks groups of voters rather than voting areas on the basis of vote potential for specific candidates. GIPS combines survey information with socio-economic characteristics, with name and address lists in order to produce an actual list of individual voters to be phoned, mailed, gotten out on election day, etc.

7. **TAG** — Target Area Graph. A computer model for geographic region which can accept a large volume of political and socio-economic data and relate that data to predictable political party vote.

8. **CPA** — County Priority Analysis. A computer model of less complexity than TAG which can rank county areas. Particularly useful in buying media time and space, scheduling campaign activities and candidate appearances.

9. Semantic Differential – A technique to measure an individual's perception of an "ideal" candidate versus the candidate's apparent image. A series of polar adjectives, for instance, Hawk and Dove, or honest - dishonest, is the basis of this measurement.

10. ICDM – Information for Campaign Decision Making Seminars. Designed to upgrade the campaign skills of volunteers in an increasingly technical campaign era. Emphasis is on actual use of campaign tools pioneered by organized medicine in a simulated campaign. The results of students' "campaign decisions" actually determined the outcome of the "election" in the simulated district. Wins and losses are analyzed at the seminar.

11. MASS – Media Allocation Selection System. Computer simulation to test media placement plans before committing hard dollars.

12. Key People Assess the Incumbent (TAG) – Early in-depth surveys of ten well informed local people to evaluate the incumbent's personal, financial, organizations and party strengths.

Additional AMPAC Campaign Management Materials

Supplementing ETC are a number of AMPAC films and pamphlets.

Films

Managing the Campaign for the House of Representatives

A 20-minute color film on the campaign management of the contest for the House of Representatives. The film deals with the organization of the campaign, describes the responsibilities of key members, and establishes the campaign manager as the person who must supervise, coordinate and direct them in a well-run House race. This film, and the two others listed immediately below, was made with the cooperation of the Democratic Congressional Campaign Committee, the Republican Congressional Campaign Committee, John F. Kraft, Inc., and Spencer-Roberts and Associates.

Working with Volunteers

A 22-minute color film which deals with the direction of volunteers in a campaign for the House of Representatives. It covers the building of a volunteer organization for the candidate, liaison with the party regulars, recruitment, working effectively with women, the operation of a campaign headquarters, and some of the projects on which volunteers can work effectively.

The Public Relations Aspects

An 18-minute color film which deals with the public relations aspects of a campaign for the House of Representatives. This film deals with the broad strategy and plans of the campaign, its conduct for best public relations effect, policy formation and implementation, the setting of the campaign theme, using issues effectively, the job of the publicity director, media relations, and working with the advertising agency.

EDP in Politics

This is an excellent 15-minute color film produced in cooperation with Decision Making Information on the modern uses of electronic data processing in campaign management. Specific examples are given to illustrate the part this tool can play in a campaign.

Pamphlets

Managing the Campaign for the House of Representatives

Working with Volunteers

The Public Relations Aspect

The above materials may be ordered through your AMA regional office or by writing directly to:

American Medical Political Action Committee
520 North Michigan Avenue
Chicago, Illinois 60611

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Campaign People 1

Early in the election year your state PAC organized a candidate support committee to support the challenger to an incumbent Congressman in District Y. Now the Congressional campaign is one month away from election day. Through research, you know that your candidate has a 50/50 chance of victory. At this point, you discover that the campaign chairman and candidate are not getting along, and that there has been little communication between the two individuals for the last two weeks. The candidate comes to you and confesses his need to change the campaign chairman.

What is your evaluation?

What do you recommend?

What is the difference between the responsibilities of the Campaign Chairman and the Campaign Manager?

Campaign People 2

District A in Iowa is big in geography but small in population. The campaign manager proposes to the Congressional candidate that they form an executive committee with prominent individuals from all corners of the district. However, since the district is so large, he recommends that no meeting of this committee be called at any time during the campaign.

Evaluate this decision and support your argument.

Campaign People 3

One of the members of the Kitchen Cabinet recalls a campaign where the written plan fell into the hands of the opposition. Therefore, he recommends that all plans be discussed and understood thoroughly by the Kitchen Cabinet — but that nothing be written down.

What is your evaluation of this procedure?

Campaign People 5

The Kitchen Cabinet has narrowed the choice of campaign manager to two (2) individuals:

1) Bruce Thompson, who has the ability to be very objective and remain calm under pressure but is not much of a driver or creative person.

2) Jack Williams, who is very creative and will "take charge" but who is very opinionated and has been known to blow up at people when they do not deliver on their promises.

Is this all the information you need to make your decision?

If yes — whom do you hire?

If no — what else do you ask?

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is about to go against an ressman. He tells you that he is mpaign manager has obtained the l Heart Fund, fund raiser to npaign as its finance chairman.

evaluation and ation?

ign Finance 1

efore the November Congressional and you are meeting with the candidate campaign chairman. The candidate, who 2) years ago announced his candidacy ond try one month ago. You ask him how they are going to budget for the ign and they give you an estimate of .00. There is no detailed budget at this ce the campaign fund raising program has gun yet. The candidate does show you a lance of $10,000.00 in the campaign fund e says is $10,000.00 more than they. his point, had last time and reminds you that ally raised $60,000.00 during the ign and garnered 45% of the vote.

the basis of the above how would say the campaign is going?

Campaign Finance 3

In reviewing a proposed campaign budget you notice that in several budget items, (e.g. telephone canvassing, headquarters supervision, etc.) the campaign has listed "volunteer man hours" instead of dollars. When you ask about this you are told that volunteer man hours are just as good as money in the bank.

How do you evaluate this type of budgeting?

paign Finance 4

your evaluation of the campaign
find one local campaign organization
g very cooperative and informative;
ver, when you ask to see the budget,
Campaign Manager tells you that he
been instructed not to show anyone
udget.

**ow do you react to this action on the
of the Campaign Manager?**

Research 1

A public opinion survey conducted in April shows that ". . . if the November general election were held today" our challenging candidate would fare as follows:

Incumbent	58.0%
Challenger	20.0%
Undecided	22.0%

Do you think we should involve ourselves in this campaign to unseat the incumbent?

Research 2

In reviewing the campaign budget with the Kitchen Cabinet you point out that they have not included a public opinion survey in their budget. At this point, the campaign chairman says "We had one of those surveys in our last campaign. It didn't do us a damn bit of good. Everyone knows we lost the last time because we were out-advertised on television. What good are these surveys anyway? All they do is tell you what is going on when the survey is taken. Even then all they do is give you some insight into the problems — not the answers! Campaigns are dynamic not static! They are not run on insight but on decisions and money! All surveys do is take money away from the campaign's advertising budget. Besides we can always see how we are doing by the newspaper poll, which over the last ten years, has been very accurate."

Is this a good rationale for not utilizing surveys in a political campaign?

Publicity and Advertising 1

The quality of writing in a news release reflects on both the candidate and the campaign. Jack Roberts of the Kitchen Cabinet has a nephew who was editor of his college newspaper and a magna cum laude English major. He is presently working on his doctorate concerning great American political speeches. He would be willing to take a leave from the university to take on the job of publicity director.

Should the Kitchen Cabinet hire him?

Timing 1

During your meetings with the candidate in August you mention that the State PAC is having their annual meeting at the State Capitol next month and indicate you are looking for a speaker. The candidate, obviously trying to be friendly, indicates that if you feel the State PAC would be interested he will make himself available.

What is your evaluation of this situation?

FEC
DOCUMENT
SEPARATOR

Ex. #53

1 BEFORE THE FEDERAL ELECTION COMMISSION

2

3 In The Matter Of :

4 PENNSYLVANIA MEDICAL POLITICAL: MUR 369
ACTION COMMITTEE (PaMPAC),
5 et al. :

6

7

8 Deposition of: CHARLES K. ZUG, III, MD

9 Taken by : Federal Election Commission

10 Before : Vicki L. Fox, RPR
: and Notary Public

11

Beginning : 9:00 a.m., May 1, 1979

12

Place : Pennsylvania Medical Society
13 : 20 Erford Road
: Lemoyne, Pennsylvania

14

15 COUNSEL PRESENT:

16 THOMAS B. SCHMIDT, III, Esquire

17 For - Pennsylvania Medical Political Action Committee

18 JOHN LEWIS SMITH, III, Esquire

19 For - American Medical Political Action Committee

20 DAVID S. BRANCH, Esquire
21 ANNE CAUMAN, Esquire
SUSAN E. PROPPER, Esquire

22 For - Federal Election Commission

23

24

25

79 MAY 17 AM 11:53
GENERAL COUNSEL

1 MS. CAUMAN: I would like to state for the record
2 that Lewis Smith is attending the deposition. Are you
3 representing AMPAC here today?
4 MR. SMITH: I always represent AMPAC in regard to
5 this proceeding.
6 MS. CAUMAN: I presume you are not representing
7 Dr. Zug; is that correct?
8 MR. SMITH: I do not represent Dr. Zug, nor Dr. Hoyle
9 nor Mr. Rothenberger.
10 MS. CAUMAN: We have discussed Mr. Smith's attendance
11 previously with Mr. Speaker, counsel for PaMPAC.
12 It is the position of the Federal Election Commission
13 that Mr. Smith is here today totally as an observer and with
14 no right to participate on the record in any manner.
15 MR. SCHMIDT: I think it is the position of PaMPAC
16 that he is here with rights to participate. We made that
17 clear, I think, to the Federal Election Commission in a letter
18 dated a week ago, ten days ago.
19 MS. PROPPER: I have had some conversations
20 subsequent to receiving your letter. Based on my conversations
21 with Mr. Speaker, we explained that our position was that
22 Mr. Smith would be attending solely as an observer without
23 making any objections on the record, including any references
24 that might come up with respect to AMPAC or Dr. Levis.
25 Mr. Speaker, in talking to me, said that he would go

1 along with that position, and that he was speaking on behalf
2 of PaMPAC.
3 It was our understanding that if Mr. Smith showed
4 up here today, that that would be the circumstances under
5 which he would be attending this deposition.
6 MR. SCHMIDT: If I can make my position more clear
7 -- I think it is the same as Fred's, but you talked to Fred.
8 I hope we don't have a factual dispute about that.
9 It is my understanding that Fred took the position
10 that Mr. Smith's role in the deposition as far as participating
11 was essentially a dispute between Mr. Smith -- or AMPAC and
12 the Commission. In our letter to you, we had said we thought
13 he ought to be here. I don't have the letter in front of me.
14 But paraphrasing it, we thought there would be a problem
15 about going ahead unless that issue about his presence or not
16 could be resolved.
17 The second issue about his participation was
18 something we knew you had had arguments about before, and it
19 was something for you and him to work out.
20 So perhaps I think it would be a fairer way to put it
21 that we weren't agreeing with your position that he should
22 not participate; we were simply saying that that was something
23 for him to take a position on. PaMPAC didn't have a position
24 on whether he could make objections on the record.
25 MS. CAUMAN: I think we are ready to go ahead.

1 MR. BRANCH: I don't think we are ready to go ahead.
2 If there is a dispute between us, we haven't resolved it.
3 MR. SMITH: I am sure Dr. Zug will be pleased to hear
4 me say that I think we can more beneficially go ahead with his
5 deposition than tilt this everlasting windmill any further.
6 I am made somewhat nervous by your reference to
7 Dr. Levis, because I do represent Dr. Levis. I did not under-
8 stand him to be involved in any fashion at this time.
9 MR. BRANCH: That is correct. Our understanding is
10 that you represent Dr. Levis. He is on the AMPAC Board. For
11 that reason, you represent him.
12 Nothing we are saying now about the Commission's
13 position would apply to that situation.
14 MR. SMITH: I don't characterize my representation
15 of Dr. Levis beyond saying that I represent him, nor does he.
16 The Commission has frequently tried to delve into
17 how I represent someone or don't. I am willing to tell you
18 whether I do or I don't. I don't think it is any of your
19 business how.
20 I do represent Dr. Levis, and I represent AMPAC.
21 I don't pretend to represent any of these three deponents
22 that are scheduled, nor PaMPAC which is well represented.
23 In the interest of moving on and without any
24 concession of the correctness of your position, as I have
25 consistently stated in the past, I will deal through Mr. Schmidt

1 in the interest of getting Dr. Zug on and off.

2 MR. BRANCH: I think that should remove any mis-

3 understanding that might exist.

4 MR. SMITH: Fine, if you want to make that of

5 record, it is fine with me.

6 MR. BRANCH: I think we just did.

7 MR. SMITH: I just want it perfectly clear that I am

8 conceding nothing. I am only interested in seeing the

9 deposition proceed.

10 MR. BRANCH: Consistent with the position Mr. Smith

11 and the Commission have taken in the past, nobody ever

12 concedes anything in these situations. I think that the

13 record will be clear enough now.

14

15 CHARLES K. ZUG, III, MD, called as a witness, being

16 duly sworn, testified as follows:

17 DIRECT EXAMINATION

18 BY MS. CAUMAN:

19 Q Would you please state your name?

20 A Charles K. Zug, III.

21 Q What is your present address?

22 A Business or home?

23 Q Both.

24 A My business is St. Luke's Hospital, Bethlehem,

25 Pennsylvania 18015. My home is 418 North New Street,

1 Bethlehem, Pennsylvania 18018.
2 Q What is your present occupation, please?
3 A I am Chief of Surgery at St. Luke's Hospital in
4 Bethlehem.
5 Q Are you presently a member of the Pennsylvania
6 Medical Society?
7 A I am.
8 Q From here on out, I will refer to it probably as
9 PMS.
10 How long have you been a member of the Pennsylvania
11 Medical Society?
12 A Approximately 16 years.
13 Q Have you been a member continuously for those 16
14 years?
15 A Yes.
16 Q Have you ever been an officer of PMS?
17 A No.
18 Q Have you ever served in any official capacity for
19 PMS?
20 A Yes.
21 Q What capacity is that?
22 A A member of the House of Delegates of the PMS.
23 Q When was this?
24 A 1971 through the present.
25 Q What are your duties as a member of the House of

1 Delegates of PMS?

2 A To attend the meetings of the House of Delegates of

3 the PMS and represent my local County Medical Society.

4 Q Have you ever served on any committees of PMS?

5 A Yes.

6 Q Can you name these, please?

7 A The Committee to Nominate Delegates and Alternates

8 to the AMA, the Council on Medical Services, the Council

9 on Governmental Relations, which is now the Council on

10 Legislation.

11 Q When did you serve on these various committees?

12 First, Committee to Nominate AMA Delegates.

13 A Approximately four years ending in 1978.

14 Q Can you explain your role while on that Committee,

15 please?

16 A The Committee receives suggested nominees from

17 County Medical Societies and makes recommendation of nomina-

18 tions to the House of Delegates.

19 Q To the PMS House of Delegates?

20 A Correct.

21 Q The next council you mentioned, I believe, was

22 Council on Medical Services?

23 A Yes.

24 Q When were you a member of that Council?

25 A I am not really certain, but I would guess it was

1 about 1973 to 1975, something like that.

2 Q Your duties on that Council, please?

3 A I was a member of the Council which deals with

4 whatever matters are referred to it.

5 Q When were you a member of the Council on Governmental

6 Relations or the Council on Legislation?

7 A Approximately 1976 through the present.

8 Q When did the name of this Council change?

9 A I believe about a year ago.

10 Q So you are talking about early in 1978?

11 A Yes, although it was the same Council really.

12 Q All that changed was the name?

13 A Correct.

14 Q Are you a member of the American Medical Association?

15 A I am.

16 Q Or AMA?

17 A Yes.

18 Q How long have you been a member of AMA?

19 A Sixteen years.

20 Q Have you ever been an officer of AMA?

21 A No.

22 Q Have you ever served in any official capacity for

23 AMA?

24 A No.

25 Q Have you ever served on any AMA committees?

1 A No.
2 Q Are you a member of any local medical society?
3 A Yes.
4 Q What society is that?
5 A Northampton County Medical Society.
6 Q How long have you been a member of that Society?
7 A Sixteen years.
8 Q Have you ever been an officer of that Society?
9 A Yes.
10 Q What were your roles as an officer of that Society?
11 A What was my role?
12 Q What positions did you hold?
13 A Vice-President, President-Elect and President and
14 member of the Board of Directors.
15 Q When were you a Vice-President of the local Society?
16 A Approximately 1974.
17 Q For a year?
18 A Yes.
19 Q When did you become President-Elect of the local
20 Society?
21 A Approximately 1975.
22 Q Again, this was for a year?
23 A Yes.
24 Q When did you become President of the local Society?
25 A Approximately 1976.

1 Q Again, this was for a year?
2 A Correct.
3 Q Then you said you were a member of the Board of
4 Trustees?
5 A The Board of Directors.
6 Q For how long have you been a member of the Board of
7 Directors?
8 A I am not any longer.
9 Q When were you a member of the Board of Directors?
10 A Approximately 1970 through 1977.
11 Q Are you a member of the Pennsylvania Medical Politi-
12 cal Action Committee or PaMPAC?
13 A Yes.
14 Q For how long have you been a member of PaMPAC?
15 A I believe for 16 years.
16 Q Have you ever been an officer of PaMPAC?
17 A Yes.
18 Q What positions have you held as an officer of
19 PaMPAC?
20 A Let me count for a minute. Vice-Chairman in 1975
21 and Chairman in 1976, 1977 and 1978.
22 Q Other than your role as officers, have you ever
23 served in any other official capacity for PaMPAC?
24 A A member of committees.
25 Q What committees have you served on? I think it would

be easier if you name the committee and name when you served on it.

A That is assuming I can remember what committee. I was Chairman of a committee to plan a reception for the legislators which, in fact, never came off. That was approximately 1975.

I am reasonably sure I served on other committees, but I can't remember which ones.

Q Have you ever been a member of the PaMPAC Executive Committee?

A As an officer, yes, ex officio.

Q That would be then 1975 through 1978?

A I think that is correct. I am not sure about 1975. 1976, 1977, 1978, yes.

Q Is that because as Vice-Chairman, in that role, you served on the Executive Committee?

A I am not sure whether the Vice-Chairman does or does not. I can't remember.

Q As the past President of PaMPAC, do you now have any special functions or duties?

MR. SCHMIDT: Excuse me. Is it Chairman, you mean? You said past President.

BY MS. CAUMAN:

Q As past Chairman.

A No.

Q What were your duties as Chairman of PaMPAC?

A To preside over the PaMPAC Board meetings, to attend and preside over the meetings of the Executive Committee, to consult with Mr. Rothenberger as necessary and other Board members as necessary.

Q Exactly when did you stop being Chairman of PaMPAC?

A Approximately the middle of March, 1979.

Q Thank you. I knew it wasn't the calendar year, and I wanted to get it straight.

Were you ever a member of the Pennsylvania Medical Committee for Better Government?

A No, and I don't even know what outfit that is.

Q In your involvement with PaMPAC, has PaMPAC ever supported or made contributions to candidates for federal office while you were a member?

A Yes.

Q Have you ever been involved in decisions involving contributions to federal candidates?

A Yes.

Q What has your role been in the decision making process for contributions to federal candidates?

MR. SCHMIDT: Can we break that question down into a time period or some other more specific --

BY MS. CAUMAN:

Q Fine. In regard to the 1976 election, what was your

1 role in the decision making process for contributions to
2 federal candidates?
3 A Requests would come from local areas, groups of
4 physicians, PaMPAC members for support for a specific federal
5 candidate or candidates either to me or Mr. Rothenberger.
6 We would discuss these requests. Then they would
7 be acted upon either by the Board or by the Executive Committee.
8 Q Was it more ususal for these to be decided by one
9 group or the other?
10 A My problem is I am trying to separate the state
11 candidates from the federal. There were so many state
12 candidates, and you are not interested in those.
13 I think it was a little more usual for them to be
14 decided by the Executive Committee.
15 Q When the Executive Committee decides, how is this
16 done, by meetings?
17 A Almost always by telephone meetings.
18 Q Are there records kept of these meetings? I am
19 talking about 1976. Were any records kept of these meetings?
20 A Yes, of the decisions. I do not know whether any
21 record other than the decisions that were made were kept or
22 not.
23 Q Do you know if any record was kept of who participated
24 in these meetings?
25 A I do not specifically know.

Q Could you describe a little bit what happens in the decision making process at an Executive Committee meeting?

MR. SCHMIDT: Is that a telephone meeting?

BY MS. CAUMAN:

Q Telephone conference calls you were saying they were.

MR. SCHMIDT: Let me make a further objection. As I understand it, you are interested in some aspects of how a decision to make a contribution is made. We have previously objected to some of the inquiry into the content of that decision -- for instance, the evaluation of why one candidate as opposed to another ought to be supported with federal money. We believe, as you know, that the reasons for choosing a candidate are really irrelevant to your investigation, if they are substantive reasons.

I wonder if you could refine your question to exclude how the decision making process might have been geared around making a political evaluation of a candidate?

It is my understanding -- if I can make my objection a little clearer -- that you are interested in the process of how these decisions get made and not necessarily the substantive reasons why PaMPAC may have chosen one candidate over another. I am concerned that the question doesn't really make that discrimination.

MS. CAUMAN: I am not trying to ask specifically

out decisions to any particular candidate. I am trying to get a sense of how the decision is arrived at, are candidates discussed individually, what sort of factors might be brought up in a discussion.

A The support for the candidate from the local level -- from the PaMPAC members whom he would represent, the candidate's past record, the likelihood in the future that he would advance the causes in which we believe.

BY MS. CAUMAN:

Q Again, I am trying to stick to 1976. When PaMPAC decided to support a candidate in 1976, did PaMPAC ever request that AMPAC make contributions to a federal candidate?

A Not to my knowledge. I never did.

Q Did PaMPAC ever communicate with AMPAC about contributions to federal candidates?

A I did not personally. I cannot speak for anybody else.

Q You also said that federal candidate decisions were sometimes made by the Board of Directors.

Could you explain how that process --

A The factors to be considered -- the process was basically the same. It was really more a timing matter.

If we got a request and there happened to be a Board meeting in the relative near future, it might well be handled by the Board meeting rather than the Executive Committee.

MS. CAUMAN: Will the reporter please mark this as Exhibit 1?

(Photocopy of two-page letter dated April 5, 1976, Charles K. Zug, III, MD to Mr. William Watson, produced and marked Exhibit 1.)

BY MS CAUMAN:

Q Dr. Zug, I am handing to you what I have had marked Exhibit 1. It is a letter dated April 5, 1976 to Mr. William Watson, Executive Director of American Medical Political Action Committee. It is from Charles K. Zug, III, Chairman.

Do you recognize this letter?

A I do not recognize this letter.

Q Independently of the letter, do you recall ever asking AMPAC for contributions to James Kelly in 1976?

A Do I recall asking?

Q Yes.

A I do not, no.

Q Do you recall anyone else from PaMPAC asking AMPAC for contributions to James Kelly in 1976?

A May I speak on what somebody else has done?

MR. SCHMIDT: No. It is your recollection, what you remember.

BY MS. CAUMAN:

Q Do you recall asking AMPAC for contributions to Louis Tullio?

A No.

Q Do you recall asking any PaMPAC staff to make a request to AMPAC for contributions?

A Me asking them, no.

Q For making contributions to either of these candidates?

A No.

Q Do you recall the Executive Committee asking AMPAC for contributions to either of these candidates?

MR. SCHMIDT: Could you repeat the question? I may have missed part of it.

(Question referred to read back by reporter.)

A It is very difficult because I really do not recall. I can't exclude that the subject might not have come up, but I do not recall.

MS. CAUMAN: I am asking the reporter to mark as Exhibit 2 a letter dated June 23, 1976 to Mr. William Watson, Executive Director of American Medical Political Action Committee from Charles K. Zug, III, Chairman.

(Photocopy of two-page letter dated June 23, 1976, Charles K. Zug, III, MD to Mr. William Watson, produced and marked Exhibit 2.)

MR. SCHMIDT: Before the next question, can you indicate when you identify documents if they don't come from the documents that you discovered from PaMPAC, or do all of

1 the documents --

2 MS. CAUMAN: Everything comes from the documents we

3 discovered from PaMPAC two weeks ago.

4 BY MS. CAUMAN:

5 Q Have you read it?

6 A Yes.

7 Q Do you recognize this letter?

8 A I do not recognize it. Let me say that I authorized

9 PaMPAC staff to sign my name to letters from time to time.

10 My guess is that that is what happened here.

11 I never had a secretary whose initials were "da",

12 nor do I recognize this typewriter. I have never seen this

13 letter before.

14 Q When did you authorize PaMPAC staff to send out

15 letters under your name?

16 A I don't recall any specific date. It was a

17 standing procedure.

18 Q Under all circumstances? Were there certain matters

19 that were authorized to send out letters under your name for?

20 A I don't recall ever establishing a list of what

21 matters would be appropriate and what would not, no.

22 Q Were there any procedures for them to go through

23 sending out letters under your name?

24 A I recall a number of instances which Mr. Rothenberger

25 would tell me what he proposed to send out under my name. I

1 do not specifically recall a discussion of this particular
2 letter, for instance.
3 Q Do you recall discussions of other communications
4 to AMPAC about candidate support?
5 A Do you mean discussions of him writing a letter
6 like this?
7 Q Yes.
8 MR. SCHMIDT: Are we still talking about 1976?
9 BY MS. CAUMAN:
10 Q Yes.
11 A I do not recall any such discussions, no.
12 Q Do you remember any discussions about his writing
13 to AMPAC under your name in any regard to candidate support
14 decisions?
15 A I don't recall discussions of him writing to AMPAC,
16 no.
17 Q Did you authorize Mr. Rothenberger to write to
18 AMPAC on your behalf?
19 A I did not specifically authorize him, no.
20 Q Did you authorize Mr. Rothenberger to write to
21 anyone about candidate support decisions?
22 A Certainly people throughout the state, yes.
23 Q What sort of people would these be?
24 A PaMPAC members who were recommending that we
25 endorse certain candidates. For instance, that would be

1 largely who.

2 Q Do you consider this letter within the authorization

3 delegated by you?

4 A Within the broad authorization, yes.

5 Q Independent of this letter, do you recall if PaMPAC

6 requested that AMPAC contribute to the campaign of Joshua

7 Eilberg in 1976?

8 A The question again?

9 Q Would you repeat it, please?

10 (Question referred to read back by reporter.)

11 A I did not.

12 MR. SCHMIDT: Let me be sure you understand the

13 question. Are you asking for his recollection independent

14 of this letter, or are you asking if there was another

15 request?

16 MS. CAUMAN: I am asking his recollection independent

17 of this letter.

18 MR. SCHMIDT: Thank you.

19 A I have forgotten the word. Did PaMPAC ask AMPAC

20 for what?

21 BY MS. CAUMAN:

22 Q For contributions --

23 A I do not recall that PaMPAC asked AMPAC for

24 contributions. There may well have been discussions of

25 whether or not AMPAC would contribute, but I do not recall

1 PaMPAC asking AMPAC for contributions.

2 Q Were you involved in discussions about whether or

3 not AMPAC would contribute to Mr. Eilberg?

4 A I don't specifically remember in the case with

5 Mr. Eilberg.

6 Q To your knowledge, was anyone else involved in

7 discussions --

8 A Not to my knowledge.

9 Q -- with AMPAC with respect to Mr. Eilberg?

10 A Not to my knowledge.

11 Q Can you remember discussions with AMPAC about

12 contributions to any other federal candidates in 1976?

13 A No.

14 Q Can you remember or are you aware of conversations

15 by anyone else at PaMPAC with AMPAC about contributions to

16 federal candidates in 1976?

17 A I am aware that Mr. Rothenberger talked to people

18 at AMPAC from time to time. I do not specifically know the

19 content of those conversations.

20 Q Do you know who he spoke to at AMPAC?

21 A I would guess Bill Watson, but I don't specifically

22 know that.

23 Q Can you remember conversations of the PaMPAC

24 Executive Committee about the possiblity of asking AMPAC for

25 contributions to federal candidates in 1976?

A No. I cannot remember any specific conversations like that.

Q Do you remember that such conversations existed?

A Such conversations -- well, not in terms of asking AMPAC, no.

Q In what terms was that matter discussed?

A In terms of the likelihood of AMPAC supporting or not supporting the candidate.

Q Was there any discussion of contacting AMPAC to find out whether or not they were supporting a candidate?

A There was no such specific discussion. As I stated, I was aware that Mr. Rothenberger was in contact with them from time to time.

Q Did the Board of Directors ever have any discussions about asking AMPAC for contributions to federal candidates?

A Not to my recollection.

Q Did they ever have any conversations about recommending contributions to federal candidates from AMPAC?

A No.

Q Did the Board of Directors have any discussion about contacting AMPAC in reference to federal candidates in any fashion, whatsoever?

A I don't recall that the Board did, no.

MR. BRANCH: Can we go off the record for five minutes?

MR. SCHMIDT: Alright.

(A recess was taken.)

AFTER RECESS

BY MS. CAUMAN:

Q What authority did the Executive Director have in 1976?

A That is pretty broad; isn't it?

MR. SCHMIDT: I assume you want his job description as an answer to the question?

BY MS. CAUMAN:

Q You can give me his major responsibilities.

MR. SCHMIDT: Can you indicate perhaps by a more specific question what area of his authority you are interested in as opposed to his general job description of running the PaMPAC office?

I guess I am concerned that perhaps the question has already been asked and answered as I understand the question, which is why I am asking that you rephrase it if you are interested in whether a certain activity was within or without his authority.

MS. CAUMAN: I would like Dr. Zug's understanding of what his authority was.

MR. SCHMIDT: His full job description authority or his authority to contact AMPAC or his authority to deal with the Executive Committee? That is what we don't understand.

1 MS. CAUMAN: Full authority.

2 MR. SCHMIDT: Alot of that is not relevant to this

3 case or your inquiry.

4 MS. CAUMAN: If I don't know what it is, I can't deal

5 with what may not be relevant.

6 MR. SCHMIDT: The solution to that is to ask a

7 specific question that is relevant.

8 MR. BRANCH: I don't agree that it is not relevant.

9 MR. SMITH: Do you want a half hour on what he does

10 with regard to state elections?

11 MR. BRANCH: I doubt Dr. Zug will go on for half

12 an hour. The question is what was the authority of the

13 Executive Director in 1976. That is not asking for a written

14 job description. It is asking Dr. Zug what he knows the

15 authority of the Executive Director was.

16 It may be a broad question, but let's see what

17 the answer is.

18 MR. SCHMIDT: My concern is not only is it broad

19 and cumbersome, but it asks for a whole lot of information

20 that is not relevant to the inquiry-- not just about state

21 elections, but about office management, a whole lot of sort

22 of wasteful information.

23 If you are challenging a specific area of Mr.

24 Rothenberger's authority as Dr. Zug understands it, the

25 solution seems to be to ask a specific question.

MR. BRANCH: There is no assumption there is a challenge to authority. We are simply asking what range of authority the Executive Director of the organization had. That is the question.

MR. SCHMIDT: It seems to me that you can even ask a general question in terms of this investigation.

MR. BRANCH: We cannot?

MR. SCHMIDT: You can reframe your question even if it is in that general format, but in terms of this investigation.

MR. BRANCH: Of course the question can be reframed, but I see no need to reframe it.

There is a question on the table, and we would like Dr. Zug to answer it.

Off the record, please.

(Discussion held off the record.)

BY MS. CAUMAN:

Q What authority did the Executive Director have in 1976?

A He had broad authority in the management of PaMPAC affairs. He was the only staff -- only full-time staff that we had. He had been here for some time, longer than any member of the Board. His authority was very broad.

Q Did he have a vote on the Executive Committee?

A No.

1 Q Could the Executive Director decide to whom PaMPAC
2 would make a contribution?
3 A He would not decide, no.
4 Q I would like to refer you to the letter which is
5 Exhibit 2. Calling your attention to the first paragraph
6 where it says, (reading) The Executive Committee of PaMPAC
7 has started to evaluate the races of the Pennsylvania
8 Congressional Delegation. (end of reading) Please read that
9 entire paragraph.
10 MR. SCHMIDT: I would like to object to that because
11 Dr. Zug said he did not recall sending this letter or having
12 anything to do with this letter.
13 I do not understand why he should be the one to
14 read the paragraph or answer any further questions about the
15 letter.
16 MS. CAUMAN: There is no question at the moment.
17 MR. SCHMIDT: You are just asking him to read the
18 paragraph?
19 MS. CAUMAN: I am asking him to read the letter so
20 I can ask him a question.
21 MR. SCHMIDT: How can he answer the question if
22 he doesn't remember the letter?
23 BY MS. CAUMAN:
24 Q Can you recall if the Executive Committee acted to
25 request campaign contributions from AMPAC to Congressman Flood

in 1976?

A No.

Q Can you recall if the Executive Committee authorized contributions by PaMPAC to Fred Rooney in 1976?

A Yes.

Q Can you recall if the Executive Committee acted to authorize requests to AMPAC for contributions to Fred Rooney in 1976?

A No.

Q I believe you stated that Mr. Rothenberger is authorized to send letters under your name.

Is he authorized to write that the Executive Committee has acted to ask AMPAC for a campaign contribution if the Executive Committee has not in fact acted to authorize campaign contributions?

A That is a little complicated. Let's run through that again.

MS. CAUMAN: Will the reporter please read the question?

(Question referred to read back by reporter.)

A Could I have the first part of that again?

(Question referred to read back by reporter.)

A No.

BY MS. CAUMAN:

Q Do you recall any action by the Executive Committee

to authorize contributions to federal candidates -- PaMPAC contributions to federal candidates in 1976 other than Fred Rooney?

A I am sure.

Q Can you name those candidates, please?

A I am sure we were involved in a number of congressional races in 1976. This letter has inadvertently reminded me of some of them.

Eilberg is one. Yatron is another. As I recall, we supported Marks against Vigorito.

I don't recall the entire list, but there were a number.

Q Do you recall for any of the candidates you have just named whether the Executive Committee acted to authorize a request to AMPAC for funds to any of those candidates?

A No.

Q Do you recall whether the Executive Committee authorized any communication with AMPAC about any of those candidates?

A The honest answer is that communication about candidates was always authorized.

Q Do you recall having any communication with AMPAC about any of the candidates you have just named?

A I did not, no.

Q Do you recall anyone else at PaMPAC having any

1 communication with AMPAC about any of the candidates you just
2 named?
3 A I am sure that Mr. Rothenberger talked to AMPAC
4 about the candidates.
5 MS. CAUMAN: I am handing the reporter to mark as
6 Exhibit 3 a letter dated August 6, 1976 to Mr. William Watson,
7 Executive Director, American Medical Political Action
8 Committee, from Charles K. Zug, III, Chairman.
9 (Photocopy of letter dated August 6, 1976, Charles
10 K. Zug, III, MD to Mr. William Watson, Executive Director,
11 produced and marked Exhibit 3.)
12 BY MS. CAUMAN:
13 Q Do you recognize this letter?
14 A No.
15 Q Do you recall the Executive Committee of PaMPAC
16 acting to authorize contributions to any of the candidates
17 named in this letter?
18 A PaMPAC contributions?
19 Q Yes.
20 A Yes.
21 Q Do you recall the Executive Committee of PaMPAC
22 acting to authorize requests to AMPAC for contributions to
23 any of these candidates?
24 A No.
25 Q Is this letter within the authority delegated to

write on your behalf?

A Yes.

Q Independent of this letter, do you recall asking AMPAC for contributions to any of these candidates?

A No.

MS. CAUMAN: I am asking the reporter to mark as Exhibit 4 a letter dated September 8, 1976 to Mr. William Watson, Executive Director, American Medical Political Action Committee from Charles K. Zug, III, Chairman.

(Photocopy of letter dated September 8, 1976, Charles K. Zug, III, MD to Mr. William Watson, produced and marked Exhibit 4.)

BY MS. CAUMAN:

Q Do you recognize this letter?

A No.

Q Independent of the letter, do you recall giving any information to Mr. Watson in regard to the Eilberg campaign?

A No.

Q Is this letter written within the authority delegated by you to write on your behalf?

A Yes.

Q Do you remember AMPAC making any contributions to federal candidates in Pennsylvania in 1976?

A Yes, I was aware they did.

Q How were you aware they did?

1 A Mr. Rothenberger told me.
2 Q Do you know how Mr. Rothenberger knew that AMPAC
3 had contributed to federal candidates?
4 A I do not know for certainty, no.
5 Q Do you know which candidates AMPAC contributed to?
6 A There are some I could recall, yes.
7 Q Would you list them, please?
8 A I recall that they contributed to Mr. Heinz. I
9 recall that they contributed to Albert Johnson. I know they
10 contributed to Fred Rooney.
11 I believe they contributed to Gus Yatron. They
12 contributed to Mr. Marks. I am sure there were others that
13 I don't specifically remember.
14 Q Did you ever receive any communications from AMPAC
15 about candidates they contributed to in Pennsylvania?
16 A None directed specifically to me. I received their
17 standard national mailings.
18 MS. CAUMAN: I am giving the reporter to mark as
19 an exhibit a letter dated July 7, 1976 addressed to Charles
20 K. Zug, III, Chairman Pennsylvania Medical Political Action
21 Committee from Lee Ann Elliot, Associate Executive Director.
22 (Photocopy of one-page letter dated July 7, 1976,
23 Lee Ann Elliot to Charles K. Zug, III, MD produced and marked
24 Exhibit 5.)
25

1 BY MS. CAUMAN:

2 Q Dr. Zug, do you recognize this letter?

3 A I do not. I point out it did not come to my home

4 address.

5 Q Do you ever see any of the mail addressed to you

6 at PaMPAC?

7 A Yes.

8 Q Is there a procedure by which this mail is forwarded

9 to you?

10 A Such mail as Mr. Rothenberger thought I should see,

11 he would copy and mail to me.

12 Q Did you have any conversations with Mr. Rothenberger

13 about notification that AMPAC had contributed to federal

14 candidates?

15 A I am quite certain he communicated that to me,

16 yes.

17 Q Do you recall if he communicated to you receipt of

18 this letter?

19 A I do not recall that, no.

20 MS. CAUMAN: I am asking the reporter to mark as

21 an exhibit a letter dated August 10, 1976 addressed to

22 Charles K. Zug, III, Chairman Pennsylvania Medical Political

23 Action Committee from Lee Ann Elliot, Associate Executive

24 Director of AMPAC.

25 (Photocopy of one-page letter dated August 10, 1976,

1 Lee Ann Elliot to Charles K. Zug, III, MD, produced and
2 marked Exhibit 6.)
3 BY MS. CAUMAN:
4 Q Do you recognize this letter?
5 A No.
6 Q Do you recall receiving this letter?
7 A No.
8 Q Do you recall any conversation with Mr. Rothenberger
9 about receipt of this letter?
10 A I do not recall, no.
11 Q Do you recall ever hearing about AMPAC contributions
12 to federal candidates in Pennsylvania in 1976 through sources
13 other than Mr. Rothenberger?
14 A I don't think so except in the standard mailings
15 that AMPAC would send out later on, but not early on. Only
16 from Mr. Rothenberger.
17 Q AMPAC would regularly --
18 A They would send mailings to their members saying
19 that they supported thus and such candidate, and he won or
20 he didn't win, that sort of thing.
21 Q Would they send these mailings to PaMPAC?
22 A They sent them to all AMPAC members, I believe.
23 Q Do you remember any communication with AMPAC from
24 PaMPAC requesting that AMPAC contribute to the campaign of
25 Austin Murphy in 1976?

1 A I do not, no.
2 Q Do you remember any communications with AMPAC about
3 contributions to John Heinz in 1976?
4 A Could you read that again?
5 MS. CAUMAN: Would you repeat the question?
6 (Question referred to read back by reporter.)
7 A I had no such communications, no.
8 BY MS. CAUMAN:
9 Q Are you aware of any such communications between
10 anyone else at PaMPAC --
11 A Yes.
12 Q -- and AMPAC?
13 A Yes.
14 Q Whose communications?
15 A I am aware that Rothenberger communicated with
16 AMPAC about the Heinz and Green campaign, yes.
17 Q What were the substance of his communications as
18 you are aware of them?
19 A The substance was that AMPAC had decided to
20 contribute five thousand dollars to Mr. Heinz.
21 Q Did PaMPAC make any recommendation to AMPAC about
22 contributions in that race?
23 A No, not to my knowledge.
24 Q Did PaMPAC oppose the contribution by AMPAC to
25 Mr. Heinz?

1 A No.

2 Q To your knowledge, how were PaMPAC contribution

3 checks to federal candidates delivered in 1976?

4 A They were mailed to someone in the district with

5 the idea that they would personally deliver them to the

6 candidate.

7 In my own instance, I was in Mr. Rooney's district.

8 I simply telephoned him and told him that the check had come

9 in. I sent the check directly to his campaign committee.

10 Q Do you recall sending the check to Mr. Rooney from

11 AMPAC?

12 A I am pretty sure the check did come to me, and I

13 did send it to Mr. Rooney.

14 Q Do you recall delivering any other PaMPAC checks

15 to federal candidates in 1976?

16 A Me, personally?

17 Q Yes.

18 A I did not, no. Wait, wait. No, some state ones,

19 but not federal.

20 Q Do you recall delivering any AMPAC checks to federal

21 candidates other than Mr. Rooney in 1976?

22 A No.

23 MS. CAUMAN: I am asking the reporter to mark as an

24 exhibit a letter dated July 16, 1976 to Charles K. Zug, III

25 from J. L. Rothenberger, Executive Director.

1 (Photocopy of one-page letter dated July 16, 1976,
2 J. L. Rothenberger to Charles K. Zug, III, MD, produced and
3 marked Exhibit 7.)
4 BY MS. CAUMAN:
5 Q Dr. Zug, how did you receive the AMPAC check you
6 delivered to Mr. Rooney?
7 A I don't know what you mean by how. In an envelope
8 probably with this letter. I don't specifically remember that.
9 Q Did you have any conversation with anyone at AMPAC
10 concerning the check to Mr. Rooney?
11 A No.
12 Q Do you know if Mr. Rothenberger had any conversations
13 with anyone at AMPAC concerning the check to Mr. Rooney?
14 A I do not know, no,
15 Q Looking at the letter in front of you, have you
16 ever instructed Mr. Rothenberger to mail similar letters to
17 other persons in Pennsylvania?
18 A I never so instructed him, no.
19 Q Have you ever had conversations with Mr. Rothenberger
20 -- let's keep this in 1976 -- about delivery of PaMPAC checks
21 to candidates, federal candidates?
22 A Sure.
23 Q What was the substance of these conversations?
24 A I can't cite you a specific conversation, but we
25 would often talk about who from the area knew the Congressman

1 the best or the candidate best and who would be the best
2 person to deliver the check.
3 Q Is that how you would decide who delivered the
4 check?
5 A That is how we decide who delivers the check in
6 most instances.
7 Q Did you have any conversations about who should
8 deliver a check about AMPAC contributions to candidates in
9 Pennsylvania?
10 A We had no specific conversation that differentiated
11 AMPAC and PaMPAC checks. We talked about who the PaMPAC
12 checks should be delivered to in the area.
13 Q Were AMPAC checks usually delivered by the same
14 person?
15 A I don't specifically know. In this instance,
16 obviously yes.
17 Q Did you ever have conversations with anyone at
18 AMPAC about the delivery of AMPAC checks to Pennsylvania
19 candidates?
20 A No.
21 Q When you delivered the PaMPAC check to Mr. Rooney,
22 did you deliver the AMPAC check to Mr. Rooney at the same
23 time?
24 A I am sure I did. From reading this letter, I am
25 sure I did.

1 Q You don't have any independent recollection?
2 A I don't specifically recall, no.
3 MS. CAUMAN: I would like to take a break for about
4 five minutes.
5 MR. SCHMIDT: Fine.
6 (A recess was taken.)
7 AFTER RECESS
8 BY MS. CAUMAN:
9 Q Dr. Zug, in 1978 were PaMPAC candidate support
10 decisions made in the same manner you have previously
11 described for 1976?
12 A Yes.
13 Q They were made by the Board of Directors and the
14 Executive Committee as you have previously described?
15 A Yes.
16 Q In 1978, did PaMPAC make any requests to AMPAC
17 for contributions to candidates -- to federal candidates?
18 A I did not personally make any such requests, nor
19 did I personally ask anybody else to make such requests.
20 Q Were you aware of anybody making such requests?
21 A I was aware that Mr. Rothenberger was in touch with
22 AMPAC about candidates, yes.
23 Q Are you aware of the substance of any of his
24 communications?
25 A He reported back to me from time to time what AMPAC

1 was doing, what candidates they were supporting.
2 Q But to your knowledge, there was no request from
3 PaMPAC to AMPAC for candidate support in 1978?
4 A Not to my knowledge, no.
5 MR. SCHMIDT: Can we put on the record whether you
6 are inquiring about the 1978 election because you believed
7 there was a violation in 1978, or is it just to establish a
8 pattern?
9 MS. CAUMAN: This is an ongoing investigation.
10 MR. SCHMIDT: It is my understanding that the Common
11 Cause Complaint does not allege any violations in the 1978
12 election.
13 MS. CAUMAN: I believe that is the case. It is
14 an ongoing investigation. I am trying to keep up with the
15 pattern of PaMPAC contributions.
16 MR. SMITH: If I may, it is an important point. I
17 would appreciate if you would address it too, Mr. Branch. The
18 Common Cause Complaint has not alleged --
19 MR. BRANCH: We have no agreement that we have
20 this discussion with you, Mr. Smith, as part of this deposition.
21 MR. SMITH: I have agreed to step out of disagreeing
22 with you. You appear to now be going into a whole new area of
23 possible violations. I just want to be sure you are not
24 looking for violations, but rather the reverse of the flashback.
25 MR. BRANCH: As part of this deposition, neither I

1 nor anyone else is going to assure you of anything. We will
2 direct questions to Tom.
3 MR. SCHMIDT: Can you assure me that you are not
4 looking for violations in 1978?
5 MR. BRANCH: No. The Common Cause Complaints were
6 filed prior to most activity in 1978.
7 MR. SCHMIDT: That is right.
8 MR. BRANCH: It would be the position of the
9 Commission that there may be instances which may constitute
10 violations in 1978 also. I would not say that those are
11 outside of the scope of this investigation.
12 MR. SCHMIDT: It is my understanding that the
13 investigation is premised on a finding by the Commission that
14 there is a reason to believe there was violations, and
15 accordingly subpoenas were issued.
16 It is my recollection of what has happened in this
17 investigation that they have not reached any reason to believe
18 a determination about the 1978 election activity. Is that
19 a fair summary of the procedural situation?
20 MR. BRANCH: The reason to believe finding of the
21 Commission was prior again to most activity in 1978 -- maybe
22 not all, but basically prior to what is generally the 1978
23 cycle.
24 It would be our position that the notice received
25 under that which was notice of potential violations both in

1 reporting and perhaps in the contribution and spending of the
2 money is sufficient notice to investigate in the area of 1978
3 violations.
4 It is generically the same type of activity and
5 the same type of violations of the same section.
6 MR. SCHMIDT: But the notice is about 1976,
7 possible violations or violations in that election?
8 MR. BRANCH: 1976 violations is what were specified
9 in the Complaints filed by Common Cause. The reason to
10 believe finding was based on the information available at
11 that time.
12 Nevertheless, to make it clear, it is our position
13 the investigation can cover violations of the same sections
14 based on the same pattern of activity in 1978.
15 MR. SCHMIDT: Off the record, please.
16 (Discussion held off the record.)
17 MR. SCHMIDT: We would like the record to reflect
18 for PaMPAC that it has the continuing objection to questions
19 about 1978 and the 1978 election because we have not
20 received adequate notice that the Commission believes there
21 were any violations of the Federal Election Code by PaMPAC
22 in 1978.
23 I would like that objection to relate to all
24 questions about this election cycle.
25 MS. CAUMAN: Could you please read back the last

1 question?

2 (Question referred to read back by reporter.)

3 BY MS. CAUMAN:

4 Q Do you recall any contributions by AMPAC to

5 Pennsylvania candidates in 1978?

6 A Sure.

7 Q What contributions do you recall?

8 A Number one, I don't recall amounts. I can

9 certainly recall that they contributed to Fred Rooney, to

10 Yatron, to Marks. I know there were others.

11 Q How were you made aware of these contributions?

12 A By Mr. Rothenberger.

13 Q Do you know how Mr. Rothenberger was made aware

14 of these contributions?

15 A I do not specifically know, no.

16 Q Did PaMPAC contribute to the candidates you have

17 just mentioned -- Mr. Rooney, Mr. Yatron, Mr. Marks?

18 A Yes.

19 Q Do you know how PaMPAC checks to these candidates

20 were delivered?

21 A The same manner as 1976.

22 Q Do you know if AMPAC contributions to these

23 candidates were delivered by the same persons who delivered

24 PaMPAC checks?

25 A I have no such specific knowledge except in regard to

. Rooney.

Q What is your knowledge in regard to Mr. Rooney?

A I am reasonably sure that I delivered all checks to . Rooney.

Q Do you remember any communications between yourself : AMPAC in regard to contributions to Mr. Rooney in 1978?

A No.

Q Do you remember any communication by yourself with MPAC in regard to delivering the AMPAC check to Mr. Rooney?

A No.

MR. SCHMIDT: Off the record, please.

(Discussion held off the record.)

MS. CAUMAN: I ask the reporter to mark as an exhibit letter dated November 13, 1978 to Mr. William Watson of MPAC from Charles K. Zug.

(Photocopy of one-page letter dated November 13, 78, Charles K. Zug, MD to Mr. William L. Watson, with four-e attachment, produced and marked Exhibit 8.)

A I am familiar with that document.

BY MS. CAUMAN:

Q Do you recognize this letter?

A Yes.

Q Do you remember sending this letter?

A I do.

Q Having looked at this letter, do you recall some of

1 your communications with Mr. Watson about the Rooney campaign
2 in 1978?
3 A I had no communication with Mr. Watson until this
4 letter.
5 Q Do you know if anyone else at PaMPAC had any
6 communication with Mr. Watson about the Rooney campaign prior
7 to your sending this letter?
8 A I have no such specific knowledge.
9 Q In paragraph three of the letter, it states (reading)
10 I ask that no copy go to your Washington people. (end of
11 reading)
12 Who are you referring to by that?
13 A Really AMA people. The purpose being only that I
14 didn't want a copy to go to Mr. Rooney.
15 Q Do communications from you or from PaMPAC to AMPAC
16 usually go to AMA people in Washington?
17 A I don't know. I would not think so. In this
18 particular instance, I wanted to be sure that they did not --
19 that this did not.
20 In that question, did you ask about PaMPAC also?
21 Was PaMPAC part of that question or just AMPAC?
22 MS. CAUMAN: Will the reporter please repeat the
23 question?
24 (Question referred to read back by reporter.)
25 A The answer is alright then.

1 MS. CAUMAN: I am asking the reporter to mark as
2 an exhibit a letter dated November 17, 1978 to Charles K. Zug,
3 MD from William L. Watson, Executive Director of AMPAC.
4 (handed to witness)
5 (Photocopy of one-page letter dated November 17, 1978,
6 William L. Watson to Charles K. Zug, MD, produced and marked
7 Exhibit 9.)
8 BY MS. CAUMAN:
9 Q The letter refers in the second paragraph to the fact
10 that AMPAC is accumulating additional information.
11 Since this letter, have you had any further
12 communication with Mr. Watson or anyone at AMPAC in regard to
13 the Rooney campaign in 1978?
14 A With Mr. Watson or anyone, was that the question?
15 Q Yes.
16 A I talked to Dr. Levis and Mr. Rothenberger and told
17 them that I very much did want to receive this additional
18 information.
19 Mr. Watson attended a PaMPAC meeting approximately
20 mid-March at which he brought the information with him and
21 hand-delivered it to me.
22 Q Did you have any conversation with him about the
23 information?
24 A Only at that meeting, the March 15th meeting, not
25 otherwise.

Q Can you recall the substance of that conversation?

A As I recall, he told me that this magazine ad gimmick that they had developed had been very effective in every district except ours -- except Mr. Rooney's. He recognized and the information he was giving me supported that that played a negative role in Mr. Rooney's race, but there were also many factors involved -- some of which we discussed.

I remember discussing TV. The reason is in our district there is really no TV. Therefore, the newspapers and magazines became more important in our district than in other districts.

I think that basically was the substance. We discussed the details of that particular race.

Q Was anyone else involved in this discussion?

A Yes. It took place not really at the meeting, but after the meeting. Mr. Rothenberger was there, and I believe Dr. Levis. I think there were others. I can't remember exactly who.

Q Were those others other PaMPAC people?

A Yes.

Q Was there anyone else from AMPAC at the meeting?

A I don't think so, no.

Q Was there anyone else from AMA at the meeting?

A No.

1 Q You mentioned that Mr. Watson said this ad technique
2 was successful in other districts.
3 Do you know how many districts it was employed in?
4 A Gee, I did once. I don't know if I can remember
5 now. I really don't remember. I think it was about like a
6 dozen, but I am just not sure at all.
7 Q You mentioned that you discussed the Rooney
8 situation with Mr. Rothenberger and Dr. Levis.
9 Do you know if either of them had additional
10 conversations or communications with anyone at AMPAC in
11 regard to this situation?
12 A What I discussed with them was my desire to get
13 these additional studies. I asked them to make sure from
14 AMPAC that I got them.
15 Q Do you know if they made any further inquiry as
16 to AMPAC about the studies?
17 A Obviously, they did.
18 Q Did you have any communication after the 1978
19 elections -- after the November election day with AMPAC
20 about any of the federal races?
21 A About what we have already discussed in relation to
22 Mr. Rooney's race, yes. Not about any others.
23 Q Do you know if anyone else at PaMPAC had any
24 communications with AMPAC?
25 A I don't know.

1 MS. CAUMAN: Before we go on, just before the last
2 break and my last question, I believe I referred to contribu-
3 tions to AMPAC where I meant communications to AMPAC. Can we
4 go back?
5 (Question referred to read back by reporter.)
6 MS. CAUMAN: Off the record, please.
7 (Discussion held off the record.)
8 MS. CAUMAN: Let the record state that while we were
9 off the record, Dr. Zug stated that when I asked the question
10 and referred to contributions to AMPAC about contributions to
11 Congressman Rooney's campaign, that he understood it to mean
12 communications to AMPAC about Congressman Rooney's campaign,
13 and answered no in response to that understanding of the
14 question.
15 BY MS. CAUMAN:
16 Q Is that correct?
17 A That is correct.
18 Q Dr. Zug, do you know if PaMPAC contributed to
19 Joseph Ammerman in 1978?
20 A I don't recall for 1978.
21 Q Do you know if AMPAC contributed to Joseph Ammerman
22 in 1978?
23 A I know that they did not.
24 Q Do you know if PaMPAC requested that AMPAC contribute
25 to Joseph Ammerman in 1978?

1 A I have no such knowledge.
2 Q Do you know if PaMPAC contributed to William Clinger
3 in 1978?
4 A I believe so. It is a name I kind of remember but I
5 can't specifically state that I remember that.
6 Q Let me go back for a minute. You said you specifically
7 know that PaMPAC did not request that AMPAC contribute --
8 A No. You asked me if I knew whether they did, and I
9 said I have no such knowledge -- or words to that effect.
10 Q I see. I misunderstood your answer.
11 Do you know if PaMPAC requested to AMPAC that AMPAC
12 not contribute to Joseph Ammerman in 1978?
13 A To my recollection, no.
14 Q How were you aware that AMPAC did not contribute
15 to Joseph Ammerman in 1978?
16 A I believe Mr. Rothenberger told me.
17 Q Do you know how Mr. Rothenberger got his information?
18 A I don't specifically know, no.
19 Q Do you know if AMPAC contributed to William Clinger
20 in 1978?
21 A I don't specifically remember, no.
22 Q Do you know if PaMPAC had any communications with
23 AMPAC about contributions to William Clinger in 1978?
24 A Conversations about contributions?
25 Q Yes.

1 A I have no such specific knowledge, no.
2 Q Do you know if PaMPAC asked AMPAC to contribute to
3 William Clinger in 1978?
4 A I do not know.
5 Q Do you know if PaMPAC contributed to Charles
6 Dougherty in 1978?
7 A Yes, I believe we did.
8 Q Do you know if AMPAC contributed to Charles
9 Dougherty in 1978?
10 A I believe they did.
11 Q Do you know if there were any communications
12 between PaMPAC and AMPAC about Charles Dougherty's
13 campaign?
14 A I have no specific knowledge about communications
15 about that campaign.
16 Q Do you know if PaMPAC recommended that AMPAC
17 contribute to Dougherty's campaign?
18 A I do not know that.
19 Q Did PaMPAC contribute to Allen Ertel's campaign
20 in 1978?
21 A Yes, I believe so.
22 Q Do you know if AMPAC contributed to Allen Ertel's
23 campaign in 1978?
24 A I believe they did.
25 Q How do you know about AMPAC's contribution?

1 A From Mr. Rothenberger.
2 Q Do you know if there were communications between
3 PaMPAC and AMPAC in regard to Mr. Ertel's campaign?
4 A In regard to his campaign, I am sure that
5 Mr. Rothenberger did talk to AMPAC about Mr. Ertel's
6 campaign.
7 Q Is there some particular reason that you are sure
8 about this conversation as opposed to other candidates I have
9 been asking you about?
10 A The question was different.
11 Q Why are you sure this conversation or communication
12 took place?
13 A Because I know that on an ongoing basis, Mr.
14 Rothenberger would discuss with people at AMPAC Pennsylvania
15 political candidates and campaigns.
16 Q What would be the substance of Mr. Rothenberger's
17 ongoing conversations?
18 MR. SCHMIDT: I object to the question. I don't
19 think you can ask him that question without laying a
20 foundation for it.
21 I have another objection which we discussed before
22 which is to avoid an investigation of why PaMPAC or AMPAC
23 supported particular candidates.
24 MS. CAUMAN: Let me see if I can rephrase that.
25

1 BY MS. CAUMAN:

2 Q Do you know if PaMPAC contributed to William Gray's
3 campaign in 1978?

4 A Yes, I believe they did.

5 Q Do you know if AMPAC contributed to William Gray's
6 campaign in 1978?

7 A I believe they did.

8 Q What is your source of knowledge for that belief?

9 A Mr. Rothenberger.

10 Q Do you remember a specific conversation with
11 Mr. Rothenberger?

12 A I remember that there was a specific conversation,
13 yes.

14 Q Do you know if anyone at PaMPAC communicated with
15 AMPAC about Mr. Gray's campaign?

16 A I have to again say on an ongoing basis, I know
17 Mr. Rothenberger discussed Pennsylvania federal campaigns with
18 people at AMPAC.

19 Q Do you know if anyone else at PaMPAC discussed
20 Pennsylvania federal campaigns with anyone else at AMPAC?

21 A Dr. Levis, who is a member of the AMPAC Board
22 certainly would have.

23 Q Do you know if there is anyone else at PaMPAC who
24 would have had such discussions with anyone at AMPAC?

25 A No.

1 Q Do you know if PaMPAC recommended that AMPAC
2 contribute to Mr. Gray's campaign?
3 A I do not know that.
4 Q Do you know if PaMPAC contributed to Joseph McDade's
5 campaign in 1978?
6 A I believe we did.
7 Q Do you know if AMPAC contributed to Joseph McDade's
8 campaign in 1978?
9 A I believe they did.
10 Q What is the source of your information in this
11 instance?
12 A Mr. Rothenberger.
13 Q To your knowledge, did anyone other than Mr.
14 Rothenberger discuss Mr. McDade's campaign with anyone at
15 AMPAC?
16 A Not to my knowledge.
17 Q Do you know if PaMPAC recommended that AMPAC contrib-
18 ute to Mr. McDade's campaign?
19 A I do not know that, no.
20 Q Do you know if PaMPAC contributed to Austin Murphy's
21 campaign in 1978?
22 A Yes, I believe so.
23 Q Do you know if AMPAC contributed to Austin Murphy's
24 campaign in 1978?
25 A I believe they did.

1 Q Is your source of information Mr. Rothenberger here
2 again?
3 A Yes.
4 Q Do you know if PaMPAC made a recommendation to
5 AMPAC --
6 A I do not know.
7 Q -- to contribute to Mr. McDade's campaign?
8 A Murphy, you mean?
9 Q I am sorry, Mr. Murphy's campaign.
10 A I do not have any such knowledge.
11 Q Dr. Zug, do you know if PaMPAC recommended that AMPAC
12 contribute to Congressman Rooney's campaign in 1978?
13 A No, I have no knowledge that PaMPAC made such a
14 recommendation.
15 Q Do you know if AMPAC recommended to PaMPAC that
16 PaMPAC contribute to Rooney's campaign in 1978?
17 A No.
18 Q Did you recommend that AMPAC contribute to
19 Rooney's campaign in 1978?
20 A I certainly would have given the opportunity. I
21 don't recall a specific conversation, but there might well
22 have been one with somebody from AMPAC at a PaMPAC meeting.
23 That is quite possible.
24 Q Who would that have been likely to have been?
25 A Either Tom Norton -- it would have been Tom Norton in

1 that year, I believe.

2 Q Who is Tom Norton?

3 A He is AMPAC staff.

4 Q Does he attend PaMPAC meetings regularly?

5 A Fairly regularly, yes.

6 Q About how often?

7 A My recollection is that he attended all of them in

8 that year. That might not be right. That is my recollection.

9 Q Did he attend PaMPAC meetings in 1977?

10 A I believe he did attend some in 1977, yes.

11 Q Do you have any idea how many?

12 A I am not sure, no.

13 Q Were PaMPAC candidate decisions made at any of the

14 meetings Mr. Norton attended in 1978?

15 A I am sure there were some.

16 Q Did Mr. Norton play any role in these meetings?

17 A He was there primarily to listen. He usually gave

18 a sort of general statement urging us to increase membership

19 and that sort of thing.

20 I don't recall him ever specifically stating in a

21 meeting that he thought we should support this, that or some

22 other candidate.

23 Q Did he ever give you information that would be

24 relevant to a candidate support decision?

25 A I am just not certain. I can't recall any such

1 instance.

2 Q Did Mr. Norton ever communicate PaMPAC views on

3 matters to AMPAC?

4 A Mr. Norton was part of AMPAC. That is the only

5 knowledge I have that would answer that question.

6 Q Were there any dicussions of contributions by

7 AMPAC to federal candidates at PaMPAC meetings while Mr. Norton

8 attended?

9 A I don't believe so.

10 Q Were any recommendations by PaMPAC to AMPAC conveyed

11 through Mr. Norton?

12 A Not that I have knowledge of.

13 Q Were any requests from PaMPAC conveyed to AMPAC

14 through Mr. Norton?

15 A Again, not that I have specific knowledge of. Let

16 me again say that I might well have spoken to him myself

17 about Mr. Rooney. With that exception, I can't recall any

18 specific ones.

19 Q Did Mr. Norton convey information from AMPAC to

20 PaMPAC when he attended PaMPAC meetings?

21 A It was mostly general information and not specific

22 information on candidates or races.

23 Q What sort of general information?

24 A How membership was going in various states and what

25 suggestions they had that might boost our membership, that sort

1 of thing.

2 Q Likewise, did he convey any general information from

3 PaMPAC back to main AMPAC headquarters?

4 A Again, he was part of AMPAC. I assume he did.

5 Q Were there specific matters which the PaMPAC Board

6 would ask him to get conveyed to AMPAC?

7 A In regard to candidates and contributions, I don't

8 recall any, no.

9 Q How about in a more general scope?

10 A More generally, sure.

11 Q What sort of information would you ask him to convey

12 to AMPAC?

13 A We did not ask him to convey anything. He was

14 there to listen, find out what we were doing and presumably

15 to report that back to AMPAC people.

16 Q Did he report to you on AMPAC activities when he

17 attended PaMPAC meetings?

18 A I thought we already answered that yes.

19 Q In 1976, did anyone from AMPAC attend PaMPAC

20 Board of Directors meetings?

21 A Yes.

22 Q Who was that?

23 A I believe it was Mr. Watson, but it might have been

24 Mr. Norton. I believe it was Mr. Watson.

25 Q How often did Mr. Watson attend PaMPAC Board of

1 Directors meetings?

2 A I would guess two. I am not certain how often, but

3 probably about two.

4 Q Out of about how many meetings in 1976?

5 A Out of about three.

6 Q Was Mr. Watson present at any PaMPAC Board of

7 Directors meetings where candidate support decisions were made?

8 A Were made by PaMPAC, yes.

9 Q Did he play any role in these conversations?

10 A He listened.

11 Q Did he report any information to the meetings about

12 AMPAC's candidate support?

13 A No. What he reported was general information of the

14 type I described previously,

15 Q Were any requests made to Mr. Watson while he

16 attended for AMPAC's support of federal candidates?

17 A Not to my knowledge except that again I would have

18 to say I might well have spoken to him about Mr. Rooney in

19 my own instance. But otherwise, no.

20 Q Were any recommendations made to Mr. Watson about

21 candidate support?

22 A Not that I recall.

23 Q Did anyone from AMPAC attend or participate in

24 phone conversations of the Executive Committee in 1976?

25 A No -- Mike Levis, but otherwise, no.

1 Dr. Levis was on the Executive Committee. He
2 participated as a PaMPAC Board member and a member of the
3 PaMPAC Executive Committee, not as a representative from
4 AMPAC.
5 Q Switching areas slightly, can you tell me what the
6 words "key contact" mean to you?
7 A It is not a phrase that I use. I would think it
8 would mean the person in the Congressional District in this
9 instance who would be in contact with a Congressman or
10 candidate. As I say, it is not a phrase that I personally
11 use.
12 Q Is there some sort of network of persons set up in
13 Congressional Districts to be in touch with candidates? Is
14 there a system set up by PaMPAC?
15 A We try to establish in each district a physician or
16 a group of physicians who are close to the candidate or
17 Congressman through whom we can channel information.
18 Q What sort of information would you channel through
19 these persons?
20 A We have already mentioned the campaign contributions
21 which would be channeled that way. There are our thoughts
22 on legislation that was coming up, if it is the case of an
23 incumbent. I think those would be the main things.
24 Q What sort of legislation would you be mentioning to --
25 MR. SCHMIDT: I object to the question. I don't

1 think it has any relevance to the investigation. I think that
2 that kind of discussion is protected by the First Amendment.
3 BY MS. CAUMAN:
4 Q Could you clarify whether this is federal legislation
5 or state legislation you were referring to?
6 A In the case of Congressmen, it would almost always
7 be federal legislation.
8 Q You were referring to PaMPAC positions?
9 A Yes.
10 Q Does the Physician's Legislative Action Network or
11 PLAN mean anything to you?
12 A No. Maybe it should, but it doesn't.
13 MS. CAUMAN: I am asking the reporter to mark as
14 an exhibit minutes of a PaMPAC Board of Directors meeting on
15 October 25, 1977. Among the persons mentioned as attending
16 is Charles K. Zug, III.
17 (Photocopy of four-page Minutes of the PaMPAC Board
18 of Directors Meeting, dated October 25, 1977, produced and
19 marked Exhibit 10.)
20 BY MS. CAUMAN:
21 Q I am specifically calling your attention to page
22 three, the first paragraph.
23 In the context of these minutes, does the term
24 "PLAN Chairmen" mean anything to you?
25 A I already stated that we tried to develop a contact

1 within each Congressional District -- for that matter, within
2 each state district. I would assume that that person would be
3 the PLAN Chairman. I just don't identify it by that particular
4 phraseology.
5 Q You are not aware of any ongoing network which calls
6 itself PLAN?
7 A I am not, no.
8 Q Did this network, to the extent that you had it, of
9 local contacts have any contact with AMPAC; to your knowledge?
10 A Not to my knowledge.
11 Q I turn your attention to page two of the same
12 document to the last paragraph.
13 Are you aware of any local PACs in Pennsylvania?
14 A Yes.
15 Q What local PACs are you aware of?
16 A The Lackawanna one and the Philadelphia one. I am
17 reminded by this that there may be one in Blair. I wasn't
18 specifically aware of that.
19 Q Are you aware of any other local PACs other than
20 the ones mentioned there?
21 A No. Montgomery County had something. Whether it was
22 really a PAC or just their own loose fund-raising group, I am
23 not sure. That is the only other one I can think of.
24 Q Did this Montgomery County -- I will call it PAC for
25 lack of a better word -- have any contacts with PaMPAC?

A Individuals from Montgomery County certainly had contact with PaMPAC, yes.

Q As a group, did the Montgomery County PAC have any contacts with PaMPAC?

A I don't think so. Not that I recall, no.

Q To your knowledge, did they raise any funds with PaMPAC?

A Not with PaMPAC, no.

Q To your knowledge, did they ask PaMPAC for any contributions to federal candidates?

A No.

Q To your knowledge, did they recommend that PaMPAC contribute to any federal candidates?

A We are still in Montgomery; right?

Q Yes.

A No.

Q Did any of the other PACs that you have mentioned have any contacts with PaMPAC?

A Yes. I believe that Philadelphia, as I recall, did have discussions with PaMPAC about support of federal candidates in Philadelphia.

Q Do you know if any specific contributions arose out of these discussions?

A Yes. There were specific contributions which arose.

Q From PaMPAC to the Philadelphia PAC?

1 A No, from PaMPAC to the candidate.
2 Q At the recommendation of the Philadelphia PAC?
3 A The recommendation of the Philadelphia PAC played
4 a role in that decision.
5 Q Has PaMPAC had any other contacts with the Philadel-
6 phia PAC?
7 A Yes.
8 Q In regard to matters other than federal candidates?
9 A Yes.
10 Q What federal candidates did the Philadelphia PAC
11 recommend that PaMPAC contributed to?
12 A That is going to be hard to recall.
13 Q I am asking about 1978.
14 A I believe Dougherty and Gray. I think Lederer.
15 There could have been another one, but I don't specifically
16 recall.
17 Q To your knowledge, did the Philadelphia PAC have
18 any contacts with AMPAC?
19 A Not to my knowledge.
20 Q Has PaMPAC ever raised funds with the Philadelphia
21 PAC?
22 A With them?
23 Q Yes.
24 A Not with them.
25 Q Has PaMPAC ever given any money to the Philadelphia

1 PAC?

2 A I am not certain. I recall discussing with

3 Mr. Rothenberger perhaps giving them some seed money at

4 some point. If so, it was a small amount.

5 Q What would you mean by a small amount?

6 A A couple hundred dollars maybe.

7 Q Has PaMPAC to your knowledge had any contact with

8 either the Lackawanna or Blair PACs?

9 A Not with Blair. Not with the Lackawanna PAC as

10 such, no.

11 Q With individuals from Lackawanna?

12 A Yes.

13 Q Would these individuals be recommending contributions

14 to federal candidates?

15 A Yes.

16 Q Were there other communications with individuals

17 from Lackawanna?

18 A On other matters?

19 Q Yes.

20 A Yes.

21 Q What sort of other matters?

22 A State races.

23 Q As a member of PaMPAC, do you pay dues to PaMPAC?

24 A Yes.

25 Q How are you billed for these dues?

1 A A portion of them is included with my bill which
2 combines the County, the State and AMA dues. Another portion
3 is billed separately by PaMPAC.
4 Q That is all within the same mailing though?
5 A No. The first is all one mailing, and the second
6 is a separate mailing.
7 Q The first that is all one mailing contains your --
8 A County, State, AMA, PaMPAC, and it may contain one
9 or two other little things. I don't know.
10 Q Who sends you this bill?
11 A I believe it comes from the State, from this office
12 here. Mechanically, I think that is where it is mailed from.
13 Q Are AMPAC dues included in this bill?
14 A The answer is yes. I am not certain whether the
15 bill just says PaMPAC or whether it says PaMPAC and AMPAC,
16 but a portion of that goes to AMPAC.
17 Q How much are you billed in this billing for PaMPAC
18 dues or PaMPAC/AMPAC dues?
19 A Thirty-five dollars is the answer to the last.
20 Q What portion of this goes to AMPAC?
21 A I should know, but I am not sure. It seems to me
22 ten dollars, but I am not certain.
23 Q Do you know to whom the check is made out for your
24 PaMPAC dues?
25 A My check? Do you mean the check that comes from

1 PaMPAC?

2 Q Your check. When you write out a check as a member

3 and you pay dues --

4 A It is made out to the Northampton County Medical

5 Society.

6 Q That covers your dues for all of the organizations

7 that you have mentioned in the same mailing?

8 A Yes.

9 Q You mentioned that there was another mailing for

10 PaMPAC dues.

11 Who does that come from?

12 A The PaMPAC office here.

13 Q What does that cover?

14 A That covers an additional sixty-five dollars to

15 become a sustaining member.

16 Q Does any of that sixty-five dollars go to PaMPAC?

17 A I don't think so, but I am not certain.

18 Q The check you make out for it is made out to whom?

19 A To PaMPAC.

20 Q Who at PaMPAC is responsible for processing PaMPAC

21 dues?

22 A Insofar as I know, Mr. Rothenberger. He may

23 delegate it.

24 Q For the dues that are part of the larger mailing,

25 do you know who pays for the cost of the dues solicitation?

1 A I don't specifically know, no.
2 Q Do you know if PaMPAC pays a part of that dues
3 solicitation?
4 A I don't think so.
5 Q Do you know if the AMA pays a part of that dues
6 solicitation?
7 A No.
8 Q Do you know if AMPAC pays a part of that dues
9 solicitation?
10 A No.
11 Q For the mailing you get from PaMPAC, do you know
12 who pays for the cost of that solicitation?
13 A PaMPAC.
14 Q Do you know if AMPAC pays any part of the solicitation
15 cost there?
16 A I don't believe so.
17 Q Is the method you have just described, is that the
18 method that has been used throughout the time that you have
19 been a member of the various organizations?
20 A I think the answer to that is basically yes, except
21 there was a time when the bills were made by the counties
22 rather than from Pennsylvania Medical Society.
23 Q At this point, do you know if all of the bills are
24 mailed from the Pennsylvania Medical Society?
25 A That is my understanding.

1 Q Are there any other methods used by PaMPAC other
2 than the ones you have just outlined to solicit contributions?
3 A The Auxiliary members are solicited for contributions
4 to PaMPAC. I am not certain of the mechanics of who does that.
5 Q Are there any other methods used by AMPAC to
6 solicit contributions that you are aware of?
7 A Not that I am aware of.
8 Q When you refer to the Auxiliary, what are you
9 referring to?
10 A The State Medical Society Auxiliary, which is
11 basically the wives of the members.
12 MS. CAUMAN: I am asking the reporter to mark as an
13 exhibit a form that is marked Pennsylvania Medical Political
14 Action Committee. Actually, there are two forms on this page.
15 At the bottom, there is one that has the name
16 Charles K. Zug, III on it.
17 (Photocopy of two forms of the Pennsylvania Medical
18 Political Action Committee, produced and marked Exhibit 11.)
19 BY MS. CAUMAN:
20 Q Dr. Zug, does this form here appear to be the form
21 you receive for your dues bills?
22 A This is the form, yes.
23 Q Under sustaining membership, the bottom, there is a
24 figure of $100.00. Then there is a list of PaMPAC $50.00 and
25 AMPAC $50.00.

1 Does this refresh your memory as to whether any of
2 your one hundred dollars goes to AMPAC?
3 A This clearly indicates that half of it does go to
4 AMPAC, which I did not recall.
5 Q Do you pay one hundred dollar dues by choice, or is
6 there a requirement as a PaMPAC officer?
7 A I pay it by choice.
8 Q Is there a requirement that PaMPAC officers pay what
9 is referred to here as sustaining membership dues?
10 A There is not a requirement. They are strongly urged.
11 MS. CAUMAN: I am asking the reporter to mark as an
12 exhibit a document marked as the Constitution and By-Laws of
13 the Pennsylvania Medical Political Action Committee as
14 amended October 10, 1974.
15 (Photocopy of Constitution and By-Laws of the
16 Pennsylvania Medical Political Action Committee as amended
17 October 10, 1974, produced and marked Exhibit 12.)
18 BY MS. CAUMAN:
19 Q I call your attention to page two, Article VI,
20 Board of Directors, and the first sentence where it states
21 (reading) The Board of Directors shall consist of not less
22 than fifteen persons nor more than twenty persons, all of whom
23 shall be, or become upon election, sustaining members of
24 AMPAC-PaMPAC. (end of reading)
25 Do you know if that requirement still exists for

1 members of the Board of Directors?

2 A I do not recall any change being made in that By-

3 Law. My recollection is as I stated that it was a strong

4 urging rather than a requirement.

5 Q Are you aware of any other changes in the PaMPAC

6 Constitution and By-Laws since 1974?

7 A The only one that I can recall had to do with the

8 term of office of the Chairman.

9 Q Are you familiar with the PMS Officers Conference?

10 A Yes.

11 Q What is that?

12 A It is an annual meeting put on by the State Society

13 to which Officers of County Societies and additional members

14 from County Societies are invited.

15 Q Have you played any role in these Officers Conferences?

16 A Yes.

17 Q What role have you played?

18 A Last year -- I believe it was last year, Mr.

19 Rostenkowski -- Congressman Rostenkowski addressed the group.

20 He was obtained largely through Congressman Rooney at my

21 request.

22 Therefore, I met his plane, took him to the

23 meeting, introduced him, that sort of thing.

24 I don't recall what year was what, but I remember

25 being on a panel discussion at one of these meetings. I think

1 that is all.

2 Q Generally, does PaMPAC play a part in these Officers

3 Conferences?

4 A We certainly try to. Generally, we play a small

5 part.

6 Q Would this be the part of the program which would be

7 sponsored by PaMPAC?

8 A Yes; although, that doesn't always happen.

9 Q In what other ways would PaMPAC play a part?

10 A They might, for instance, have a booth of distributing

11 literature and trying to persuade people to join.

12 Q While youwere a member of the PaMPAC Board of

13 Directors, has PaMPAC held any political education workshops?

14 A No, not that I can recall.

15 Q Do you recall any workshop that PaMPAC ran in

16 connection with AMPAC in Pennsylvania?

17 A I don't recall any.

18 MS. CAUMAN: I am asking the reporter to mark a memo

19 dated September 16, 1975 from Charles K. Zug, III, Subject:

20 1976 PaMPAC Workshop, as an exhibit.

21 (Photocopy of memo dated September 16, 1975, Charles

22 K. Zug, III, MD to James W. Dunn, MD; J. Preston Hoyle, MD;

23 David Scicchitano, MD as Exhibit 13.)

24 A That never took place.

25

1 BY MS. CAUMAN:

2 Q Dr. Zug, looking at that document, what happened with

3 this planned workshop?

4 A As I recall, it never really got beyond the early

5 planning stage. We got into 1976 and were busy with numerous

6 state and federal races and decided that our money would be

7 better spent in other ways -- and our time and energy.

8 Q Is there any particular reason why it never got

9 beyond the planning stage?

10 A Not beyond what I just stated.

11 Q Do you remember any communications with AMPAC in

12 regard to planning this workshop?

13 A Only in discussing it with whoever -- whether it

14 was Norton or Watson -- attended. It would have been Watson

15 then that attended the 1975 meetings of the PaMPAC Board.

16 Q Did the idea for this workshop originate with

17 PaMPAC?

18 A I think so. That is to my recollection where it

19 arose.

20 Q Did you ever hold a similar workshop at some other

21 time?

22 A No.

23 Q Have you ever held any workshop in Pennsylvania in

24 conjunction with AMPAC?

25 A Not that I can remember.

1 Q Have you ever held any workshop in Pennsylvania in
2 which AMPAC played any part?
3 A Not that I remember.
4 Q Other than AMPAC representatives who you have
5 mentioned sometimes attend PaMPAC Board of Directors meetings,
6 are invitations to these meetings ever given to other persons
7 outside of PaMPAC?
8 A Yes. The President of the State Society would be
9 the principal one. Perhaps the Speaker of the State House of
10 Delegates. Let's just say anybody prominent in Pennsylvania
11 medicine might, on occasion, be invited.
12 Q Is the Chairman of the PMS Council on Government
13 Relations ever invited to these meetings?
14 A It could well be., I don't specifically recall,
15 but it certainly might have been.
16 Q You mentioned previously that you were a member of
17 the Council on Government Relations. I believe you said that
18 was approximately 1976 to the present?
19 A Yes.
20 Q So that would overlap time that you were PaMPAC
21 Chairman?
22 A Yes, I think that is right. It might be that I
23 didn't become a member until 1977, but I think it was 1976.
24 In any event, it overlapped in 1978, and the answer is yes.
25 Q Is there communications between the Council on

1 Governmental Relations and PaMPAC?

2 A No formal communications. Wait a minute. Yes,

3 there would have been communications -- alright, the answer is

4 yes.

5 Q Would you elaborate on that, please?

6 A There is a visitation to Washington Congressmen being

7 planned for next month, and PaMPAC and the Council on Govern-

8 mental Relations are doing that together jointly.

9 Q Who is going as part of this visitation?

10 A I believe that all PaMPAC Board members and all

11 members of the Council are invited. I don't specifically

12 know which ones are going.

13 Q Who is paying for this visitation?

14 A I am assuming the Pennsylvania Medical Society.

15 Q Have there been similar visitations?

16 A It may be that PaMPAC is paying for PaMPAC Board

17 members and PMS for theirs.

18 Q Have there been similar visitations in the past?

19 A Yes.

20 Q When were the visitations in the past?

21 A I don't specifically recall. I would throw a [illegible]

22 at about 1975 and about 1973. That is close.

23 MR. SCHMIDT: Can we strike Dr. Zug's guesses from

24 the record if he doesn't know the answer?

25 MR. BRANCH: Which guesses are you referring to?

1 MR. SCHMIDT: He answered the question that he
2 didn't know. Then he offered a guess.
3 MR. BRANCH: Just the current question about 1973 and
4 1975?
5 MR. SCHMIDT: Yes, I ask that those guesses be
6 stricken.
7 A It was approximately 1975 and 1973.
8 MR. BRANCH: The nature of the knowledge seems clear
9 enough on that.
10 BY MS. CAUMAN:
11 Q Is AMPAC playing any role in this visitation that is
12 being planned at the moment?
13 A I am not planning it, and I don't have any specific
14 knowledge.
15 Q Were you involved in the planning of either of the
16 past visitations that you mentioned?
17 A Not in the planning, no.
18 Q Were you part of either of the past visitations?
19 A Yes, yes.
20 Q Do you know who paid for the past visitations?
21 A I filled out expense forms. They went either to
22 PMS or PaMPAC.
23 Q In what capacity were you part of the past visitations?
24 A As a member of the PaMPAC Board.
25 Q The visitation again was PaMPAC Board members and

1 members of the PMS Council on Governmental Relations?
2 A That is my recollection.
3 Q Was there anyone else involved with this visitation
4 that you remember?
5 A The first one, not that I remember. The second one,
6 there was a program presented in which some AMPAC people
7 were involved -- a program in the hotel presented.
8 Q What sort of program was this?
9 A Dr. Levis gave a presentation. They had some
10 political strategist who gave a presentation, that type of
11 thing.
12 Q What sort of matters were discussed in the
13 presentation?
14 A My recollection is mostly how to run a campaign and
15 how to involve physicians in campaigns.
16 Q Do you know if AMPAC paid for any part of that
17 visitation?
18 A I don't have any such knowledge.
19 Q Did AMA play any role in that visitation?
20 A Not that I remember. Washington AMA people were
21 present, as I recall. But other than that, I don't recall
22 them playing any role.
23 Q When you say they were present, did they give
24 speeches?
25 A No, not that I remember.

1 Q Did you have any discussions with them while you
2 were there?
3 A Nothing substantive, no.
4 Q Who from the Washington office was present?
5 A You have got me now. I just can't remember specif-
6 ically who. I do remember being introduced to one or two.
7 Q You visited Congressmen?
8 A Yes.
9 Q Did people from the AMA Washington office visit
10 Congressmen with you?
11 A Not with me.
12 Q Do you know if they visited Congressmen with anyone
13 else?
14 A I don't know.
15 Q Did you visit Congressmen by yourself?
16 A Yes, Congressman Rooney.
17 Q Did other individual members of either PaMPAC or
18 PMS also visit other individual members of Congress?
19 A Yes.
20 Q Was there any attempt to have these be key contacts
21 that you referred to previously?
22 A Yes, in the sense that you tried to send to a
23 Congressman somebody he would be receptive to, somebody he
24 knew.
25 Q Other than these visitations, have there been any

1 other joint activities between the PMS Council on Governmental
2 Relations and PaMPAC?
3 A No, not joint activities.
4 Q Any regular form of communication?
5 A Only in that many of our members don't understand
6 the role of PaMPAC and will, therefore, write us letters about
7 legislative matters which are really not our domain. Those
8 are then passed on to the Council on Governmental Relations.
9 So that there is communication.
10 Q You mentioned that you were a member of both. Do
11 you ever report to the PaMPAC Board about meetings or
12 activities of the Council on Governmental Relations?
13 A I can't recall ever reporting such, no.
14 Q Do you ever report to the Council on Governmental
15 Relations about PaMPAC activities?
16 A No.
17 Q Does anyone else ever report to PaMPAC about
18 activities of the Council on Governmental Relations?
19 A Not that I can recall.
20 Q Do you know if other PaMPAC Board members are also
21 or have also been at the same time members of the Council on
22 Governmental Relations?
23 A Yes.
24 MS. CAUMAN: Thank you very much, Doctor.
25 (Whereupon, the deposition was concluded.)

1 I hereby certify that I have read and subscribe to
2 the foregoing deposition.
3
4
5 Charles K. Zug, III, MD, Deponent
6
7
8 I N D E X
9 Direct
10 Charles K. Zug, III, MD
By Ms. Cauman 5
11
12
13 EXHIBITS
14

		Marked
15 Exhibit 1	Photocopy of two-page letter dated April 5, 1976, Charles K. Zug, III, MD to Mr. William Watson	16
17 Exhibit 2	Photocopy of two-page letter dated June 23, 1976, Charles K. Zug, III, MD to Mr. William Watson	17
19 Exhibit 3	Photocopy of letter dated August 6, 1976, Charles K. Zug, III, MD to Mr. William Watson, Executive Director	29
21 Exhibit 4	Photocopy of letter dated September 8, 1976, Charles K. Zug, III, MD to Mr. William Watson	30
23 Exhibit 5	Photocopy of one-page letter dated July 7, 1976, Lee Ann Elliot to Charles K. Zug, III, MD	31

25

1 EXHIBITS (Cont'd)

2 Marked

3 Exhibit 6	Photocopy of one-page letter dated August 10, 1976, Lee Ann Elliot to Charles K. Zug, III, MD	33
5 Exhibit 7	Photocopy of one-page letter dated July 16, 1976, J. L. Rothenberger to Charles K. Zug, III, MD	36
7 Exhibit 8	Photocopy of one-page letter dated November 13, 1978, Charles K. Zug, MD to Mr. William Watson, with four-page attachment	43
9 Exhibit 9	Photocopy of one-page letter dated November 17, 1978, William L. Watson to Charles K. Zug, III, MD	45
11 Exhibit 10	Photocopy of four-page Minutes of the PaMPAC Board of Directors Meeting, dated October 25, 1977	60
13 Exhibit 11	Photocopy of two forms of the Pennsylvania Medical Political Action Committee	68
15 Exhibit 12	Photocopy of Constitution and By-Laws of the Pennsylvania Medical Political Action Committee as amended October 10, 1974	69
17 Exhibit 13	Photocopy of memo dated September 16, 1975 Charles K. Zug, III, MD to James W. Dunn, MD; J. Preston Hoyle, MD; David Scicchitano, MD	71

1 COMMONWEALTH OF PENNSYLVANIA:
2 COUNTY OF DAUPHIN : SS
3
4 I, Vicki L. Fox, do hereby certify that before me,
5 a Notary Public in and for the County and Commonwealth
6 aforesaid, duly commissioned and qualified, personally
7 appeared
8 CHARLES K. ZUG, III, MD
9 I further certify that before the taking of
10 said depositions, the witnesses were duly sworn; that the
11 questions and answers were taken down in stenotypy by the
12 said Vicki L. Fox, approved and agreed to, and afterwards
13 reduced to typrewriting under the direction of the said Reporter.
14 I further certify that the proceedings and evidence
15 are contained fully and accurately in the notes taken by me
16 in the within deposition and that this copy is a correct
17 transcript of the same.
18 I do further certify that I am not a relative,
19 counsel or attorney for either party, nor am I otherwise
20 interested in the event of this action.
21 IN WITNESS WHEREOF, I have hereunto set my hand this
22 15th day of May, 1979,
23
24 Vicki L. Fox
Vicki L. Fox, Reporter-Notary Public
25 My commission expires September 24, 1979

EXHIBIT
5-1-79
VLF

April 5, 1976

Mr. William Watson, Executive Director
American Medical Political Action Committee
P. O. Box 4449
Chicago, Illinois 60680

Dear Bill:

The Executive Committee of the PaMPAC Board of Directors has taken the following action regarding the following congressional campaigns, and respectfully requests AMPAC financial support:

18th District -- This district is declared an "open race" since the incumbent, John Heinz, III., is running for the U. S. Senate. Consequently, eight Democrats and six Republicans have filed for this seat. State Representative, James B. Kelly, III., is one of these Republican nominees. Jim Kelly had received PaMPAC and local medical support since serving in the Legislature -- 1971 to 1976. Each of his campaigns was chaired by Michael P. Levis, M. D., of Pittsburgh. Dr. Levis again has organized medical support in this Primary election campaign. Thus far, PaMPAC has contributed $1,000.00 and the local physicians and physicians' wives have raised approximately $1,000.00. Since medicine is fully committed in this campaign, PaMPAC respectfully requests $1,000 from AMPAC for the "Kelly for Congress Committee", 3371 Babcock Boulevard, Pittsburgh, Pa. 15237.

24th District -- Congressman Joseph Vigorito has been in Congress since 1965. Several times during this period PaMPAC and AMPAC have supported his opponent in the General Election, but to no avail. In fact, Joseph Vigorito's margin of victory has widened in the last two elections. Consequently, we have realized that the only chance to unseat Mr. Vigorito this time is in the April 27 Primary.

The Physicians and Physicians' Wives of Erie County have organized support for Louis J. Tullio, Democratic candidate, who also is the Mayor of Erie. Dr. Keck, PMS Board Member, has organized support for Mr. Tullio.

In past elections Mr. Vigorito has received substantial support from the Democratic machine and Labor in Erie, but this time the machinery has broken down because of Tullio's candidacy.

PaMPAC has approved a $500.00 contribution to "Louis J. Tullio Campaign Committee", 660 East Grandview Boulevard, Erie, Pa. 16504, and respectfully requests $500.00 from AMPAC.

.....continued

Mr. William Watson

April 5, 1976

If these requests are approved, would you please send James Kelly's contribution to Michael P. Levis, M. D., 4725 McKnight Road, Pittsburgh, Pa. 15237, and Louis Tullio's contribution to Anthony T. Merski, M. D., 2624 Lakeside Drive, Erie, Pa., 16511.

Your consideration of these requests is greatly appreciated.

Sincerely yours,

Charles K. Zug, III., M. D.
Chairman

CKZ/da

Exhibit 2
5-1-79
ULF

June 23, 1976

Mr. William Watson, Executive Director
American Medical Political Action Committee
P. O. Box 4449
Chicago, Illinois 60680

Dear Bill:

The Executive Committee of PaMPAC has started to evaluate the races of the Pennsylvania Congressional Delegation. Its evaluation is dependent upon local physician involvement through candidate support committees, campaign budgeting, etc. Recognizing that AMPAC operates independently from PaMPAC, we respectfully request that the AMPAC Board consider financial support in the following campaigns:

4th Pennsylvania Congressional District - Joshua Eilberg (D); $2,000 to the Joshua Eilberg Campaign Committee, 1522 Longshore Avenue, Philadelphia, Pa., 19149

5th Pennsylvania Congressional District - Richard Schulze (R); $2,000 to the Richard Schulze Campaign Committee, Box 512, Swedesford Road, R. D. 1, Malvern, Pa., 19355

6th Pennsylvania Congressional District - Gus Yatron (D); $2,000 to the Gus Yatron Campaign Committee, 1908 Hessian Road, Reading, Pa., 19602

9th Pennsylvania Congressional District - E. G. Shuster (R); $2,000 to the Bud Shuster Campaign Committee, Star Route 5, Everett, Pa., 15537

10th Pennsylvania Congressional District - Joseph McDade (R); $2,000 to the Joseph McDade Campaign Committee, 1645 N. Washington Avenue, Scranton, Pa. 18503

11th Pennsylvania Congressional District - Daniel J. Flood (D); $5,000 to the Daniel J. Flood Campaign Committee, 460 N. Pennsylvania Ave., Wilkes-Barre, Pa., 18702

12th Pennsylvania Congressional District - John P. Murtha (D); $2,000 to the John P. Murtha Campaign Committee, 109 Colgate Ave., Johnstown, Pa., 15901

15th Pennsylvania Congressional District - Fred Rooney (D); $2,000 to the Fred Rooney Campaign Committee, 27 E. Church Street, Bethlehem, Pa., 18018

.....continued

Mr. William Watson June 23, 1976

22nd Pennsylvania Congressional District - Austin J. Murphy (D); Austin Murphy is presently a State Senator who won the Pennsylvania Primary Election; $3,000 to the Austin J. Murphy Campaign Committee, 699 Maple Drive, Monongahela, Pa., 15063

25th Pennsylvania Congressional District - Gary Myers (R); $2,000 to the Gary A. Myers Campaign Committee, 106 Shady Drive, Butler, Pa. 16001

As the General Election draws nearer, it will become necessary for the PaMPAC Board to consider additional financial support for some of the above-mentioned candidates, and we hope that the AMPAC Board, through its deliberations, will also consider additional financial aid.

Your response will be greatly appreciated.

Sincerely yours,

Charles K. Zug, III., M. D.
Chairman

CKZ/da

Exhibit
5-7-79
JLF

August 6, 1976

Mr. William Watson, Executive Director
American Medical Political Action Committee
P. O. Box 4449
Chicago, Illinois 60680

Dear Bill:

The Executive Committee of PaMPAC is continuing to evaluate the races of the Pennsylvania Delegation. Its evaluation is again dependent upon local physician involvement through candidate support committees, campaign budgeting, etc. Recognizing that AMPAC operates independently from PaMPAC, we respectfully request that the AMPAC Board consider financial support in the following campaigns:

5th Pennsylvania Congressional District - Richard Schulze (R); $1,000 to the Richard Schulze Campaign Committee, Box 512, Swedesford Road, R. D. 1, Malvern, Pa. 19355

8th Pennsylvania Congressional District - John S. Renninger (R); $4,000 to the John S. Renninger Campaign Committee, 148 N. State Street, Newtown, Pa. 18940

18th Pennsylvania Congressional District - Robert J. Casey (R); $4,000 to the Robert J. Casey Campaign Committee, 206 Valley Court Drive, Pittsburgh, Pa. 15237

Your consideration of these requests will be greatly appreciated.

Sincerely yours,

Charles K. Zug, III., M. D.
Chairman

CKZ/da

Exhibit 4
5-1-79
VLE

September 8, 1976

Mr. William Watson
Executive Director
American Medical Political
Action Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Bill:

The Executive Committee of PaMPAC has received additional information on the Eilberg vs. Nugford race, 4th Congressional District of Pennsylvania. Philip Ingaglio, M.D. is heading up the "Physicians for Eilberg" Committee. Dr. Ingaglio is also the Chairman of the Philadelphia County PAC, which was organized last year. This PAC is in name only and does not collect money for its county PAC.

Milton Perloff, M.D., President of the Philadelphia County Medical Society is serving on the "Physicians for Eilberg" Committee.

Because of the local involvement in Philadelphia, the Executive Committee of PaMPAC respectfully requests financial support for Joshua Eilberg:

$2,000 to the Joshua Eilberg Campaign Committee
1522 Longshore Avenue
Philadelphia, Pennsylvania 19149

Your consideration of this request is greatly appreciated.

Sincerely yours,

Charles K. Zug, III, M.D.
Chairman

CKZ:al

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Chairman
James C. MacLaren, M.D. San Diego
Secretary
Mrs. Irene M. Chenault, Director, Ala.
Eugene T. Bruscoccioli Jr., M.D. Wilm.
William H. Cooper, M.D. Washington
John J. Cunningham, M.D. Provider
Ben E. Kernan, M.D. Oklahoma City, O.
Michael P. Lewis, M.D. Pittsburgh, Pen.
W. J. Lewis, M.D. Akron, Ohio
John M. Smith Jr., M.D. San Antonio T.
Joseph C. Von Tobel, M.D. Costa Mesa
William L. Watson, Executive Director
Mrs. Lee Ann Elliott, Assistant Executive
Assistant Treasurer

Offices located at 535 North

July 7, 1976

Exhibit 5
5-1-79
UCF

Charles K. Zug, III, M.D.
Chairman
Pennsylvania Medical Political
Action Committee
P.O. Box 295
Lemoyne, Pennsylvania 17043

Dear Doctor Zug:

At its most recent meeting the AMPAC Congressional Review Committee approved contributions in several congressional districts in Pennsylvania. The following contributions were approved:

5th C.D.	Richard Schulze	$2,000
6th C.D.	Gus Yatron	$2,000
9th C.D.	E.G. Shuster	$2,000
10th C.D.	Joseph McDade	$2,000
11th C.D.	Daniel J. Flood	$5,000
12th C.D.	John P. Murtha	$2,000
15th C.D.	Fred Rooney	$2,000
22nd C.D.	Austin Murphy	$3,000
25th C.D.	Gary Myers	$2,000

The Committee did not approve an expenditure in the 4th congressional district on behalf of Joshua Eilberg. The Committee deferred action on any contribution in this race. The Committee would like to have additional information concerning Congressman Eilberg's rapport with the physicians in his district.

In the 25th congressional district, the Committee did approve an expenditure of $2,000 to be used on behalf of Gary Myers but felt that additional help might be needed at a very early date.

All of the approved contributions are enclosed payable to their respective campaign committees.

Federal Law requires that these funds must be delivered, or the campaign treasurer notified that they are available, within five days after they are received.

Sincerely,

Lee Ann Elliott

Mrs. Lee Ann Elliott
Assistant

LAE:ts

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 • Chicago, Illinois 60680 • AREA CODE 312 644-1585

Offices located at 535 North Dearborn

Chairman
James C. MacLennan, M.D., San Diego, California
Secretary
Mrs. Jane M. Cromartie, Decatur, Alabama
Edgar T. Bergmann, Jr., M.D., Wilson, North Carolina
William H. Cooper, M.D., Washington, D.C.
John J. Cunningham, M.D., Pawtucket, Rhode Island
Ray E. Kennon, M.D., Oklahoma City, Oklahoma
Michael P. Lynn, M.D., Pittsburgh, Pennsylvania
W. J. Lewis, M.D., Dayton, Ohio
John M. Smith, Jr., M.D., San Antonio, Texas
Joseph C. Van Tassel, M.D., Cocoa Beach, Florida
William L. Watkin, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Associate Executive Director and Assistant Treasurer

Exhibit
6
5-1-79
JLF

August 10, 1976

Charles K. Zug, III, M.D.
Chairman
Pennsylvania Medical
Political Action Committee
P.O. Box 295
Lemoyne, Pennsylvania 17043

Dear Doctor Zug:

At its most recent meeting by conference call, the AMPAC Congressional Review Committee approved contributions in three congressional districts in Pennsylvania. The Committee approved $1,000 to be used to support Richard Schulze in the 5th congressional district, $4,000 to be used to support John S. Renninger in the 8th congressional district, and $4,000 to be used to support Robert Casey in the 18th congressional district. These three checks are enclosed.

Federal Law requires that these checks must be delivered, or the campaign treasurer notified that they are available, within five days after they are received.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Exhibit 7
5-1-79
ULF

July 16, 1976

Charles K. Zug, III., M. D.
35 East Elizabeth Avenue
Bethlehem, Pennsylvania 18018

Dear Charlie:

We have received the following contributions from AMPAC -- see attached letter.

I am enclosing Fred Rooney's contribution from AMPAC and PaMPAC.

Please note that Federal Law requires that these funds must be delivered, or the campaign treasurer notified that they are available, within five days after they are received.

I have not said anything to Philip Ingaglio, M. D., regarding AMPAC's action on Joshua Eilberg. I thought, since you have talked with Phil, that perhaps you have a suggestion as to how we should handle this situation.

Sincerely yours,

J. L. Rothenberger
Executive Director

Enclosures
JLR/da

ST. LUKE'S HOSPITAL OF BETHLEHEM, PENNSYLVANIA 18015
Telephone (215) 691-4471

Charles K. Zug III, M.D.
Chief, Department of Surgery

Associate Professor of Surgery
Temple University

November 13, 1978

Exhibit 8
5-1-79
JLF

Mr. William L. Watson
AMPAC
P.O. Box 4449
Chicago, Illinois 60680

Dear Bill:

I enclose a retrospective analysis of the recent disaster in the 15th congressional district of Pennsylvania.

I think the AMPAC magazine ads played an important role in Rooney's defeat, but there were many other factors and I have tried to present a balanced analysis.

This is confidential and specifically I ask that no copy go to your Washington people. I will eventually give this to Fred Rooney, but now is not the time.

AMPAC has developed a very dangerous weapon which had best be used more carefully in the future.

Sincerely,

Charlie

Charles K. Zug, M.D.

CKZ:dg
CC: Michael P. Levis, M.D.
Jerry L. Rothenberger

Thoughts On

THE ROONEY - RITTER CAMPAIGN OF 1978

15th Congressional District of Pennsylvania

The Battleground

The district consists of the two whole counties of Lehigh and Northampton in eastern Pennsylvania and includes the three cities of Allentown, Bethlehem and Easton each of which has one major newspaper. Philadelphia supplies network television, there is no local television and television is not a factor in local political campaigns. Campaign coverage by the three newspapers provides the only information available to the great majority of voters.

The Result

Rooney's smallest margin after 1966 was 60.3%, and his 1976 margin was 65.4%. This year he received 46.9%, a loss of 18.5% from 1976. The loss was rather uniform throughout the district, smallest in outlying areas (16%) and largest in Bethlehem (21%).

Caught in a Trend?

Local State Representative Schweder and state Senator Reibmann both ran at least 10% behind previous races for no obvious reason. An initial inclination is to blame Flaherty for this and assume that Rooney was hit by the same 10% plus an additional 8% loss for some other reason(s).

But examination of other congressional races doesn't show any such Flaherty trend. In Philadelphia where the switch from the expected Flaherty vote was the greatest congressmen Myers and Lederer both won re-election with about the same 70% margins as in 1976. Veteran Democratic congressmen Yatron, Murtha and Gaydos, all from districts like Rooney's - urban and rural, heavy Democratic registrations, steel industry as a significant part of the economic base - turned in their usual 70% margins with little difference from 1976. Most incumbent Pennsylvania Democratic congressmen were rather immune to the Flaherty tide.

Apparently Rooney's defeat was the cause of rather than a consequence of the trend.

The Legend

Fred Rooney was unbeatable. Everyone knowledgeable about politics knew that. He was in the congress for as long as he wanted. As the years went by he spent less and less time in the district, and few local people were actually involved in his campaigns - but what difference, he was a sure winner.

The Almanac of American Politics says about Rooney: 1972, "appears quite likely to continue winning"; 1974, "has a long congressional career ahead of him"; 1976 and 1978, "He has no re-election problems."

Not only did everybody think that, but it was in print and therefore true.

The local Democratic Organization

The Northampton County Democratic organization is in bad shape. The county chairman is a bilateral amputee in his 70s who has backed losers in local primaries year after year. The county Democratic party does essentially nothing other than pay poll workers on general election day.

The Rooney Campaign

Rooney had a well organized and aggressive campaign in his first congressional race in 1963. In 1966, the first election after the district lines were redrawn to include Lehigh County, Rooney waged a vigorous campaign against a strong challenger from Lehigh County. Thereafter the legend supervened. Subsequent Rooney campaigns consisted of aide Ray Huber doing publicity and advertising from his Washington office without visiting the district, limited personal campaigning by Rooney, and precinct committee people paid to get out the vote on election day.

The Ritter Campaign

The Ritter campaign was a first class effort, especially by comparison with the Rooney campaign. There was major input from Republican National Committee, the candidate campaigned tirelessly and followed the suggestions of his advisors, the newspaper advertising campaign was excellent and hammered Rooney incessantly on taxes and inflation.

The AMPAC Ads

The Ritter publicity campaign began with an attempt to paint Rooney as a tool of the special interests emphasizing his efforts on behalf of the railroad industry as house Transportation Subcommittee chairman. The AMPAC ads came as this was about played out and produced a flurry of articles and editorials in the local press the thrust of which was that Rooney was a servant of the AMA as well as the railroads and that Rooney received enormous campaign contributions from special interest groups.

After the election March Miller, a consultant to Republican National Committee, stated he had thought Rooney vulnerable because of his service to special interest groups, had persuaded RNC to target Rooney and advised the Ritter campaign to go after Rooney on his special interest ties. The AMPAC ads and ensuing publicity played right into this strategy..

Prelude to Disaster

A Lafayette College poll in Northampton County in mid October showed Rooney 50%, Ritter 19%. A telephone survey in Lehigh County a little later in October showed Rooney 57%, Ritter 18%.

The Ritter newspaper advertising campaign began in late October and was not effectively countered by Rooney's advertising.

The repudiation of the AMPAC Rooney endorsement by a group of local family practitioners numbering less than twenty made all three major district newspapers on October 24 and 25. On October 27 a Bethlehem Globe Times editorial titled "Big Money and Fred Rooney" probed Rooney's ties to and large contributions from medicine and railroads and pointed out his critical commerce committee vote against hospital cost control. A Globe Times feature article titled "Medical Groups Give to Candidates who Oppose Health Cost Limits" appeared November 2. The following day a Globe Times editorial titled "Send Incumbents a Message" advised that "a narrowing of the victory margin can send them all an important message."

The editor of the Globe Times might have some reservations on Rooney but I doubt he wanted Rooney to be defeated. But what the hell, since Rooney was invincible, what harm was a little narrowing of the victory margin?

Finale

In the week before election day two people with no political connection told me they thought Rooney was in trouble. Being so politically astute I could only feel sorry for these poor souls who did not understand that Fred was unbeatable.

Sunday morning November 5 I spent an hour with Fred and his wife. Recognizing the low profile of his campaign Fred suggested we begin putting together an organization for his 1980 campaign. Ray Huber's estimate of the Rooney victory margin was 40,000; mine was a more modest 33,000. We all agreed Fred could stay in the House forever. With Staggers and VanDeerlin retiring Fred would be chairman of the House Commerce Committee in 1981. Great days were ahead!

Exhibit 9
5-1-79
U.L.E.

AMPAC

November 17, 1978

Charles K. Zuz, M.D.
St. Luke's Hospital
801 Ostrum Street
Bethlehem, Pennsylvania 18015

Dear Charlie:

Thank you very much for your letter of November 13th and the enclosed retrospective analysis of the Election Campaign in the 15th congressional district of Pennsylvania. I am very happy to have your thoughts and assure you that we will keep this information confidential.

At this moment AMPAC is accumulating additional information which may throw additional light on the outcome of the election of the 15th congressional district. By some fortuitous circumstance AMPAC had commissioned research in this district both before the election and after the election to measure the effect of the ad. Just as we could not tell anyone about the ad, we could not tell anyone about the research. We hope the analysis of this research will give us a good insight into its impact on the race. You may want to delay your conversation with Fred Rooney on this topic until this research is available.

Again, thanks for your analysis of the campaign. We'll stay in touch.

Sincerely,

Bill

William L. Watson
Executive Director

WLW:ts
cc: Michael P. Levis, M.D.

Kenyon MD
Oklahoma City Oklahoma
Michael P Levis MD
Pittsburgh Pennsylvania
William L Watson
Executive Director and
Treasurer
Joyce Ann Elliott
Associate Executive Director and
Assistant Treasurer

Mrs. John M Chenault
Decatur Alabama
Don Vail Lancaster MD
Phoenix Arizona
W J Lewis MD
Dallas Ohio
James C MacLaggan MD
San Diego California

Fred C Rainey MD
Elizabethtown Kentucky
John M Smith Jr MD
San Antonio Texas
Joseph C Van Tassel MD
Cedar Rapids Iowa
George T Wilkins MD
Granite City Illinois

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission Washington D.C.

Exhibit 10 5-1-79 ULF

MINUTES
PaMPAC Board of Directors Meeting
October 25, 1977 - 9:15 a.m.
Host Farm, Lancaster

A meeting of the Board of Directors of PaMPAC was held Tuesday, October 25, 1977, 9:15 a.m., at the Host Farm Resort Motel. The following members attended: Charles K. Zug, III, M.D., Chairman; Michael P. Levis, M.D., Vice Chairman; Paul F. Kase, M.D., Treasurer; Helen Polcyn, Secretary; Joseph Caliguiri, M.D.; Conrad Etzel, M.D.; H. Keith Fischer, M.D.; Paul S. Friedman, M.D.; Norman Goldstein, M.D.; J. Preston Hoyle, M.D.; Richard L. Huber, M.D.; Anthony Merski, M.D.; and Joseph Silverman, M.D.

Guests in attendance: John V. Blady, M.D., President, PMS; John B. Lovette, M.D., Vice President, PMS; Wallace G. McCune, M.D., Chairman, PhilPAC; Fred Speaker, Esquire, Legal Counsel; Thomas Norton, AMPAC.

Staff: Robert H. Craig, Jr., and Jerry L. Rothenberger.

I. CALL TO ORDER

The meeting was called to order at 9:20 a.m. by Charles K. Zug, III, M.D., Chairman. Dr. Zug introduced the guests and PaMPAC Board members.

II. APPROVAL OF MINUTES OF LAST MEETING

The minutes of the April 12, 1977 PaMPAC Board of Directors meeting were unanimously approved by mail. Dr. Zug asked for a formal motion for approval.

Dr. Goldstein moved that the minutes of the last meeting be approved. Dr. Etzel seconded the motion. Motion carried.

III. REPORT OF TREASURER

(a) Dr. Kase presented the income and expense statement, January 1, 1977 to September 30, 1977.

Dr. Hoyle moved that the report be approved as presented. Dr. Etzel seconded the motion. Motion carried.

(b) Dr. Kase presented the Finance Committee's proposed 1978 budget.

Dr. Levis moved that the 1978 budget be approved as presented. Dr. Hoyle seconded the motion. Motion carried.

IV. CHAIRMAN'S REPORT

(a) Dr. Zug reported that the Executive Committee of PaMPAC had approved candidate support for John Peterson (R) who is running in the special election to fill the vacancy of the 65th Legislative District - Forest, Venango, and Warren Counties. The Board unanimously sustained the action taken by the Executive Committee to financially support Mr. Peterson in his bid for the state house seat.

(b) Dr. Zug stated that he had received a letter from a physician who has requested PaMPAC support for a candidate who was running for the State Supreme Court. It was pointed out that PaMPAC had never financially supported candidates in judicial races and that with limited funds available, it would not be feasible to approve this request. The Board agreed that PaMPAC should not get financially involved in any judicial races at this time.

V. MEMBERSHIP COMMITTEE REPORT

Dr. Silverman, Chairman of the Membership Committee, reviewed the "PaMPAC Membership Summary Report" with the Board. Dr. Silverman noted that those Board members who sent follow-up membership solicitation letters to the non-pac physicians in their councilor districts had a low return in new members. It was noted that the best method of soliciting new memberships after the initial joint billing is received is on a "person to person" basis. Dr. Silverman suggested that each member of the Board should try to get on the programs of the county medical society meetings and the medical staff meetings so that he can tell the PaMPAC story. Dr. Silverman also suggested that the PLAN Chairman of the counties should receive candidate support information so that they in turn can communicate to the membership on how PaMPAC and AMPAC dollars are spent.

It was pointed out that three counties - Philadelphia, Lackawanna, and Blair - have formed their own political action committees. The objectives of these committees are to supplement the efforts of PaMPAC and AMPAC. Dr. Silverman stated that the formation of county pacs could possibly tie the activities of PaMPAC and AMPAC closer to the grassroots and thus, increase pac memberships. It was the general consensus of the Board that the formation of county pacs should complement the objectives of PaMPAC and AMPAC and not become "independent" of their actions.

Dr. Levis stated that AMPAC and PaMPAC could possible be prohibited in soliciting pac memberships on a "joint fund raising" basis in the very near future and that county political action committees could play a very important role in the activities of the medical pac movement. One of the "spinoffs" of the PLAN chairmen would be to have them also be the "key contact" for local political action committees.

VI. NEW BUSINESS

Dr. Fischer stated that one of the members to the PhilPAC Board of Directors, Dr. Timothy Michaels, was sponsoring a reception for Philadelphia politicians which included former congressman William Greene.

Dr. Fischer moved that the PaMPAC Board of Directors approve a contribution of $150 toward financing this reception. Dr. Levis seconded the motion. Motion carried.

The PaMPAC Board of Directors continued discussions about candidate support and especially on how PaMPAC should consider financial support requests to gubernatorial candidates. It was determined by the Board that staff should keep the PaMPAC Board of Directors apprised of all requests that are made and channel them through the appropriate medical candidate support committees.

VII. AMPAC REPORT

Mr. Norton, AMPAC representative, stated that the complaint filed by common cause to the Federal Election Commission which charges that AMPAC and the state pacs are "affiliated" has not been determined by the FEC. If it is ruled that AMPAC and the state pacs are affiliated, then a candidate running for federal office could receive only a total of $5,000 from either AMPAC or PaMPAC.

Mr. Norton also stated that several physicians have received subpoenas regarding their financial input to a U.S. congressional campaign in California. These physicians reside outside the state and contributed to a physician who was running for a U.S. congressional district in California.

Dr. Levis stated that legislation providing for public funding of U.S. senatorial and U.S. congressional campaigns are before both the House and the Senate. He stated that this type of legislation could possibly put political action committees out of business and it would also be a threat to the Democratic system. The PaMPAC Board will again be asked to contact their congressmen and senators to vote against such measures.

VIII. REPORT OF ADMINISTRATIVE SECRETARY

Mr. Craig stated that the PMS Communications Department has prepared a program which emphasizes the importance of lobbying in organized medicine. PaMPAC involvement is also highlighted in this slide presentation. Mr. Craig also stated that the Legislative Bulletin of the Pennsylvania Medical Society will be sent to all PaMPAC members and that the format will be changed slightly so that part of the Bulletin will include political action information. Since mailing costs and printing costs will be increased, Mr. Craig stated that PaMPAC will be asked to help pay for these increased expenses. Dr. Kase stated that the line item in the budget which covers political and educational activities could help cover these costs.

IX. REPORT OF EXECUTIVE DIRECTOR

Mr. Rothenberger stated that he has been meeting with representatives of the "Pennsylvanians for Effective Government" and has had the opportunity to meet potential candidates who will be running for State House and State Senate seats in 1978. He stated that some polling services would be available through the PEG organization when evaluating candidate support.

Mr. Rothenberger stated that he has met with Ray Saloom, D.O. who has announced his candidancy for U.S. Congress, 25th District, Beaver, Butler, and Lawrence Counties and part of Allegheny County. Mr. Rothenberger stated that this is Dr. Saloom's first attempt at running for public office and that his campaign organization is rather limited with political experience. Dr. Saloom will be looking to the medical community for volunteer work as well as financial support in his effort to win the primary election.

X. DATE OF NEXT MEETING AND ADJOURNMENT

The next PaMPAC Board of Directors meeting will be held sometime after the PMS Board of Trustees meeting January 18, 1978, since the PMS Board will at that time appoint the PaMPAC Board for 1978. Therefore, Dr. Zug stated that he will call a reorganizational meeting in the latter part of January or early part of February. Meeting adjourned at 11:15 a.m.

Exhibit 1
5-1-79
UCF

PENNSYLVANIA MEDICAL POLITICAL ACTION COMMITTEE
PaMPAC
P. O. BOX 295, LEMOYNE, PA. 17043

EXPLANATION OF VOLUNTARY ASSESSMENTS
* AMPAC PaMPAC
PAYMENT OF THESE VOLUNTARY MEMBERSHIP DUES SUPPORTS MEDICAL POLITICAL ACTION AND THEREFORE IS NOT DEDUCTIBLE ON FEDERAL INCOME TAX RETURN

AMA	PMS	COUNTY	MISCELLANEOUS	VOLUNTARY	TOTAL
				* $ [illegible]00	$1[illegible]00

041-02-38-1225
G. R. Wentzel, M.D.
405-409 Marlawn Bldg.
Sunbury, PA 17801

TOTAL $ 15.00

REGULAR MEMBERSHIP	PaMPAC	AMPAC
$35.00	$25.00	$10.00

SUSTAINING MEMBERSHIP		
$100.00	$50.00	$50.00

A COPY OF OUR REPORT, FILED WITH THE APPROPRIATE SUPERVISORY OFFICER IS AVAILABLE FOR PURCHASE FROM THE SUPERINTENDENT OF DOCUMENTS, U. S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C., 20402.

PENNSYLVANIA MEDICAL POLITICAL ACTION COMMITTEE
PaMPAC
P. O. BOX 295, LEMOYNE, PA. 17043

EXPLANATION OF VOLUNTARY ASSESSMENTS
* AMPAC PaMPAC
PAYMENT OF THESE VOLUNTARY MEMBERSHIP DUES SUPPORTS MEDICAL POLITICAL ACTION AND THEREFORE IS NOT DEDUCTIBLE ON FEDERAL INCOME TAX RETURN

AMA	PMS	COUNTY	MISCELLANEOUS	VOLUNTARY	TOTAL
				* $ [illegible]00	$[illegible]00

TOTAL $ 15.00

041-13-56-1250
Charles K. Zug, III, M.D.
St. Luke's Hospital
801 Ostrum Street
Bethlehem, PA 18015

REGULAR MEMBERSHIP	PaMPAC	AMPAC
$35.00	$25.00	$10.00

SUSTAINING MEMBERSHIP		
$100.00	$50.00	$50.00

A COPY OF OUR REPORT, FILED WITH THE APPROPRIATE SUPERVISORY OFFICER IS AVAILABLE FOR PURCHASE FROM THE SUPERINTENDENT OF DOCUMENTS, U. S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C., 20402.

Exhibit
12
31-79
ULF

CONSTITUTION

and

BY-LAWS

of the

PENNSYLVANIA MEDICAL POLITICAL ACTION COMMITTEE

As Amended October 10, 1974

ARTICLE I - NAME

The name of this organization shall be the Pennsylvania Medical Political Action Committee, hereinafter referred to as PaMPAC.

ARTICLE II - FORM AND PURPOSES

Section 1. This organization shall be a voluntary, non-profit, unincorporated association of residents of the Commonwealth of Pennsylvania. It shall be politically non-partisan and shall function independently of any medical society, organization or group.

Section 2. The purposes of the organization shall be both educational and political. The educational purposes shall be to stimulate and encourage physicians and other citizens to take a more active part in civic and political affairs, to disseminate unbiased information on current political issues and candidates for elective office and to conduct other activities of an informative and impartial nature to make the voice of medicine a more important factor in government. The political purposes of the organization shall be to participate actively in election campaigns and shall include the solicitation of money for political purposes, the making of contributions to and expenditures on behalf of candidates for nomination or election to public office, and any other election activities which are not in violation of the law.

ARTICLE III - MEMBERSHIP

Section 1. Membership shall be available to any resident of the Commonwealth of Pennsylvania.

Section 2. Candidates for membership shall submit an application on forms provided by the organization. Acceptance shall be at the discretion of the Board of Directors.

Section 3. There shall be five types of membership: (1) Sustaining Membership; (2) Regular Membership; (3) PaMPAC-AMPAC Membership for Women; (4) PaMPAC Membership for Women; and (5) Student Membership.

Section 4. The membership year shall commence on January 1 of each year and end on December 31 of the same year.

ARTICLE IV - DUES

Dues for the various types of membership shall be as follows:

1.	Sustaining Membership	$100.00
2.	Regular Membership	$ 35.00
3.	PaMPAC-AMPAC Membership for Women	$ 20.00
4.	PaMPAC Membership for Women	$ 10.00
5.	Student Membership	$ 1.00

Any member failing to pay his dues on or before April 1 of any year shall be automatically dropped from membership.

ARTICLE V - MEETINGS

Section 1. There shall be an annual meeting of the Board of Directors each year at such time as the Board of Directors shall decide.

Section 2. Special meetings of the Board of Directors may be called by the Chairman on his own initiative or upon the written request of four members of the Board of Directors.

ARTICLE VI - BOARD OF DIRECTORS

Section 1. The Board of Directors shall have general supervision and control of the affairs and funds of the organization and shall set all policies and initiate all activities of the organization.

Section 2. The Board of Directors shall consist of not less than fifteen persons nor more than twenty persons, all of whom shall be, or become upon election sustaining members of AMPAC-PaMPAC. They shall be elected as provided in Section 3 hereof. Twelve shall be members in good standing of the Pennsylvania Medical Society, each of whom shall represent a Councilor District of the Pennsylvania Medical Society. Three shall be members in good standing of the Woman's Auxiliary of the Pennsylvania Medical Society.

Section 3.

a. Each Director shall serve for a period of one year commencing February 1 or until his or her successor has been elected. Each year the Board of Trustees and Councilors of the Pennsylvania Medical Society shall elect one Director to the Board of Directors of PaMPAC from each of the twelve Councilor Districts of the Society. Each year the Board of Directors of the Woman's Auxiliary shall elect three of its members to the Board of Directors of PaMPAC with due consideration to geographic distribution. The Directors of PaMPAC at their annual Organizational Meeting may elect from one to five additional at-large Directors.

b. A Director representing a Councilor District of the Pennsylvania Medical Society, an area of the State for the Woman's Auxiliary or as a representative-at-large may serve no more than five (5) consecutive one-year terms of office.

Section 4. There shall be an Executive Committee of the Board of Directors composed of the Chairman, Vice Chairman, immediate Past Chairman, Secretary, Treasurer and one member-at-large, elected from the Board members at its annual Organization Meeting. The Executive Committee shall act for the Board between meetings of the Board.

Section 5. Vacancies in the Board of Directors shall be filled in the following manner: The Board of Trustees of the Pennsylvania Medical Society, once a vacancy has occurred, shall fill the vacancy. Where the vacancy in an office held by an individual elected by the Board of Directors of the Woman's Auxiliary, that Board shall fill the vacancy, with due consideration to a geographic distribution. When the vacancy is in an office held by an individual elected by the Board of Directors of PaMPAC, said Board shall fill the vacancy.

ARTICLE VII - OFFICERS

Section 1. The officers of this organization shall consist of a Chairman,

Vice Chairman, immediate Past Chairman, Secretary, Assistant Secretary, Treasurer and Assistant Treasurer, who shall be elected each year by the Board of Directors at its annual Organizational Meeting.

Section 2. The Chairman shall be the chief executive officer of the organization and shall be an ex-officio member of all committees. He shall preside at all meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors.

Section 3. The Vice Chairman shall assist the Chairman in the performance of his duties, shall assume all duties of the Chairman in his absence or inability to serve, and shall perform such other duties as may be prescribed by the Board of Directors. Should the Chairman die, be unable to serve, or be incapacitated, as determined by the Executive Director -- unless the position of Executive Director shall be vacant or unless the Executive Director is unable to make such determination, in which case the Administrative Secretary shall make such determination, the Vice Chairman shall automatically accede to the office of Chairman.

Section 4. The immediate Past Chairman, when he continues to be a member of the Board, shall advise and assist the Chairman wherever and whenever possible.

Section 5. The Secretary shall perform such duties as are normally performed by the Secretary of an organization or as shall be prescribed by the Board of Directors.

Section 6. The Assistant Secretary shall assist the Secretary in the performance of his duties, shall assume all duties of the Secretary in his absence, and shall perform such other duties as may be prescribed by the Board of Directors. Should the Secretary die, be unable to serve, or become incapacitated, as determined by the Executive Director unless the position of Executive Director shall be vacant or unless the Executive Director is unable to make such determination, in which case the Administrative Secretary shall make such determination, the Assistant Secretary shall automatically accede to the office of Secretary.

Section 7. The Treasurer shall be the custodian of the funds of the organization. He shall collect all dues, and other funds of the organization. He shall disburse all moneys of the organization in accordance with instructions of the Board of Directors, subject to any applicable provisions of law with respect thereto. He shall keep full and accurate accounts, shall present financial statements at meetings of the membership and the Board of Directors, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors or the Executive Committee.

Section 8. The Assistant Treasurer shall assist the Treasurer in the performance of his duties, shall assume all duties of the Treasurer in his absence, and shall perform such other duties as may be prescribed by the Board of Directors. Should the Treasurer die, be unable to serve, or become incapacitated, as determined by the Executive Director unless the position of Executive Director shall be vacant or unless the Executive Director is unable to make such determination, in which case the Administrative Secretary shall make such determination, the Assistant Treasurer shall automatically accede to the office of Treasurer.

Section 9. The Administrative Secretary shall be selected by the Executive Committee. He shall exercise general supervision over the administrative processes of this organization under the direction of the Executive Committee and directly responsible to the Chairman.

Section 10. The offices of Secretary, Assistant Secretary, Treasurer, Assistant Treasurer and Administrative Secretary may be held by persons who are not members. The offices of Secretary and Treasurer may be combined and held by one person, as may the offices of Assistant Secretary and Assistant Treasurer, by action of the Board of Directors.

ARTICLE VIII - COUNTY AND CONGRESSIONAL DISTRICT CHAIRMEN

The Board of Directors shall select each year a PaMPAC County Chairman for each county in the Commonwealth, and, where there is more than one Congressional District within a county, a PaMPAC Congressional District Chairman for each one. The County and Congressional District Chairmen shall be responsible for carrying out PaMPAC's policies in their areas.

ARTICLE IX - EMPLOYEES

The Board of Directors shall employ an Executive Director, who shall have the responsibility for the day-to-day management of the Organization, and may employ such other executive and secretarial personnel as needed to accomplish the purposes of the Organization.

ARTICLE X - COMMITTEES

The Organization shall have such committees as the Board of Directors shall determine, consisting of such number of members as it shall prescribe.

ARTICLE XI - AMENDMENTS

The Constitution and Bylaws of this Organization may be amended in any respect at any meeting of the Board of Directors by two-thirds of the members present, provided that the text, or a summary, of the proposed amendment or amendments has been mailed to each member thereof at least fifteen days prior to the meeting.

Pennsylvania

R. WILLIAM ALEXANDER, M.D.
Chairman

JERRY L. ROTHENBERGER
Executive Director

Medical Political Action Commi

P.O. BOX 295, LEMOYNE, PA. 17043
TELEPHONE AREA CODE 717-238-8344

September 16, 1975

Exhibit 13
5-1-
UCi

TO: James W. Dunn, M. D.
J. Preston Hoyle, M. D.
David Scicchitano, M. D.

FROM: Charles K. Zug, III., M. D.

SUBJECT: 1976 PaMPAC Workshop

This Committee has been charged with the responsibility of presenting a format of a political action program to the PaMPAC Board of Directors. Over the summer months Jerry Rothenberger and I have been in touch with AMPAC, the PMS Officers' Conference Committee, and hotels so that we can plan a program in the Spring of '76.

Since the PaMPAC Board meets Monday morning, October 6th, at the Host Farm, I would like to hold a meeting of the Workshop Committee at 8:00 p.m., Sunday evening, at the Host Farm. We could meet in the lobby and proceed to a room from there.

Thank you.

Enclosure
CKZ/da

Ex. #54

AMERICAN MEDICAL ASSOCIATION

1776 K STREET, N.W. • WASHINGTON, D.C. 20006 • PHONE (202) 833-8310 • TWX 710-822-9409

AMA WASHINGTON

HARRY R. HINTON, Director
WAYNE W. BRADLEY, Assistant Director

DEPARTMENT OF CONGRESSIONAL RELATIONS

WILLIAM J. COLLEY, Director
JAMES W. FORISTEL, Assistant Director

Hadley

April 5, 1972

Mr. J. E. Ballentine
Executive Director
Tennessee Medical Association
112 Louise Avenue
Nashville, Tennessee 37203

Dear Jack:

I had a phone call today from Jim Quillen inquiring whether TMA will participate in his campaign and if they will make a request to AMPAC for a contribution.

He indicates that his percentage of votes received dropped 14 percent in the 1970 election as compared with the 1968 election. He believes that he will certainly have Democratic opposition. As you know, he is scheduled to move up one place in seniority on the Rules Committee with the advent of H. Allen Smith's retirement from Congress. Thus, next year if he is elected he will stand third in rank on the Republican side.

Mr. Quillen is a sponsor of Medicredit. I would appreciate being informed about what decision is made whenever your PAC considers.

Sincerely,

James W. Foristel

JWF/jkb

HEADQUARTERS OFFICE: 535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS • PHONE (312) 527-1500

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Ex #55

AMERICAN MEDICAL ASSOCIATION

1776 K STREET, N.W. • WASHINGTON, D.C. 20006 • PHONE (202) 833-8310 • TWX 710-822-9409

AMA WASHINGTON

HARRY R. HINTON, Director
WAYNE W. BRADLEY, Assistant Director

DEPARTMENT OF CONGRESSIONAL RELATIONS

WILLIAM J. COLLEY, Director
JAMES W. FORISTEL, Assistant Director

January 2, 1974

Jack Ballentine
Executive Director
Tennessee Medical Association
112 Louise Ave.
Nashville, Tennessee 37203

Dear Jack:

I am enclosing a letter which I received from the campaign finance chairman of the Committee to Re-elect LaMar Baker.

I hope you will take this matter up at the next meeting of the Tennessee Medical PAC. I need not remind you that Baker is a strong supporter of ours, a sponsor of Medicredit and willing to sit down and discuss legislative matters with us at any time.

Sincerely,

James W. Foristel

JWF:bjr

Enclosure

HEADQUARTERS OFFICE: 535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS • PHONE (312) 751-6000

November 16, 1973

William J. Colley, Director
Department of Congressional Relations
Public Affairs Division
American Medical Association
1776 "K" Street, N.W.
Washington, D.C. 20006

Dear Bill:

I have not forgotten about our conversation that we have had concerning Bud Shuster's campaign deficit.

With the problems encountered in Washington with the "campaign of 1972", I thought I would check with you to see if Bud wanted to go through with the reporting procedures on an "off election" year.

I will wait to hear from you before pursuing the request to AMPAC.

Sincerely yours,

J. L. Rothenberger
Executive Director

JLR:ms

April 11, 1972

Mr. William J. Colley, Director
Department of Congressional Relations
Public Affairs Division
American Medical Association
1776 K Street, N.W.
Washington, D.C. 20006

Dear Bill:

Rick Robb, Administrative Assistant to Congressman Al Johnson, has been in touch with me concerning the Primary Election, April 25.

Congressman Johnson's opposition is Richard McCormack who lists his occupation as an "economist". McCormack has the backing of the Political Action Committee for Education (PACE). Attached please find literature that PACE is sending in the 23rd District. To "neutralize" these charges, a physicians' committee has been formed in Al's district. We are coordinating our activities with Rick Robb. He has requested that we send him a copy of the key issues which the AMA strongly supported in the 91st and 92nd Congresses.

Since timing is very important, would you please send the requested information to Rick as soon as possible.

Your cooperation is greatly appreciated.

Sincerely yours,

J. L. Rothenberger
Executive Director

JLR:ms
Enclosure

bc: Robert F. Beckley, M.D.

KINDNESS FILE
Ex #58

AMERICAN MEDICAL ASSOCIATION

1776 K STREET, N.W. • WASHINGTON, D.C. 20006 • PHONE (202) 833-8310 • TWX 710-822-9409

Ohio State Medical Association
Columbus, Ohio
RECEIVED
MAY 27 1975

AMA WASHINGTON

HARRY R. HINTON, Director
WAYNE W. BRADLEY, Assistant Director

DEPARTMENT OF CONGRESSIONAL RELATIONS

JOHN S. ZAPP, D.D.S., Director
JAMES W. FORISTEL, Assistant Director

May 22, 1975

Chuck Edgar
Ohio State Medical Association
600 S. High Street
Columbus, Ohio 43215

Dear Chuck:

I have interviewed Cong. Ashbrook in connection with our survey. Incidentally, he became a sponsor of our bill.

During our conversation he expressed a concern that so many Republican voters stayed home last election and that he wound up with very little over an even 50% of the votes cast. For that reason he has decided he must rebuild and will use more often published constituent Reports From Congress. He therefore seeks help from OhioPAC and AMPAC in the form of perhaps a $1,000 contribution toward his next election from each organization, in this calendar year, with the understanding that any contribution which they make in 1976 would be that much less. You may wish to pass this along to Dave Rader and I'll pass the information along to Bill Watson.

Sincerely,

James W. Foristel

JWF:bjr

cc: Bill Watson

P.S. Kindness refused to go on the bill at this time. Incidentally, he considers Ernest Davis, Herschel Clemmons, & Charles Patterson (his old primary opponent) as helpful doctors. You may wish to approach him through one or more of them.

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WAMPAC
Washington Medical Political Action Committee
900 United Airlines Building, 2033 Sixth Avenue, Seattle, Washington 98121

APR 13 1978

April 10,1978

MEMO TO: PETE LAUER, CONGRESSIONAL COORDINATOR
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

FROM: MARY BOYD, WAMPAC SECRETARY

SUBJECT: MEETING, CONGRESSMAN CUNNINGHAM - FRIDAY, APRIL 7,1978

Carol Simons, WAMPAC Board Chairman, Mrs. Jan McLean, Congressional Coordinator, for WAMPAC 7th Congressional District and myself met with Congressman Jack Cunningham on Friday, April 7, at its office, 960 Andover Park East, Tukwila.

The Congressman concurred with an article in the Journal American published that morning indicating he has not announced, or decided, to run again for office. A copy of that article is enclosed for your information.

The congressman indicated he will announce within a month his decision of whether to run or not run, and appeared to be a bit disillusioned about the ability to get "something done" in Congress.

His Campaign MAnager, Vito Chiechi set up the appointment, but was not present for the meeting.

Will keep you informed of activities as they are announced.

Enclosure
cc: Mr. Harley Dirks, AMA Washington
Dr.John Kennelly, WSMA Congressional Liaison

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Speaches
Brot
Ex. #60, p. 1

June 16, 1977

Mr. M.A. Riley
Director
American Medical Association
1776 "K" Street, N.W.
Washington, D.C. 20006

Dear Mike:

This letter will confirm our phone conversation of June 14, regarding the possibility of obtaining Senator Hayakawa as the speaker at the Medical Society of the State of New York Annual Meeting.

The request is for Tuesday evening, October 4, 1977, at the Americana Hotel in New York City. A tentative schedule of events has been set, with a reception that evening, hosts for the state Auxiliary, followed by a dinner and a key note address by the Senator.

The dinner will be sponsored by MPAC and it has been suggested that the Senator's remarks be related to medical involvement in the election process and also current medical legislation before the Senate.

The estimated attendance for this function should be around 400. Of course, with adequate advanced publicity, I see the distinct possibility of a substantial increase in this figure. As time grows closer to October 4, a definite attendance figure will be available.

MPAC will be happy to pay the Senator's honorarium and related expenses for this event.

Thank you for your help in this matter and I shall look forward to your reply.

Warmest regards,

Peter B. Lauer
Political Education Coordinator

PBL/js

cc: William C. Stein, M.D.,
Chairman, MIPAC

George J. Lawrence, Jr., M.D.
Secretary/Treasurer, MIPAC

Mr. William Watson
Executive Director, MIPAC

3 1 0 4 0 2 5 5 2 7 6

MAR - 2 1978

Ex. #61

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

JOHN W. GOTFELTY, M.D., President
WILLIAM W. THOMPSON, M.D., Vice President
JOHN HAMILTON, M.D., Secretary
FRANK C. COLEMAN, M.D., Treasurer
W. HAROLD PARHAM, D.H.A., Assistant Treasurer
GEORGE S. PALMER, JR., Executive Director
100 E. College Avenue, Tallahassee, Florida 32301
(904) 224-6496

POST OFFICE BOX 2371
JACKSONVILLE, FLORIDA 32203
(904) 356-1571

February 27, 1978

Senator Richard S. Schweiker
253 Senate Office Building
Washington, D.C. 20510

Dear Senator Schweiker:

The Florida Medical Political Action Committee requests the pleasure of your presence to be the Luncheon Speaker at the Florida Medical Political Action Committee-Florida Medical Association Auxiliary Annual Luncheon, Friday, May 5, 1978 at 12:15 p.m. at the Diplomat Hotel in Hollywood, Florida. This very important Luncheon is a part of the activities of the 104th Florida Medical Association Annual Meeting. The luncheon, always a highlight of the Annual Meeting activities, is attended by 200 politically active physicians and spouses. George S. Palmer, Jr., Executive Director of FLAMPAC, is prepared to make all necessary arrangements pending your acceptance of this invitation, at your earliest convenience. Please contact Mr. Palmer in this regard to provide him with the specific information on the suggested honorarium, at the following address:

Mr. George S. Palmer, Jr.
100 East College Avenue
Tallahassee, Florida 32301
904/224-6496

We are hopeful that you will be able to include this activity in what I know is a very busy schedule. We appreciate your consideration of this matter and look forward to hearing from you soon.

Sincerely,

William W. Thompson, M.D.

William W. Thompson, M.D.
President

06-94/12-49

cc: Mr. Mike Riley
Mr. Peter B. Lauer

8 1 0 1 0 2 6 5 2 2 7 7

Proceedings
Clinical Session
Wash. D.C.
Nov-Dec. 1960

Ex #62
p. 1

The council cooperated with the Council on Scientific Assembly in the presentation of the Nutrition Symposium as the first general session of the 1960 annual meeting of the AMA in Miami Beach. Three Council members, Drs. Goldsmith, Shank, and Olson, were among those who participated.

Annually, the Board of Trustees of the AMA cooperates with the council in presenting the Joseph Goldberger Award in Clinical Nutrition. This award is sponsored by the Nutrition Foundation, Inc., and consists of $1,000 and a plaque. It is presented for outstanding research in clinical nutrition. Dr. Richard W. Vilter of the University of Cincinnati received the 1960 award. He presented the "Goldberger Lecture" entitled "The Role of the Vitamins in the Etiology and Treatment of Anemia" before the general session of the 1960 annual meeting of the AMA.

The third annual group of $600 fellowships were granted to 10 outstanding medical students for research in clinical nutrition during the non-academic portion of their junior and senior school year. Application for these grants must be made by a faculty member who will supervise the study.

Each year these fellowships are given in honor of the previous recipient of the Joseph Goldberger Award. Thus, the fellowships awarded in 1960 were honoring Dr. Carl V. Moore.

The council also presents current, authoritative information to the physician by sponsoring reports for AMA publications. These reports are written upon invitation from the council and must be approved by each council member before being submitted for publication. During the past year 17 papers have been published covering topics ranging from radioactivity in foods and world food supply to the use of milk in the diets of infants.

A part of the council's effort is directed toward the public. The council believes, however, that the most effective means of nutrition education for the public is through the physician. It does encourage its members and staff to serve as consultants or to participate in programs of nutrition education for the public.

To encourage good educational advertising, the council has traditionally offered to evaluate educational materials for trade associations, such as the American Meat Institute and the Wheat Flour Institute. If nutritional statements are accurate, the council permits each item to carry the statement, "The nutritional statements presented have been reviewed by the Council on Foods and Nutrition of the American Medical Association and are considered to be in keeping with current authoritative medical opinion."

Organization

The council met in New York City, in October, 1959, and in Miami Beach in June 1960. Dr. William J. Darby and Dr. Robert L. Jackson were elected Chairman and Vice-Chairman respectively. Dr. Shank and Dr. Hegsted are new memberos of the council.

REPORT OF REFERENCE COMMITTEE ON PUBLIC HEALTH AND OCCUPATIONAL HEALTH:

The report and action of the House on reports of Committee on Research, Committee on Toxicology, and Council on Foods and Nutrition will be found following report of Committee on Medical Aspects of Sports on page 51.

COUNCIL ON LEGISLATIVE ACTIVITIES

This report covers the period from Sept. 15, 1959, to Sept. 2, 1960. The period of the report has been extended beyond July 1 in order to cover the activities of the second session of the 86th Congress, which recessed on Sept. 1, 1960.

During the period covered by this report, the council met on five occasions: on Oct. 1, 1959, in St. Louis, Mo.; on Jan. 23, 1960, in Washington, D.C.; on March 25-26, 1960, in Washington, D.C.; on April 29, 1960, in Washington, D.C.; and on June 13, 1960, in Miami Beach, Fla.

Legislative and Political Conferences

On Oct. 2-3, 1959, the Council on Legislative Activities sponsored a Medical Legislative Conference in St. Louis, Mo., for representatives of state medical associations. The purpose of this two-day conference was to review the status of H. R. 4700, 86th Congress, the Forand Bill, and to formulate plans at the national and local levels to combat this and similar legislation. The conference emphasized what had been and what could be done by physicians, both individually and collectively, to meet the health care problems of the aged. Regional workshops were held by the Field Service Division and the Communications Division to give the participants ideas and tools with which to work when they returned home. Each association was

encouraged to hold similar conferences at the state, county and community level to implement really effective programs in legislative and political affairs. A total of 240 persons attended the conference. Forty-nine state medical associations and the District of Columbia were represented as well as the Woman's Auxiliary to the American Medical Association. Guest speakers at the meeting included Robert E. Smylie, Governor of Idaho, Congressman Dale Alford, M.D., Arkansas, and Congressman Thomas B. Curtis, Missouri.

The Council on Legislative Activities sponsored Regional Political Action conferences in Salt Lake City, Utah, on July 29-30; in French Lick, Ind. on August 12-13; and in Hershey, Pa., on August 26-27. The purpose of these conferences was to present practical guides and instructions for medical political organization and action at the local and state levels; to review the actions of the 86th Congress with respect to health proposals; to review the legal aspects of political activity and to present the experiences of certain state and local medical groups which have been active politically in recent years. Each state medical association was asked to send representatives to one of these meetings. Every state medical association was represented at one of the conferences with the exception of Alaska, Arkansas, District of Columbia, Hawaii, Mississippi, Missouri, New Hampshire, and Texas. In addition, the Woman's Auxiliary to the American Medical Association and the following allied organizations were represented at the conferences: American Dental Association, American Nursing Home Association, American Veterinary Medical Association, American Pharmaceutical Association, American Academy of General Practice, Pharmaceutical Manufacturers Association, American Nurses' Association, and American College of Apothecaries. A total of 103 persons attended the conference in Salt Lake City, Utah; 120 in French Lick, Ind.; and 115 in Hershey, Pa. Each participant received a kit of material on political action covering such subjects as: *ABC of Politics, Practical Politics, Review of Federal Statutes and Court Decisions Relating to Political Activities of Medical Associations and Individual Physicians, Election Law Guidebook, 1960,* a bibliography of related publications and sample campaign material.

Second Session, 86th Congress

During the second session of the 86th Congress, which began on Jan. 6, 1960, and ended Sept. 1, 1960, a total of 6,327 bills were introduced. More than 450 bills were subject to serious study and 255 were analyzed for consideration by the Council on Legislative Activities.

The following nine bills were signed into law by the President during the second session of the 86th Congress:

Bill Number	Subject	Public Law Number
H.R. 7965	– Out-Patient Care in V.A. Hospitals to Veterans with Certain Non-Service Connected Disabilities	P.L. 86-639
H.R. 7966	– Optometric Service on an Out-Patient Basis for Veterans	P.L. 86-589
H.R. 8238	– Two Year Study of Air Pollution from Auto Exhaust	P.L. 86-493
H.R. 9660	– Medical Expense Tax Deductions for Aged Dependent Parents	P.L. 86-470
H.R. 11390	– HEW Appropriations for Research Grants	P.L. 86-703
S.J. Res. 41	– International Health Research Act	P.L. 86-610
S. 1283	– Hazardous Substances Labeling Act	P.L. 86-613
S. 1806	– Transportation of Radioactive Material and Etiologic Agents	P.L. 86-710
S. 2331	– Hospitalization of American Nationals adjudged Insane Abroad	P.L. 86-571

In addition, H. Res. 431 was enacted as an official expression that it is the sense of Congress that the President should call a White House conference on narcotics patterned after previous White House conferences.

At the time this report was prepared, the following six measures, passed by the Congress, were awaiting Presidential signature:

Bill Number	Subject
S. 2575	– Retired Federal Employees Health Insurance
H.R. 6871	– Public Health Training Program

H.R. 10341 – Institutional Research Grants
H.R. 12574 – Longshoremen's Compensation Act Amendment
H.R. 12580 – Social Security Amendments of 1960
H.J. Res. 784 – Construction of Intern and Nurses Housing

During the second session of the 86th Congress more than 25,000 pages of the *Congressional Record* were studied and indexed and over 8,500 pages of the *Federal Register* were scanned for items of interest.

Testimony and Written Statements Presented

During the period of this report, the American Medical Association testified or submitted written statements as shown below:

Date	Subject	Presentation
Nov. 10, 1959	Disability Provisions of Title II of the Social Security Act	Testimony
Nov. 13, 1959	General Revision of the Internal Revenue Code	Statement
Jan. 25, 1960	*H.R. 2412*–Spanish American War, Philippine Insurrection, Boxer Rebellion, Veterans Hospital Care Without Regard to Service-Connection	Statement
Jan. 27, 1960	*S. 1283*–Hazardous Substances Labeling Act	Statement
Jan. 28, 1960	*H.R. 7966*–Out-Patient Optometric Care for Veterans	Statement
Jan. 28, 1960	Aviation Safety	Statement
Jan. 31, 1960	Federal Appropriations for Medical Research and Medical Facilities and Education	Testimony
Feb. 5, 1960	Administration of Social Security Disability Program	Statement
March 14, 1960	*H.R. 5260*–Hazardous Substances Labeling Act	Testimony
April 1, 1960	Compulsory Coverage of Physicians Under Title II of the Social Security Act	Statement
April 4, 1960	*H.R. 7966*–Out-Patient Optometric Care for Veterans	Statement
April 4, 1960	Problems of the Aged and Aging (McNamara Committee)	Testimony
April 13, 1960	*H.R. 8127 and S. 2331*–Hospitalization of American Nationals Adjudged Insane Abroad	Statement
May 12, 1960	Treasury Alternative to *H.R. 10*–Provision for the Inclusion of Employees in Retirement Programs Established by or for the Self-Employed	Wire
May 25, 1960	*H.R. 11390*–Modification of 15% Limitation for Overhead Expenses for Research Grants	Statement
May 25, 1960	Radiation Protection Criteria and Standards	Statement
May 26, 1960	*S. Res. 67*–Study re Utilization of Reserve Components of the Armed Forces in Carrying Out the Civil Defense Program	Statement
June 6, 1960	*H.R. 6906 & others*–Construction of Teaching-Research Medical Facilities	Statement
June 15, 1960	Aviation Safety	Wire
June 16, 1960	*H.R. 10341*–Grants to Institutions for Improving Research and Research Training Activities	Statement
June 20, 1960	*S.2575*–Retired Federal Employees Health Benefits Act	Statement
June 20 and 22, 1960	*H.R. 11390*–Modification of 15% Limitation for Overhead Expenses for Research Grants	Statement
June 23, 1960	*H.R. 1341*–Safety Devices on All Motor Vehicles Purchased or Leased for Use by the Federal Government	Statement
June 30, 1960	*H.R. 12580*–Social Security Amendments of 1960–Title VI	Testimony
June 30, 1960	*H.R. 12580*–Coverage of Physicians	Statement

Legislation of Special Interest

Although all of the bills on which testimony or statements were presented are important, several measures are of more current interest and significance to the medical profession.

H. R. 4700—the "Forand Bill": At the beginning of the second session of the 86th Congress, the most important pending legislation of medical interest was H. R. 4700, 86th Congress. This measure proposed an amendment to the Social Security Act so as to provide hospital, surgical, dental, and nursing home benefits for the more than 12 million beneficiaries of the Old Age, Survivors and Disability Insurance Program. It was strenuously opposed at all levels of organized medicine and by the majority of other groups in the health field.

This measure and several alternatives were subject to hearings before the House Ways and Means Committee during the early months of the second session. On June 3, 1960, the committee tentatively approved a bill which called for a federal-state matching health care plan of assistance for persons 65 years of age or over who are "medically indigent." This bill, H. R. 12580, 86th Congress, was favorably reported by the House Ways and Means Committee on June 13, 1960.

H. R. 12580—the "Mills Bill": This measure, as reported by the House Ways and Means Committee on June 13, 1960, would have amended the Social Security Act in four areas: (1) by providing medical care for the "medically indigent" aged; (2) by authorizing an incentive program to the states for improvement of their public assistance program; (3) through the liberalization of the requirements for disability benefits; and (4) by extending compulsory coverage under Title II of the Social Security Act to self-employed physicians.

The following time table indicates the action of the House and Senate on this measure and proposed amendments:

June 13, 1960	– The House Ways and Means Committee favorably reported H.R. 12580, 86th Congress
June 23, 1960	– The bill passed the House of Representatives by a vote of 380 to 23
June 29-30, 1960	– Hearings were held on H.R. 12580 by the Senate Finance Committee. The AMA testified on June 30th
July 3, 1960	– Both Houses of Congress recessed until after the Democratic and Republican National Conventions. At that time, 27 amendments to H.R. 12580 had been introduced in the Senate
Aug. 8, 1960	– Senate reconvened
Aug. 13, 1960	– Senate Finance Committee approved a slightly modified version of the Mills Bill (the Kerr-Frear amendment and others) The Committee rejected the Gore amendment by a vote of 12 to 4 The McNamara amendment was rejected by the Committee by a vote of 12 to 5 In a "key-vote" the Committee voted to reject the Anderson proposal by a vote of 12 to 5
Aug. 15, 1960	– The House reconvened
Aug. 20, 1960	– The amended version of the Mills Bill was reported to the Senate and the Senate Finance Committee amendments were adopted as original text. Some amendments were introduced on the floor
Aug. 23, 1960	– Senate rejected the Javits amendment by a vote of 67 to 28 Senate rejected the Anderson-Kennedy amendment by a vote of 51 to 44 Senate adopted several amendments, the Long amendment was the only amendment of medical interest, however Senate voted 91 to 2 for the passage of H.R. 12580, 86th Congress, as amended by the Senate Finance Committee and as amended on the floor of the Senate
Aug. 25, 1960	– Senate-House conferees resolved differences between House and Senate versions
Aug. 26, 1960	– House accepted the report of the Conference Committee by a vote of 368 to 17
Aug. 29, 1960	– Senate accepted the report of the Conference Committee by a vote of 73 to 12

The council feels that the defeat of Forand-type legislation and the adoption of a measure providing health care for the "medically indigent aged" was a real victory for the medical profession and for the public as a whole. It also feels that this action was ample evidence of the really effective teamwork of American medicine at all levels.

S. 1283—Hazardous Substances Labeling Act: This bill established criteria for the labeling of hazardous substances. The term "hazardous substance" is defined as any substance or mixture of substances which is toxic, corrosive, an irritant, a strong sensitizer, flammable, or which generates pressure through decomposition, heat or other means, if such substance or mixture of substances may cause substantial per-

sonal injury or illness during any customary or reasonably anticipated handling or use, including reasonably foreseeable ingestion by children. The bill also included substances which the Secretary of Health, Education and Welfare finds by regulation to fall into one of the above categories, and radioactive materials.

Hearings were held by the Senate Interstate and Foreign Commerce Committee on Aug. 13, 1959. The American Medical Association submitted a statement approving the measure in principle and recommending several modifications. When hearings were held by the House Interstate and Foreign Commerce Committee, the Association testified in support of the bill and again presented several suggestions for the improvement of the measure. This bill passed both houses and was signed into law by the Presidnet on July 12, 1960.

S. 2575—Retired Federal Employees Health Insurance: This bill authorized the Civil Service Commission to establish a voluntary contributory health insurance program for federal employees who retired prior to July 1, 1960. This basic idea, i. e., to make the provisions of the federal government employees health insurance program retroactive, was embodied in the American Medical Association's statement to the House committee on S. 2162. The Senate and the House of Representatives passed the measure and it has been cleared for the President's signature.

Related Legislative Activities

Also, concurrently, during this second session, hearings were held by the "McNamara Committee" or the subcommittee on Problems of the Aged and Aging of the Senate Labor and Public Welfare Committee. Although it was the alleged purpose of this subcommittee to study all the problems of the aged, there is no doubt that the major portion of the committee's time was devoted to a study of the real or imagined health problems of the aged. The committee held hearings in Detroit, Grand Rapids, Boston, Pittsburgh, San Francisco, Miami, and Charleston, West Virginia. Representatives of the American Medical Association testified three times before the McNamara Committee—most recently on April 4, 1960.

The AFL-CIO's Committee on Political Education issued and widely distributed a "political memorandum," entitled *The Forand Bill and the Record of the AMA*. This document charged the American Medical Association with being a leader "in the parade of reactionary forces marching against the passage of the Forand Bill." Then, in an effort to support that charge, the memorandum listed 16 allegations as the American Medical Association's record of opposition to constructive health measures. The allegations contained in the memorandum consist of deliberate distortions or perversions of the truth, and outright untruths.

The American Medical Association answered these charges by carefully documenting its position on each of the subjects involved. On March 15, 1960, Dr. Louis M. Orr, President of the American Medical Association, demanded a full retraction of the AFL-CIO accusations, and an apology from those who made them. Needless to say, neither was forthcoming. In fact, on April 7, 1960, George Meany, President of the AFL-CIO, sent a letter to all senators and congressmen in which he charged that "The American Medical Association as an organization has consistently set its face against any number of broad public programs designed to improve the health of the nation as a whole, and of less fortunate in particular." The citations and allegations in this most recent letter are no more accurate than those in the first document and are again falsehoods and distortions of fact.

Publications

During the period of this report, 17 issues of the *Medical Legislative Digest* were published and sent to approximately 3,200 persons. This publication, which is prepared by the Council on Legislative Activities, is published twice a month while Congress is in session and sporadically when it is not. It supplements current legislative news published in the AMA *News*. Association testimony or statements presented to Congress were distributed as attachments to this publication.

On May 27, 1960, a weekly newsletter entitled *Legislative Roundup* was initiated by the Council on Legislative Activities. This publication highlights the week's legislative news and is distributed weekly to approximately 500 persons.

The Library, in its new quarters, will provide better service to all divisions. Every effort will be made to avoid duplication of material in division libraries.

The Package Library program has been strengthened and provides the names of libraries in communities where physicians might do reference work personally. Photo-duplication of material available for dispatch and other devices to help the physician obtain reference material are other improvements.

STANDARD NOMENCLATURE OF DISEASES AND OPERATIONS

The 1960 edition of *Standard Nomenclature of Diseases, and Operations* went to press last fall. The anticipated publication date will be late in 1960. The second phase of the department activities concerns institutes that have been held from time to time in various cities. Admittedly the job done by the institutes in the past has satisfied only a small portion of the total need, if the principles of standard nomenclature are utilized maximally throughout the accredited hospitals in the United States. The third function is the department dealing with answers to questions concerning the use of standard nomenclature.

A meeting was held in Washington, D. C. in April with representatives of the American Hospital Association, the American Association of Medical Record Librarians, the United States Public Health Service, the Veterans Administration, and the Armed Forces under the aegis of the American Medical Association. At the conclusion it was recommended that the entire mission and concept of standard nomenclature should be evaluated by a duly appointed committee. Acting on this recommendation, the Board of Trustees appointed an advisory committee with representatives from interested agencies. This committee will explore in depth the problem of nomenclature and classification. At this time the committee has been duly appointed; no meeting has yet been held. Meanwhile, no new institutes will be scheduled.

MEDICAL JOURNALISM PROGRAM

With the approval of the Board of Trustees, plans are under consideration for a comprehensive program in medical journalism. It is hoped that one or more universities in greater Chicago will cooperate in this program. Little beyond preliminary planning may be noted at this time. Even so, there are two fellows participating in training throughout the summer months and a third fellow is scheduled for the program in the fall. The short-term fellowships of approximately three months each are available currently for medical students or, in selected instances, premedical students. Ultimately, it is hoped to have a program with fellowships of one year's duration for physicians who plan a part-time or full-time career in medical journalism. There is yet a third type of fellowship under consideration. This would be for one month only and would be designed to provide a 3-4 weeks concentrated course for lay personnel from state medical journals or medical publications of pharmaceutical houses. Limited funds have been approved by the American Medical Education Research Foundation. Supervision of this program requires the part-time or full-time services of one person; this appointment has not been made as of this date.

In reviewing the opportunities in the division before coming to Chicago it was necessary for the Director to take a number of presumptions for granted. His knowledge of the organization of the American Medical Association was not detailed and the data at his disposal was meager. Eight months later the information available has increased immeasurably. The opportunities to pursue the duties and responsibilities of the Director of Scientific Publications provided by the Executive Vice President's Office, the Committee of Scientific Activities, and the Board of Trustees have been gratifying. The utmost cooperation has been extended to the Director at all times. He has enjoyed the enthusiastic support and cooperation that he had hoped would be his and the warmest of personal relations in each echelon. This was indeed appreciated.

FIELD SERVICE DIVISION

Staff

Aubrey D. Gates, *Director*
Rueben M. Dalbec, Field Representative
Charles Johnson, Field Representative
Joe D. Miller, Field Representative
Richard Nelson, Field Representative
Cecil Dickson, Legislative Representative
James Foristel, Legislative Representative
Harold Slater, Legislative Representative
R. O. Beckman, Consultant on Aging - Temporay

Legislative Liaison

The staff's work at the onset of the period covered in this report, typifies the activities of the Field Service Division for the last year. Late in June 1959 the Chairman of the House Ways and Means Committee scheduled a week of hearings on the Forand Bill, to be held in July. Immediately after this announcement, the Forand Staff Task Force met and outlined the activities necessary to meet the American Medical Association's responsibilities in connection with these hearings. The Field Service Division staff then called the executive secretaries and officials of the medical societies of the 48 states, to make two principle requests; one that as many state societies as possible ask for time for spokesmen to appear before the committee; and two, that the remainder of the state societies prepare and submit to the committee, a statement in opposition to the Forand Bill.

Thirty-four state societies readily responded and applied to the House Ways and Means Committee for time to appear as witnesses. Because of time limitations allocated by the committee, it became necessary to select only 12 states, and to ask the other twenty-two state societies to cooperate by relinquishing their time, and instead, submit a statement to be filed with the committee. Every state society cooperated in the finest way and the Field Service Division devoted itself to assisting in some cases, with the preparation of the testimony and the statements, and, continually, to the task of getting delegations of doctors to attend the hearings and send as many communications as possible, by letter, telephone and telegram, to all of the congressmen, as well as to the members of the House and Ways and Means Committee.

During this crucial period, the Washington staff of the Field Service Division performed those chores of maintaining liaison with the committee and with members of Congress in obtaining an allocation of time, working with the Law Division in briefing those who were to testify, and arranging appointments and other functions pursuant to state delegation visits to Washington, during the time of the hearings.

In short, the Field Service Division synchronized its efforts in this instance as it does in all cases, with the activities of the management, the other divisions of the American Medical Association, and with the state and local societies, to the end that the staff could make its best contribution to the total effect of spokesmen for the American Medical Association's appearance before the House Ways and Means Committee.

These activities have characterized the work of this division throughout the year as every effort has been made to function only as a member of a team and to perform the assignments falling within the division's responsibility, or as requested by the management and others within the Association.

From the foregoing, it can be seen that there are two main functions of the Field Service Division in legislative activities - liaison with the Congress in Washington, and liaison with the state and county medical societies in cooperation with all units of the American Medical Association.

The three registered lobbyists of the American Medical Association, whose titles are Legislative Representatives, are members of the staff of this division, their functions being to maintain close liaison with the leaders and the members of the Congress, taking to and interpreting for them, American Medical Association policy and American Medical Association information, and making arrangements and appointments for the officers and trustees of the Association to meet with the leaders of the Congress, when such is required or desirable. They regularly bring back from the Congress whatever information is available and pass it on to the Association headquarters in Chicago. The activities of these three men are not only synchronized with the Chicago office, but with the remainder of the AMA staff in Washington.

Legislative Follow-up

The second part of the Field Service Division activity in legislation is that of developing closer liaison with the state and county societies, as has been described above. The division's activities have been harmonized with the Forand Staff Task Force, with the Council on Legislative Activities, state executive secretaries, key men, and the state association's legislative committees.

When it became evident, near the recess of the first session of the 86th Congress, that Forand-type legislation would not be reported out of the House Ways and Means Committee, plans were made by the Field Service Division staff for an extensive program of intensive contacts by the medical profession and its lay friends, when the members of Congress returned to their home districts and states, during the recess period. The meeting held by the Council on Legislative Activities in St. Louis on November 1, gave national opportunity to intensify and highlight this activity, as well as to achieve the other objectives set out for that meeting.

The staff of the Field Service Division, both in Washington and in the field, recognized that there needed to be developed a closer liaison between individual congressmen and the physicians in their districts. To do this, a complete listing of all the physicians in 408 of the 437 congressional districts was prepared. Each list was sent from the Chicago office to the Legislative Representatives in Washington, who then delivered the lists to the respective congressman. Each congressman was requested to check the list and designate the names of those physicians he knew personally and with whom he felt he had the best working relationship. The congressmen were told that they could use the entire list for correspondence with the physicians in their districts.

While the responses from the congressmen have not been 100%, this has been the most effective action taken to impress the members of Congress with the fact that organized medicine wants to work with them in a reasonable, wholesome cooperative way.

Now that the elections are approaching, members of Congress are still coming forth with suggested lists of physician-committees with whom they would like to work in their home districts. Eventually, the staff will develop from this a more effective method of working with the Congress, consisting of a more direct relationship with the practicing physicians in his home district, the county medical societies to which these physicians belong, the state medical associations and the American Medical Association. This will enable the field staff to keep the channels of communication open and operating from the physician's office, to the congressmen's office, and vice versa. The division will continue to expand its efforts in this area.

Legislative Climate

The climate in which a legislative program is projected, is as important as the program itself. The Field Service Division therefore, has given careful attention to the other aspects. For example, the staff has worked with the state and county medical associations in developing a closer liaison and better understanding of the problems of aging, with many lay organizations and the leaders of these organizations. The special work performed by the Consultant on Aging, in locating and contacting the aging groups, such as "Golden Age" clubs, and other types of activities in this general area, provided the division with the initial start for developing closer liaison with the aging citizens in the communities where they live. It was found that the senior citizen would like to have, and needs, medical leadership and guidance in a broader respect than the individual medical care they receive. Seven thousand of these organizations were listed by name and address and the staff is now developing ways whereby state and county medical associations can reach these groups, with understanding and with service.

Field Work on Aging

The division has assisted the Department of Medical Service in working with the aging committees of the state medical associations in the projection of their over-all state and local programs. The staff assisted in promotion of attendance at the regional conferences on aging and also cooperated with the Communications Division, the Law Division, and others, in getting medical and allied attendance at the regional meetings held by the McNamara Committee.

When the allocation of delegates was made by those in charge of the White House Conference on Aging, the field staff immediately took this information to the states, in an effort to get as many physicians and qualified lay leaders as possible designated by the governors of the states, to be delegates to this conference. At the same time, the division worked with the states in getting physician-representation on the governor's committees on aging, which have the responsibility of developing statements to be presented to the White House conference.

The states were also encouraged to work with the insurance industry, chambers of commerce, and other groups, to likewise obtain representative delegates to the White House Conference on Aging. This met with an excellent degree of success, in spite of the fact that social and welfare workers immediately and spontaneously requested that they be designated among the state delegates.

Hospital Liaison

The hospitals that compose the American Hospital Association, and various state hospital associations, are one of the most closely related groups to the American Medical Association. Working through the state and county medical societies, the staff has endeavored to set up as close liaison as possible with the administrators, the medical staffs, and the boards of trustees of hospitals throughout the country. Because of

the number of hospitals, and because of division staff limitations, this has not been as complete as desired, but it has been productive. A continuing effort in this regard will be pursued.

Rural Health

The Council on Rural Health, working with the Executive Vice President, the Director of the Division of Environmental Medicine, and the Field Service Division, has developed a plan whereby the AMA's field program with rural groups in the United States will be reinaugurated. These groups, for the most part, have the same philosophy as the AMA and will cooperate most wholeheartedly in all types of programs, to improve the health care of rural people and to provide stronger ties and better working relationships. Staff contacts in the states have just begun, insofar as the development of the rural health program itself, but throughout the year, organizations like the American Farm Bureau and the Grange, have given support to medicine's position against Forand-type legislation.

In the New England region, Dr. Norman H. Gardner has carried on an admirable program of cooperation with the rural groups. This culminates each year in a regional conference. Staff contacts with farm groups in the New England states indicate that the net effect of this approach has been excellent.

The National Conference on Rural Health has continued to keep alive a number of state activities and on this foundation, the division's staff will now endeavor to rebuild a stronger program. In a number of states, the relationship between the medical association and the rural groups, leaves much to be desired, and it is to these particular areas that concentrated attention will be given in the coming year.

Special Activity Staff

At the interim session in Dallas, in December 1959, the Board of Trustees authorized Doctor Blasingame to augment the staff of the Field Service Division by the use of part-time temporary employees. Through various flexible arrangements, 17 individuals were so employed, 4 of them from the AMA staff, outside of the Field Service Division, and the remaining 13, from state or county medical societies, or from closely related groups.

The purpose of this concentrated effort was to step up contacts with the Congress, particularly in regard to letter, telegram and telephone contacts, in opposition to the Forand Bill. A time-table and step-by-step plan was developed with the Forand Staff Task Force and the Field Service Division staff. All phases of this special effort were handled under the field representatives responsible to and for their regularly assigned states.

As a result, the county and state medical societies deluged the members of Congress with communications. It was estimated that, in the two weeks prior to the initial consideration given the Forand bill by the House Ways and Means Committee, the chairman of that committee received more than 300,000 pieces of mail. The other members of the committee also received a large volume of mail, as did all of the members of Congress. Physicians and their friends conducted a concerted campaign. The action taken by the House Ways and Means Committee is evidence of the effect of this program, when it is recognized that the proponents of Forand-type legislation were equally as active in support of the measure, as were we in our opposition.

To demonstrate the productiveness of this effort, the staff would like to mention the work of the Cumberland County (Pennsylvania) Medical Society, under the leadership of Dr. H. Robert Davis. Approximately 22 doctors and 14 members of the Auxiliary were selected to spearhead the program. Some 26 local organizations were addressed and over 4,000 pieces of literature distributed. As a result, and similar activities with other professional and lay groups, over 1,500 letters were written to the members of Congress.

Outstanding Examples of Physician's Legislative Effectiveness

Two events illustrated the effect of organized physician activity; the city councils at Wichita Falls, Tex., the home town of Congressman Frank Ikard, a member of the House Ways and Means Committee, and Knoxville, Tenn., the home town of Congressman Howard W. Baker, also a member of the House Ways and Means Committee, passed resolutions in support of the Forand Bill. When information on this was received, the Field Service Division immediately joined the physicians in these areas and mapped out a program which resulted in a reversal of these positions by both city councils.

In Knoxville, the liaison was established by Dr. Charles Smeltzer, who mobilized a citizens group and attended the city council meeting with the result that the commissioners were persuaded to reverse their previous action. The local physicians in the Wichita Falls area were led by Dr. James Little.

While these are only two of scores of effective actions taken, these served to repudiate and neutralize great pressure from labor and tremendously strengthened medicine's cause with the House Ways and Means Committee, and with Congress.

Much that the division does is intangible. It has to do with human relations and therefore cannot be statistically reported. Since this work has been largely in legislation, with the members of a team just getting acquainted with each other, and with the work, the staff has been ever mindful of the vast amount to be learned, and the need to build on successful experiences.

The Field Service Division has learned, in this first full year of operation, that the three legislative representatives of the AMA, and all of the other staff members in the Washington office, can be effective only insofar as the AMA is well organized and active in the field. Likewise, field operations would be severely handicapped if there were not the fine operating group in the Washington office.

The staff has especially learned the need for close teamwork with all divisions and departments of the Association, and with the state and county societies. The power of the informed practicing physician and his lay friends "back home" has been proven. An undertaking of this kind calls for the greatest degree of teamwork between all members of the staff of the AMA, the state medical associations, the county medical societies and the individual practicing physicians. Each must recognize his identity of interest with the other, and with the group, as well.

Throughout the year, this division has recognized its weakness in depth and the need for more concentrated attention to problems and crises which have developed. Each staff member has recommended and urged expansion of the staff so that, in future activities, the Association will have built up a backlog of experience and information necessary to cope with problems as they arise.

The AMA needs greater strength among the opinion-molders and opinion-leaders in each state and community. For each person contacted during the past year, there were countless other contacts which should have been made. In the future, the staff will concentrate on those subjects and in those areas in which the Association in endeavoring to strengthen its over-all public relations as well as in those areas where greater service to the public, through the medical profession, per se, will create a better climate in which to work. The division will especially concentrate on activities to bring about closer team work with all physicians and all components of organized medicine. The staff invites and urges suggestions which will help to make the Field Service Division's over-all activities more effective.

The entire staff of the Field Service Division expresses its gratitude to all the other members of the TEAM, for the cooperation received from every source. The Division is particularly grateful to the officers, to the Board of Trustees, and the management of the Association, for their support.

LEGAL AND SOCIO-ECONOMIC DIVISION

The Legal and Socio-Economic Division was created in February 1960, when the activities of the former Law Division were combined with those of the Department of Economic Research, Department of Investigation, and the Department of Medical Service. Until then, these three departments had been a part of the former Division of Socio-Economic Activities. Shortly thereafter, the Law Department, Legislative Department, Department of Medical Ethics, and Department of Legal Medicine were created within the division and staffed with personnel from the former Law Division. Thus, this report covers the activities of the former Law Division and the seven departments, which now comprise the Legal and Socio-Economic Division.

During the period of this report, the division has continued to operate as the coordinating agency for the legal and legislative activities of the Association. With the reorganization, the division also assumed the administration of the Association's socioeconomic and investigative activities.

The division has continued to provide staff assistance for the Judicial Council, Council on Medical Service and its committees, Council on Constitution and Bylaws, Council on Legislative Activities, Committee on Medicolegal Problems, Medical Disciplinary Committee, Committee on Medical Practices, Committee on Relationships Between Medicine and Allied Health Agencies, and numerous other committees.

As part of its socioeconomic activities, the division will also be responsible for staffing the Commission on the Cost of Medical Care which was established at the Association's annual meeting in Miami Beach, June 1960.

The aim of the Legal and Socio-Economic Division is to develop programs and research projects and to coordinate activities in the fields of law, legislation, socio-economics, medical service, and investigation as they relate to the Association.

FEC
DOCUMENT
SEPARATOR

Ex #63, p.1

AMERICAN MEDICAL ASSOCIATION

PROCEEDINGS OF THE HOUSE OF DELEGATES

26th CLINICAL CONVENTION
CINCINNATI, OHIO
NOVEMBER 26-29, 1972

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ANNUAL REPORTS

JULY 1, 1971 TO JUNE 30, 1972

The House of Delegates received the Annual Reports as Information

The following Annual Reports were submitted to the House of Delegates by the Board of Trustees. Each Division and Department of the AMA was asked to prepare a comprehensive report of its activities from July 1, 1971 to June 30, 1972. These reports contain detailed information regarding the programs and contributions of the Standing Committees of the House as well as Councils, Committees and Commissions of the Board of Trustees and the AMA Education and Research Foundation.

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BOARD OF TRUSTEES

During the past year, in addition to the subjects summarized below, the Board of Trustees considered policy statements on alcoholism and on occupational health programs, as well as reports on infant mortality statistics, national certification of the assistant to the primary care physician, education and utilization of allied health manpower, emergency medical services, availability of health services in rural areas, control of venereal disease, definition of the word "physician," feasibility study of developing cost comparisons between public and private medical care programs, guidelines for compensating physicians for services of physician's assistants, and Project USA. These and others (totalling 51) were submitted to the House of Delegates and will be found in the Proceedings of the November 28-December 1, 1971, and the June 18-22, 1972 Conventions.

Liaison and Affiliations: The AMA continues its membership in the Joint Commission on Accreditatation of Hospitals, the National Association of Blue Shield Plans, U. S. Chamber of Commerce, World Medical Association, National Health Council, Council of Better Business Bureaus, Conference of National Organizations, World Federation of Mental Health, Inter-Agency Council on Smoking and Health, and the American Association of Foundations for Medical Care.

Previously established liaison committees continued their activities with similar committees of the American Hospital Association, American Bar Association, National Medical Association, Association of American Medical Colleges, American Medical Women's Association, Student American Medical Association, and others. Representatives of the AMA have also met or cooperated with the American Association of Medical Assistants, American Association for the Advancement of Science, American Podiatry Association, the National Research Council Division of Medical Sciences, National Society for Medical Research, National Fire Protection Association, and the National Council for Homemaker-Home Health Aide Services. There also were meetings between the Board and representatives of the AMA Woman's Auxiliary, Federation of American Hospitals, American Academy of Family Physicians, American Dental Association, National Association of Blue Shield Plans and other insurance organizations.

Graduate Medical Education: The Board recommended establishment of a Liaison Committee on Graduate Medical Education and a Coordinating Council on Medical Education. The purposes of the LCGME are to consolidate existing accrediting activities in graduate medical education under a single accrediting agency qualified for recognition by the U. S. Commissioner of Education, and to establish a body for supervision and accreditation of graduate medical education comparable to that existing for undergraduate medical education.

The purpose of the Coordinating Council on Medical Education is to supervise and coordinate the activities of the existing Liaison Committee on Medical Education (Undergraduate) and the new Liaison Committee on Graduate Medical Education.

The composition of the Coordinating Council and the Liaison Committee will include representation from five professional organizations involved in graduate medical education (AMA, American Board of Medical Specialties, Association of American Medical Colleges, Council on Medical Specialty Societies, and the American Hospital Association), and from the public and the federal government.

(Board of Trustees)

AMA Membership: In 1970, an intra-Board committee was established to spearhead AMA membership activities with special emphasis on developing new and improved incentives for retention and recruitment of members.

Two new membership benefits recommended by the Board were Group Term Life insurance and Excess Major Medical insurance programs for AMA active members and executive staffs of national, state, local, and specialty organizations. Both programs contain desirable benefits not available to members on such favorable terms through other programs.

Another "first" for the AMA was the mailing of dues statements to non-AMA members, conducted with the support and assistance of the state and county medical societies and the 800 billing agencies throughout the country.

A new membership classification for interns and residents was implemented and Bylaw amendments adopted, and a special recruitment program was directed to physicians qualified for this membership classification.

State Visitation Project: The Board of Trustees initiated a state visitation project as a means of opening up direct communications with AMA members through face-to-face visits at state society annual meetings. The goals of the project are to gain insight into the problems of individual physicians, obtain recommendations on how to overcome these problems, and describe AMA programs and activities. Officer visits are made on invitation from state medical societies. This project is expected to become a continuing activity of the Board.

Quality of Life: The four-day National Congress on the Quality of Life, sponsored by the AMA, brought together for the first time the many disciplines concerned with the quality of children and their mothers. The program, presented in cooperation with 57 other national organizations and agencies, was developed to stimulate interdisciplinary efforts at local, state, and regional levels. As a follow-up to the National Congress, a Seminar on the Quality of Life, held in San Francisco, focused on the problems of adolescence, particularly drug abuse, venereal disease and violence and aggressive behavior. Programs on other aspects of the quality of life are being planned.

Bicentennial Celebration: A program for AMA's participation in the celebration in 1976 of the Bicentennial of the American Revolution and the Declaration of Independence was approved. The program includes inauguration of an annual Benjamin Rush Citizenship Award, inclusion of appropriate material in AMA publications, creation of a special AMA Bicentennial emblem and commemorative medallions, and cooperation with government agencies involved in the celebration. State and county medical societies are encouraged to participate in local bicentennial programs.

Committee on Hypertension: A Committee on Hypertension was established to promote physician understanding and cooperation in a program of hypertension control and to enhance the skills of physicians in the diagnosis and management of the hypertensive person. The Committee will establish liaision with other groups, facilitate studies by medical organizations, and assist in educating the public.

(Board of Trustees)

Advisory Committee on Cancer: The first committee to be established by the AMA on a specific disease, the 10 member Advisory Committee on Cancer will advise the Board of Trustees on developments in research, government supported programs and activities that can be undertaken by the AMA in professional and public education.

Task Force on Hospital Emergency Room Services: Appointed by the Board, the Task Force will study the problem of hospital emergency room services, explore alternatives for providing care to non-emergency patients, and compare the cost, quality and accessibility of medical care provided in emergency departments and private offices. The nine-member Task Force includes representatives of the Board, AMA Councils and Committees, national organizations and others.

Interspecialty Committee: The Board recommended and the House of Delegates approved designation of this Committee as a Council.

Annual and Clinical Conventions: Several changes in the timing of Annual and Clinical Conventions and meetings of the Scientific Assembly for 1973-76, as well as changes in the format of the Conventions, were recommended. The format recommendations are still under consideration by the House of Delegates.

The following places and dates were approved for AMA Conventions:

Annual:	1973	New York
		Scientific Program (June 23-27)
		House of Delegates (June 24-28)
	1974	Chicago, June 23-27
	1975	Atlantic City, June 15-19
	1976	Dallas, June 27-July 1
Clinical:	1972	Cincinnati, November 26-29
	1973	Anaheim
		Scientific Program (Dec. 1-4)
		House of Delegates (Dec. 2-5)
	1974	Portland
		Scientific Program (Nov. 30-Dec.3)
		House of Delegates (Dec. 1-4)
	1975	Honolulu
		Scientific Program (Nov. 30-Dec. 4)
		House of Delegates (Nov. 30-Dec. 3)
	1976	Philadelphia, November 28-December 1

DEPARTMENT OF MEDICINE AND RELIGION

The Department, in cooperation with component society committees, provides opportunities for communication between physicians and clergymen in their efforts to give total care to patients and their families, and to locate and develop viable models of programs in which the professions can work together. To accomplish this task, the Board of Trustees Committee on Medicine and Religion has recommended three major areas of emphasis.

State and County Societies: Through state committees, various programs are carried on to inform physicians and clergy of existing opportunities for discussion about their mutual concerns for the whole man. These committees encourage county societies to engage in this activity on a county or community basis. In this past year, an increasing number of other organizations have sought the cooperation of medicine in co-sponsoring such programs. Many programs have been planned in cooperation with American Cancer Societies, American Heart Associations, Veterans Administration and Military Hospitals, local community hospitals and other institutions. A Department newsletter continues to provide information on the program.

Theological Education: The Department provides consultation and resource material to assist county society committees when working with seminary faculties on programs or courses on medicine and religion. Such programs have been arranged to help seminarians understand their cooperative role in working with physicians in caring for patients. Physicians are involved as faculty or seminar leaders.

Medical Education: Medical schools are encouraged to include medicine and religion as part of their continuing education courses. Medical schools that have such courses report good attendance and deep concern on the part of both professions. More than 100 clergymen are directly involved as faculty members and seminar leaders in medical schools. Postgraduate education departments of medical schools continue to offer programs on medicine and religion.

The AMA Board of Trustees approved the preparation of a book on Human and Religious Values in Medical Practice. Primary readership will be medical students. The editors are Seward Hiltner, Ph. D., and Robert Poole, M. D.

The program during the Annual Convention featured Masters and Johnson who spoke on "Human Sexuality-Family Stability." Four regional workshops were held for state committee chairmen and state society staff members who work with medicine and religion committees.

OFFICERS SERVICES DEPARTMENT

Advising and assisting Officers and Trustees with speaking engagements and press and television contacts is the major responsibility of this Department. Staff members principally serve the President, President-Elect, Immediate Past President and Vice-President. When called upon, the Department also provides services for Trustees and assists other AMA Departments and Divisions in activities involving officers.

The staff assists with much of the correspondence addressed to officers, plans travel itineraries, and assists officers in developing and carrying out projects and programs.

In the past year, emphasis has been placed upon providing even more service to the President-Elect, and in obtaining increased television exposure for officers during their travels. The Department increased its efforts, begun last year, to place officers before large, influential non-physician audiences.

(Officers Services)

Staff also advised and assisted Dr. Hoffman in preparing for the five-week survey of Health care systems in England, Sweden, West Germany and the USSR which he began almost immediately after he took office in June.

OFFICE OF THE GENERAL COUNSEL

This report covers the activities of the Office of the General Counsel, the departments under its jurisdiction, and the following Councils and Committees staffed by the Office: Council on Constitution and Bylaws, Judicial Council, Committee on Quackery, Committee on Medicolegal Problems and the National Conference of Representatives of the AMA-ABA.

The Office continued to function as a central source of information on state legislative proposals and enactments in the medicolegal field. A "State Legislative Roundup" of laws of interest to physicians enacted during 1971 was distributed to state medical societies. Since January 1, all state legislatures except Minnesota, Montana, Nevada, North Carolina, North Dakota, Oregon and Wyoming have been in session. Periodic reports on "Current State Legislation" were distributed. Information on such subjects as abortion, blood transfusions, body donations, chiropractic, consent by minors, immunity for peer review committees, malpractice, physician assistants, reportable acts and diseases, and many other topics was sent to physicians and organizations on request.

Cease and desist letters were written to more than 20 companies and organizations to prevent unauthorized use of the Association's name or copyrighted materials for promotional purposes. Support was given to litigation instituted by individual physicians to contest the equivalency of an AMA-approved internship to an internship approved by the American Osteopathic Association; to contest the regulatory authority of the Secretary of Health, Education, and Welfare under the Medicare Law; and to contest the liability of a physician for the hospitalization costs of a patient.

Council on Constitution and Bylaws: The Council held six meetings during the period and reports were submitted to the House of Delegates at the Annual and Clinical Conventions.

CORPORATE LAW DEPARTMENT

This Department handles all the business law questions of the AMA and AMA-ERF, such as contracts, leases, taxes and insurance. In addition, it advises the membership of general legal developments in the tax area through AMA publications and individual correspondence. Among other activities, the Department negotiated contracts with Boston University Medical School regarding a drug monitoring program; CNA for a group malpractice insurance program; Transworld Feature Syndicate on publication of Today's Health articles abroad; Login Bros. Book Company to distribute AMA Drug Evaluation 1971; Provident Life Insurance Company to set up a group term life and excess major medical program for AMA members; National Institute of Health regarding Physician's Assitants Training Programs; and Blue Shield for sharing computer time. The Department obtained a patent for a device called the Interval Averaging Filter. Legal research memoranda

were prepared on such subjects as sale of land to AMA-ERF, tax status of AMA-ERF, unrelated business income proposed regulations, use of AMA logo in insurance promotion, AMA Employees Pension Plan, effect of wage and price freeze on AMA and physicians, National Health Service Corps, and AMA Members Retirement Plan.

DEPARTMENT OF INVESTIGATION

The Department continued its activities to combat health quackery in general and chiropractic in particular. Collection and dissemination of information on all forms of health quackery again enabled the Department to be the catalyst for enforcement activities. There were these highlights:

1. A federal appellate court permanently enjoined the Diapulse Corporation of America from shipping or selling its Diapulse machines in interstate commerce, and the FDA initiated seizure actions.

2. An ad hoc committee of consultants for review and evaluation of Laetrile (amygdalin), a widely-promoted alleged anti-cancer substance, reports to the FDA Commissioner that it could find "no acceptable evidence of therapeutic effect to justify clinical trials."

3. An AMA news release, warning of the dangers involved in the injection of liquid silicone for female breast augmentation, received nationwide publication.

4. An organized scheme to obtain medical school transcripts of deceased medical school students and graduates, presumably for intended use by medical imposters, was exposed.

5. The attention of the U. S. Postal Inspection Service, the FTC and the FDA was called to numerous quackery promotions, and federal actions were taken in the areas of "spot" reducing, so-called "directory" schemes, aphrodisiacs, face peeling and so-called "rejuvenation" therapies.

6. Extensive materials were supplied to individual physicians, federal and state law enforcement agencies, state and local medical societies, and the news media on a growing number of questionable promotions dealing with mental health.

7. Information was collected on acupuncture and a great number of inquiries on the subject were answered.

Committee on Quackery: In addition to its four regular meetings, the Committee sponsored two Regional Conferences on Health Quackery-Chiropractic and a National Conference on Health Quackery-Chiropractic. Numerous state medical associations have adopted the policy of ending the licensure of chiropractic and at least two have levied special assessments for this purpose. The AMA House of Delegates adopted a resolution calling on each state medical association to seek legislation requiring all applicants for licensure as primary

health care providers to be graduates of schools accredited by an agency recognized by the U. S. Office of Education and the National Commission on Accrediting. State medical associations were supplied materials to assist in this effort. Copies of all state legislation involving chiropractic were supplied periodically to state medical associations. The state associations also received materials to counteract chiropractic attempts to infiltrate comprehensive health planning and to mount an anti-drug, anti-medical profession public relations program.

In the 92nd Congress, the House of Representatives included in the Social Security Amendments a provision for another HEW study of chiropractic where it is a covered Medicaid service to determine whether and what extent it should be included in Medicare. A report is to be made in two years. The Senate Finance Committee announced it planned to include chiropractic in Medicare for "spinal manipulation" only, and provided that standards for chiropractors would be set by the Secretary of HEW. AMA spokesmen appeared before both House and Senate Committees and strongly opposed the inclusion of chiropractic in any form. Extensive materials were supplied all members of Congress.

DEPARTMENT OF MEDICAL ETHICS

In addition to providing staff support to the Judicial Council, this Department provides assistance to state and local medical societites, as well as answering inquiries form individual physicians, the public, various government agencies, and media representatives.

The Department participated in taping of comments on ethical questions for radio and TV; discussed or reviewed articles for numerous public and medical publications; prepared an article on "Blood transfusions and Adult Jehovah Witnesses" for JAMA; conferred with officials of the Kennedy Institute on Bioethics at Georgtown University, and with staff of the Institute of Society, Ethics and the Life Sciences in Hastings-on-the-Hudson. Preparations began for the Fourth National Congress on Medical Ethics (April 26-28, 1973). An expanded program to respond to the accelerating ethical issues facing medicine was initiated.

Judicial Council: The Council held four regular business meetings. The 1972 edition of Opinions and Reports of the Judicial Council was published and has been in great deman. The Council began an in-depth study of ethical issues raised by the advance of medical science and technology. It invited 14 prominent physicians, clergymen, lawyers, theologians and ethicians to serve as consultants as it explores ethical issues in connection with abortion, behavior control, clinical investigation, genetic engineering, mercy death and the technology of reproduction. The Council considered a variety of inquiries from medical societies and members involving ethical issues.

LEGAL RESEARCH

The Department developed and made available to members and to medical societies and their attorneys a variety of informational and instructional materials. Twenty-four issues of The Citation, the newsletter of the Office of the General Counsel, were published and 52 articles were written or reviewed for the "Law and Medicine" section of JAMA.

The Department distributed thousands of copies of the 434 items of medicolegal information available from the Office of the General Counsel. Among the most popular were "Medicolegal Forms with Legal Analysis," "Professional Liability and the Physician," and "The Best of Law and Medicine." Revision of the Medicolegal Forms book was begun. Back issues of The Citation were made available on microfilm through AMS Press, New York City. Liaison was established with the American Arbitration Association.

National Conference of Representatives of AMA and ABA: This organization covers the activity of the AMA Liaison Committee to the American Bar Association and the ABA Committee to Cooperate with AMA. The title and organizational structure was changed to National Conference status. The Conference met twice. It published the Proceedings of the 1971 National Medicolegal Symposium and developed a program for the 1973 National Medicolegal Symposium to be jointly sponsored by AMA and ABA at Las Vegas, Nevada, March 22-25, 1973. The site for the 1975 Symposium is Freeport, Bahamas. The Conference recommended a joint program on the medical and legal aspects of prison reform. A program in this field has been developed.

Committee on Medicolegal Problems: The Committee met twice. A pamphlet, Breath/Alcohol Tests, was published. This pamphlet supplements the book Alcohol and the Impaired Driver, which has been reprinted in a paperback edition. The Committee has undertaken studies of in-hospital patient safety programs, fees for services of hospital house staff, legal rights of physicians to hospital staff privileges, drugs of abuse--test methodology and correlation with impairment, a uniform official medicolegal investigation system, and remedial legislation for professional liability.

Ad Hoc Committee on Blood Grouping Tests for Determinations of Questions on Disputed Paternity: The Committee, which was appointed to cooperate with the Committee on Paternity of the Section on Family Law of the American Bar Association in the development of a model law, recommended that a compilation of data on blood grouping tests be undertaken by AMA.

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT

The Center for Health Services Research and Development has been engaged in a program of conducting and encouraging socioeconomic research on the environment within which medicine is practiced. The Center consists of the Department of Survey Research, the Department of Economic and Social Research, and the Department of Health Systems Research and Evaluation. The research efforts of the three departments seek to: (1) evaluate experimental health care delivery systems; (2) identify cost-effective models for the financing, organization, and delivery of health services; (3) provide AMA with research reports and data to assist in the formulation of its policies; (4) facilitate participation by medical societies in health services research and development; and (5) provide an interface between AMA and other sectors of the health services research community.

Economics of Medical Practice: The Center completed the second year of a three-year collaborative research project with the University of Southern

(Center for HSRD)

California. Early phases of this project were directed toward the development of methodologies and collection of data necessary for the comparative evaluation of the economies of alternative forms of medical practice. The two surveys that have been completed -- one of 2,000 group practices and one of 10,000 physicians -- form a data base.

Data from previous AMA Periodic Surveys of Physicians have been analyzed and papers have been initiated on such subjects as utilization of physicians' services, economic characteristics of medical practice and use of allied health personnel.

Services to Medical and Specialty Societies: Survey assistance and data were provided to 25 county and state medical societies and specialty societies. The Center also provided research and "grantsmanship" services and counsel to 20 medical societies that wished to develop research projects and applications. A Research and Development Information Clearinghouse of medical society research projects was organized to facilitate this program.

Public Affairs Research: An economic analysis was completed of the major proposals for national health insurance being considered in Congress. Staff worked closely with the Legislative Department in providing research support and research papers for the development of testimony by AMA spokesmen to Congressional committees.

The Center also provided research assistance to AMA members of the Health Services Industry Committee of the Price Commission. It developed background material on Phase II Wage and Price Guidelines; a research paper entitled "Measurement and Monitoring of Productivity in Physicians' Practices"; papers on health care quality, costs, manpower, systems, productivity, and price controls, used for briefing of selected members of the Committee; a statement on the effects of price controls on physicians which was presented to the Subcommittee on Non-Institutional Providers.

Survey Research and Assistance: Support was provided to the AMA ad hoc Committee on Membership Opinion Polls. Staff assisted the Committee in designing the questionnaire, directed the mailing to 178,000 physicians, analyzed the responses, and prepared a report on the responses for the 1972 Annual Convention. The Center conducted a survey of a sample of physicians who attended the 1971 Annual Convention. The results have been used to guide decisions on changes in the program and policies of AMA conventions. A program to evaluate each of the elements which make up the AMA physician record data base, including the master file of physicians, was initiated. The Center participated in a study conducted by the Committee to Evaluate the National Center for Health Statistics that evaluated the validity of AMA physician records. The findings show 96 percent validation. Survey assistance and data were provided to other AMA divisions and to seven outside organizations.

Studies of Physicians and Allied Health Manpower: The Center completed the Survey of 1960 Graduates of American Medical Schools (the Weiskotten Study) relating to trends in practice location preferences, initiated a study with Rand Corporation relating to a locational factor study of 1965 graduates of U. S. medical schools, and began a study with Harvard University (working with the U. S. Immigration and Naturalization Service) on graduates of foreign medical schools working in the United States.

Dissemination of Research Findings: The following volumes were published: Resource Material on the Socioeconomic and Business Aspects of Medicine; Computer Assisted Medical Practice--The AMA's Role; Reference Data on Socioeconomic Issues of Health, 1972; Reference Data on the Profile of Medical Practice, 1972; Physician Support Personnel in the 70s--New Concepts; Foreign Medical Graduates in the U. S., 1970; and Medical Groups in the U. S., 1969.

Research findings were presented at ten conferences, committee meetings, and workshops. The Center presented papers at several HEW sponsored national conferences.

The Center worked with health services researchers in a number of universities, including University of Southern California, University of Cincinnati, Yale University, Harvard University, University of Chicago, University of Illinois, Purdue University, University of Florida and University of Wisconsin. Survey assistance and data were provided to 14 universities and medical schools. As a consultant to the National Center for Health Services Research and Development, HEW, the Center reviewed 125 applications for research grants.

DIVISION OF SCIENTIFIC PUBLICATIONS

With the advent of a new printer for JAMA and some of the AMA specialty journals, the Division continued to strive to make its publications more attractive and more useful to readers.

THE JOURNAL

Printing of The Journal of the American Medical Association was transferred to the W. A. Krueger Company, Brookfield, Wisconsin, beginning with the September 5, 1971 issue, when termination of the contract with the McCall Corporation became effective. McCall has been the JAMA printer since the July 7, 1956 edition when the AMA closed down its own presses. Krueger had for some time printed the AMA's Archives of Internal Medicine and American Journal of Diseases of Children. The change in printers has resulted in earlier mailing so that all members receive each issue on or before date of publication, an increase in amount of four-color space available, and an improvement in the reproduction of illustrations as a result of use of the web offset process. The offset process also provides better typography on paper lighter in weight.

Effective January 1, 1972, advertisements were interspersed in the editorial body but without interrupting the continuity of any single communication. Because it was anticipated that there would be objections from libraries and others who bind volumes, a separate advertisement-free edition (the Library Edition) was offered for sale by subscription. However, this edition was discontinued because subscriptions were low and complaints from JAMA readers few.

The number of manuscripts submitted to JAMA increased, giving the editors an opportunity to be selective. For every communication accepted, five or six are rejected. Although the regular Medical Licensure Number of JAMA was discontinued, a summary of important statistical material appeared in the June 19, 1972 issue. Additional statistics will appear in the Education Number in the fall. Medical Licensure information is available from the Division of Medical Education.

(Scientific Publications)

In accordance with the recommendation of the Secretary of Commerce, The Journal began wider use of the metric system. Present policy for JAMA and the specialty journals dictates use of a mixture of metric and nonmetric measurements. Effective in January 1973, JAMA and the specialty journals will publish measurements only in the modified metric system described in "The International Metric System and Medicine," JAMA 218:723-726, 1971.

SPECIALTY JOURNALS

Fred Plum, M. D., New York City, succeeded H. Houston Merritt, M. D., who had reached maximum tenure, as Chief Editor of Archives of Neurology, on January 1, 1972.

Five specialty journals are now published in the large size (8 x 11"): American Journal of Diseases of Children, Archives of Dermatology, Archives of General Psychiatry, Archives of Internal Medicine and Archives of Surgery. Interspersed advertising has been introduced in the editorial body of all except AJDC. Advertising will appear in the body of AJDC beginning with the July 1972 issue.

OTHER PUBLICATIONS

The fifth edition of the Stylebook/Editorial Manual of the AMA appeared in August 1971. It represents a substantial revision.

DIVISION OF SCIENTIFIC ACTIVITIES

The Division of Scientific Activities for several years has comprised seven departments and the Division Office. It was responsible for staffing six councils and 18 committees of the Association. Effective June 1, 1972, the Department of Health Education was transferred to the Division, bringing an additional council and six committees. This transfer was effected to bring health education closer to the general field of public health.

The Division Office provides secretaries for the following committees: Advisory Committee on Medical Science, Advisory Committee on Cancer, Advisory Committee on Hypertension, Committee on Maternal and Child Care, Committee on Transfusion and Transplantation, ad hoc Committee on Human Sexuality and several internal committees of the Board of Trustees and the AMA-ERF.

Advisory Committee on Medical Science: This Committee advises the Board of Trustees on a wide range of scientific problems. During 1971-72, the Committee considered and advised the Board on the establishment of the National Cancer Institute and on new activities in the screening and treatment of hypertension.

Advisory Committee on Cancer: This Committee, appointed in 1972, held its first meeting in May. A large part of the Committee's activities will be directed toward advising the Board of Trustees of developments in the new National Cancer Institute and other related federal activities.

Advisory Committee on Hypertension: This Committee was only recently appointed and is expected to hold its first meeting in the near future.

Committee on Maternal and Child Care: During the past three years the Committee has studied the problems inherent in comparisons of international statistics on infant mortality. A report on the subject was adopted by the House of Delegates at the 1971 Clinical Convention. The Committee is engaged in the development of an "Action Guide for State and Local Committees on Maternal and Child Care" which will provide direction and advice on organizing with other community groups. Publication is expected by the end of the year.

Committee on Transfusion and Transplantation: Problems in blood banking recently have become a matter of national concern. This Committee has undertaken a nationwide survey of blood banks. The results of the survey will be published in the near future and will provide the basis for a new publication, 1972 Directory of Blood Banking and Transfusion Facilities and Services. The Committee has also reported on legislation proposed to facilitate the procurement of high quality blood. The Committee is revising its publication, General Principles of Blood Transfusion; more than 20,000 copies of the present edition have been distributed.

Committee on Human Sexuality: This Committee was appointed to produce a book for the practicing physician who might be called on to function as a family counselor. Interns, residents, medical students, clergymen, marriage counselors, social workers, and health educators are also expected to be interested in the publication. The book, titled Human Sexuality, is scheduled for release in September 1972.

DEPARTMENT OF SCIENTIFIC ASSEMBLY

Clinical Convention, New Orleans, November 28-December 1, 1971: There were 18 half-day sessions, with three presented simultaneously. While total physician attendance of 2,897 was somewhat lower than last year, the meetings were better attended. There was a capacity attendance at all three postgraduate courses. Results of a questionnaire indicate that 9.3 percent of physicians taking courses believed the material would be of practical value in their practices. A registration fee of $25.00 was charged for courses.

AMA Annual Convention, San Francisco, California, June 18-22, 1972: Physician registration was 11,062. The scientific program was well attended. Representatives of the 24 newly organized section councils developed the program. There were 61 half-day sessions with more than 400 speakers. Funds were appropriated for payment of travel expenses for speakers who needed assistance. The Bylaws were changed this year to permit non-members to participate in the scientific program at AMA conventions. For the first time, seven courses were offered at an Annual Convention, most of which were sold out by June 1. There was a registration fee of $25.00 and a syllabus for home study was offered to each registrant.

The Scientific Awards Dinner was addressed by William Lukash, M. D., White House physician. AMA awards were presented to William B. Kouwenhoven, Scientific Achievement Award; Mac F. Cahal, J. D., Citation of a Layman; and Milton Helpern, M. D., Distinguished Service Award.

(Scientific Activities)

Scientific Exhibits: Special Exhibits initiated by the Council on Scientific Assembly attracted "standing room only" audiences in San Francisco. Because of their popularity, the Special Exhibits are being expanded to take a larger role in the two conventions. Education exhibits sponsored by industrial exhibitors were incorporated in the Annual Convention as a pilot project and will be continued at future conventions. An unusually large number of scientific exhibit applications were received; of 404 applications, there was space for only 250 exhibits. Total attendance at the motion picture program was more than 5,500 in San Francisco. Three symposia augmenting the films also attracted large audiences.

Medical Motion Pictures: The film library now contains 4,200 prints of 500 subjects. Bookings of films last year were 23,231, an increase of 2,000 over the previous year. A revised catalog of these films was published. More than 6,000 requests were processed for information regarding medical and health films available from AMA and other sources. The film Pre-Eclampsia-Eclampsia, sponsored by the AMA and the American College of Obstetricians and Gynecologists, was premiered at the ACOG meeting in May. Staff also served at several film festivals in this country, helped in the selection of films for international festivals, and arranged film programs for the AMA Annual and Clinical Conventions.

DEPARTMENT OF MEDICAL INSTRUMENTATION

The Department of Medical Instrumentation has been concerned with the collection of data and the provision of information to the profession and the public on medical devices, computers in diagnosis and treatment, ionizing radiation, medical device standards, device safety and efficacy and consideration of regulatory and legislative proposals in these areas. In addition, it has served to coordinate AMA staff activities in the field of rehabilitation.

The book AMA Guides to the Evaluation of Permanent Impairment was published and more than 5,000 copies were sold. The Department prepared a report on an adaptation for medical use of the new International Metric System. This was published in JAMA November 1, 1971. Work was begun on the updating of the booklet Survey of State Medical Association Committees Concerned with Rehabilitation. Approximately 1,000 copies of the earlier Survey were distributed.

A new exhibit, "Engineering-Medicine-Physics," explaining the basic sciences and their relation to patient safety, was shown at the AMA and other conventions during the year.

DEPARTMENT OF FOODS AND NUTRITION

The Goldberger Award in Clinical Nutrition was given to George G. Graham, M. D., for major contributions in pediatric nutrition. Fifteen medical students were awarded research fellowships in honor of the Goldberger Award recipient. The AMA Lectures in Medical Science were given at 83 colleges by 15 lecturers. This program presents AMA on campus to tell medicine's story in the medical sciences and of the health profession as a career.

The third Western Hemisphere Nutrition Congress was held in August 1971 in Florida. More than seven hundred scientists attended from 28 countries with

about 30 percent of the audience being physicians. The book reporting the Congress was published in April. Tapes are available from a closed-circuit TV program.

The Council on Foods and Nutrition, with the AMA Food Industry Liaison Commitee, held a number of resource conferences and symposia exploring food fads and cultism and buying patterns and food habits as nutritional determinants. Reports are in press. The Committee continues its exploration of the nutritive value and microbial safety of processed foods. The Council sponsored a three-day conference on the safety and nutritional composition of solutions and delivery systems used in total parenteral nutrition. The first of two volumes reporting the papers and conference deliberations has been published. A Council committee will continue working in this important area.

The Council worked closely with the FDA on such subjects as bread and flour enrichment, nutritional labeling, identification and labeling of fats, protein quality and amino acid supplementation, and guidelines for improving the nutritive quality of foods.

DEPARTMENT OF DRUGS

Council on Drugs: The first edition of AMA-Drug Evaluations has been received by 230,000 physicians (free distribution to AMA members plus sales) making it the most widely circulated single edition of a medical text ever published. Unsolicited comments plus replies to an AMA questionnaire indicate a favorable acceptance by physicians. The principal activity of the Council has been a revision of the book, scheduled to be published in 1973.

Council statements and articles in JAMA included six evaluations of new drugs, 12 listings of new non-proprietary names adopted by the USAN Council, one authored report on drug utilization, and three editorials. In addition, two new editions of the nomenclature print-out were published.

The Council met three times. It also met jointly with the Drug Research Board of the National Academy of Science-National Research Council in Washington, D. C. The ad hoc Committee on Drug Evaluations met five times to review the second edition of AMA-DE.

Committee on Cutaneous Health and Cosmetics: The Committee met twice. Representatives of various consumer groups participated in a session on consumers and cosmetics; industry representatives participated in a session on safety and effectiveness of hexachlorophene, and a representative of the AMA Legislative Department participated in a session on potential AMA proposals relative to federal cosmetic legislation. Committee-sponsored publications included an expanded edition of the book The Look You Like, two articles and one editorial in JAMA, one article in The Journal of the American Medical Women's Association, three new pamphlets and six revised pamphlets.

The Department maintained liaison with many government agencies and medical and scientific associations, answered 4,500 inquiries from physicians and the public (1,000 of which involved literature searches), mailed 14,725 reprints and 32,800 pamphlets, and staffed six separate exhibits variously at 12 meetings.

(Scientific Activities)

DEPARTMENT OF ENVIRONMENTAL, PUBLIC, AND OCCUPATIONAL HEALTH

The Department of Environmental, Public, and Occupational Health continues its combined activities in these related fields and continues to provide staff for the Council on Environmental and Public Health, the Council on Occupational Health and its Committees on Occupational Toxicology, Aerospace Medicine, and Mental Health in Industry.

Environmental Health: Liaison was maintained with the Environmental Protection Agency, the Council on Environmental Quality and other governmental and non-governmental agencies. Particularly close liaison has been maintained with the Center for Disease Control.

The Ninth Annual Congress on Environmental Health was held in Los Angeles in April. It featured "Human Habitat and Health." The 1972 Air Pollution Medical Research Conference will be held in Chicago October 2-3, 1972. The 1973 Congress on Environmental Health will be held in Chicago April 30-May 1, and will be devoted to "Energy Use and Power Policy."

The Council on Environmental and Public Health has continued its regional meetings for representatives from medical societies, state health departments, state environmental protection agencies, and regional and federal governmental agencies. The previously bi-monthly newsletter, Environmental and Public Health News, has been published on a monthly basis this year. The Department has printed a revised list of films that deal with problems of the environment. Physician's Guides to Air, Water, and Noise Pollution have been prepared as well as a statement on "Air Pollution Episodes."

Occupational Health: The Council on Occupational Health sponsored its 31st Congress on Occupational Health in Grand Teton National Park, Wyoming, in August 1971. The 32nd Annual Congress is scheduled for Chicago, September 11-12, 1972. The Council published a revised version of "Scope, Objectives, and Functions of Occupational Health Programs," and a "Physician's Guide to the Occupational Safety and Health Act of 1970."

The Committee on Occupational Toxicology published an editorial in JAMA on microwave ovens and sponsored a statement on "Prevention and Management of Organophosphate Poisoning" (JAMA 6-28-71). A monograph on "Hazards of Farming and Gardening" will be published in booklet form. The Committee has offered its expertise to the National Institute of Occupational Safety and Health in conncection with the establishment of exposure standards for toxic chemical and physical agents.

The Committee on Aerospace Medicine is in frequent communication with NASA and the FAA. The Committee is considering such problems as medical disaster planning for aircraft crashes, the age 60 retirement rule for commercial pilots, a proposed airport medical design guide, and changes in medical certification of commercial pilots and air traffic controllers.

The Joint Committee on Mental Health in Industry is developing statements on "Behavioral Aspects of Accidents" and "Liaison Between Psychiatrists and Occupational Physicians." A statement on "Sensitivity Training Groups in Industry," presented at the 31st Annual Congress on Occupational Health, is in preparation for publication.

OFFICE OF CURRENT MEDICAL TERMINOLOGY

Current Procedural Terminology (CPT), third edition, will include the addition of approximately 500 terms and related definitions for "new" procedures, an expanded index, and printed format. The book is computer oriented for statistical applications and peer review. The "5" digit coding system will be retained. Publication is anticipated for November 1972.

Current Medical Information and Terminology (CMIT), fifth edition will include additional preferred terms and definitions of diseases and/or conditions and approximately 200 undiagnosed symptoms. These terms and/or manifestations will be identified by "4" digit random numbers. In addition, about 2,000 citations will be coded to indicate the exact parts of the body or organs involved. Publication is anticipated for January 1974.

DEPARTMENT OF MENTAL HEALTH

Council on Mental Health: The 17th Annual Conference of State Mental Health Representatives was held in September. In April, the 18th Annual Conference of State Mental Health Representatives met on the subject of "The Medical Society and Drug Abuse: Challenge and Response." The Council also prepared a statement on "Medical School Education on Abuse of Alcohol and Other Psychoactive Drugs" and letters were sent to deans of medical schools and heads of certain departments urging them to give attention to problems of alcoholism and drug abuse in medical school curricula.

Committee on Alcoholism and Drug Dependence: Members of the Committee testified on behalf of the AMA before several Congressional committees on the subject of drug abuse and dependence. A JAMA editorial enlarged upon the meaning of "accepted medical practice" in methadone maintenance programs.

The Committee and Council published statements on "Narcotics and Medical Practice: Medical Use of Morphine and Morphine-like Drugs and Management of Persons Dependent on Them," "Oral Methadone Maintenance Techniques in the Management of Morphine-Type Depedence," and "Treatment of Morphine-Type Dependence by Withdrawal Methods." A booklet Drinking and Driving was published in conjunction with the Committee on the Medical Aspects of Automotive Safety. The booklet Drug Dependence: A Guide for Physicians is being revised, as is the pamphlet The Crutch that Cripples.

Liaison continued with state medical societies and other agencies and organizations on problems related to mental health, drug abuse, alcoholism and mental retardation. Two exhibits, one on alcoholism and one on drug dependence, have been displayed at medical meetings.

DIVISION OF MEDICAL EDUCATION

Five new medical schools accepted their first classes in the fall of 1971, bringing the number with medical students enrolled to 108. "Essentials" were approved by the House of Delegates for five new allied health occupations, bringing to 21 the number of occupations for which the Council on Medical Education

has educational program accreditation responsibilities. A record number of 87 institutions or organizations were accredited for their continuing education programs. In graduate education the greatest growth was in the area of family practice, where the number of positions in approved programs more than doubled in 1971-72.

Establishment of a new Liaison Committee for Graduate Medical Education and a Coordinating Council for Medical Education was ratified by five major medical organizations. The Division will have primary staff responsibility for the activities of both the Liaison Committee and the Coordinating Council.

Publications and Reports: The Division is responsible for five major annual reports. Three of these are feature issues of JAMA: The Medical Education Number, Medical Licensure Number and Continuing Education Number. Also published were the 44th edition of the Directory of Approved Internships and Residencies, and the third edition of the Allied Medical Education Directory. A special publication was the Compendium of Military Allied Medical Education. Newsletters in Allied Health Education and Continuing Medical Education were published monthly and distributed to separate circulation lists of about 4,000 each.

The 68th Annual Congress on Medical Education was held in Chicago in February. It was attended by 1,653 physicians, educators, hospital and other medical administrators, and representatives of state licensing bodies.

DEPARTMENT OF ALLIED MEDICAL PROFESSIONS AND SERVICES

The House of Delegates adopted "Essentials" for the approval of educational programs for the assistant to the primary care physician, medical assistant in pediatrics, medical laboratory technician, specialist in blood banking technology, and urologic physician's assistant. A revision of the "Essentials" for respiratory therapists and respiratory therapy technicians was also approved. "Essentials" are in various stages of development and organizational ratification for several other allied medical occupations, including electroencephalographic technologists and operating room technicians.

The Department staffs the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician, which is co-sponsored by the American College of Physicians, American Academy of Family Physicians, American Society of Internal Medicine and American Academy of Pediatrics. With the financial support of an HEW contract, review of physician's assistant educational programs is well under way. As of July 1, 20 such programs had been evaluated and the educational programs recommended for approval will be considered by the Council on Medical Education in September.

The Department has increased its participation in surveys of educational programs. Publication activities have also increased substantially: 10,000 copies of the 1972 edition of the Allied Medical Education Directory have been printed; 500 copies of a Compendium of Military Allied Medical Education were distributed within six weeks.

The Council on Medical Education has approved 2,600 educational programs for allied medical occupations, and the Department maintains the basic infor-

mation on these and other allied health education activities in a National Information Center on Allied Medical Education.

DEPARTMENT OF CONTINUING MEDICAL EDUCATION

Eighty-seven institutions or organizations were granted accreditation by the Council on Medical Education after review by the Advisory Committee on Continuing Medical Education. On June 30, 1972, there were 167 accredited institutions -- 62 medical schools, 53 hospitals, 28 specialty societies and 24 others, including medical societies, voluntary health and governmental agencies, etc. The list of "Continuing Education Courses for Physicians" include 2,082 courses offered by 578 institutions and organizations.

The AMA Physician's Recognition Award has completed its first three-year cycle. During this time 28,404 physicians qualified for the Award, of whom about 50 percent were in residency training programs. Revision of the criteria for the award will give added emphasis to the AMA accreditation program; give credit for the kinds of continuing medical education activities which most physicians carry out in keeping up-to-date; increase the kinds of activities that are creditable and encourage participation in new and innovative methods.

Five state medical societies now require continuing medical education as a condition of membership. They are Arizona, Massachusetts, New Jersey, Oregon and Pennsylvania. Three states -- Kansas, New Jersey and New Mexico -- have permissive legislation giving their medical licensing agency authority to require continuing medical education as a condition for re-registration of the license to practice. New Mexico is the only state implementing this provision of their law.

A Self-Assessment Resource Center is being established by the Department and will be operated jointly with the Center for Educational Development of the University of Illinois School of Medicine. The Continuing Medical Education Newsletter has a mailing list of about 3,300. The third National Conference of State Medical Association Representatives on Continuing Medical Education will be held in Chicago October 24-26, 1972.

Thirty-one state medical societies have expressed an interest in carrying out accreditation programs at the state level. Five state medical associations have had their accreditation programs approved by the Council, and one state association is implementing its program. Plans for an institute on the status and future of continuing medical education in the U. S. are being developed by a subcommittee of the Advisory Committee on Continuing Medical Education. The Institute will be sponsored by the American Medical Association and the Association of American Medical Colleges. The Department is also working with plans for a proposed data system that would utilize a name-imprinted card for automating the recording of continuing medical education activities.

DEPARTMENT OF GRADUATE MEDICAL EDUCATION

A Liaison Committee on Graduate Medical Education was established. Representatives include the AMA, the American Board of Medical Specialties, the Association of American Medical Colleges, the Committee on Medical Specialty Societies and the American Hospital Association. The Committee will also have

representation from the public and the federal government. Its purpose is to provide a single accrediting agency that will take formal actions recommended by the several residency review committees and that will be eligible for recognition by the U. S. Office of Education. It will have a supervisory and coordinative function analogous to that of the Liaison Committee for Undergraduate Medical Education. In addition, a Coordinating Council on Medical Education is being established to recommend policy changes to its five constituent parent organizations (same as above). It will supervise and coordinate the activities of the two Liaison Committees. The establishment of these bodies is expected to fulfill the recommendation of the report of the Citizens Commission on Graduate Medical Education (1966) for a "Commission on Medical Education."

Following the establishment of the American Board of Nuclear Medicine as a conjoint board, questions were raised concerning the right of component boards to subcertify in certain specific areas of the specialty. The Council developed a compromise solution that was accepted by the House at the 1972 Annual Convention.

A "fifth pathway" was established so that American citizens who have successfully completed the didactic portion of medical training in a foreign medical school may enter the American sequence of graduate medical education without having to complete the foreign country's requirements for "internship" and social service. The detailed policy statement of the Council on Medical Education was adopted on June 23, 1971. Twelve U. S. medical schools are actively sponsoring such programs, and a number others have indicated their interest.

During the year, a Residency Review Committee for Pathology was established, representing the Council and the American Board of Pathology. The Council approved a new guide for residency programs in psychiatry and neurology, as well as a revised guide for general surgery. Added to the list of Boards now examining osteopathic graduates for certification is that for otolaryngology. The Council's recommendation that osteopaths not be required to serve an AMA-approved internship, if the specialty board in that field does not require it for certification, was adopted by the House.

The Council's Advisory Committee on Graduate Medical Education had a key role in the report adopted by the House on the problem of the use of patients for the teaching of medical students, interns and residents. A subcommittee of the Adivosry Committee is establishing liaison with other interested groups regarding the cost of graduate medical education. The Department is working with the Division of Medical Practice to develop means whereby directors of residency programs may obtain guidance and counsel in strengthening their programs.

Residencies in family practice continue to grow in number and size, the number of occupied positions having more than doubled between September 1970 and September 1971. Some 1,900 positions will be offered in 1972-73.

DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

A major portion of the activities of the Department continues to involve the accreditation of medical schools. In this activity, the American Medical Association works with the Association of American Medical Colleges through the Liaison Committee on Medical Education. During the past year, there were formal accreditation surveys of 32 medical schools, including four Canadian schools.

Fourteen of the surveys, including one Canadian, were of new medical schools that had not yet graduated their first students. In half of the surveys, the secretary of the survey team was a member of the AMA staff. The Department also made numerous visits to groups considering the establishment of new medical schools.

During the past year it was necessary to respond to a charge filed with the Office of Education that there was discrimination against the admission of women to medical schools, and also to comment on proposed guidelines to be issued by the Office of Education covering the criteria to be followed by the Office in recognizing official accrediting agencies. The Liaison Committee investigated the eligibility of various medical schools for construction and operating funds and provided assurance to the federal government.

Changes have been occurring in all phases of medical education. This has called for revision of the document Functions and Structure of a Modern Medical School and its companion document dealing with schools of the basic medical sciences. These two documents outline the principles that should govern the establishment of such schools. The Advisory Committee on Undergraduate Medical Education met four times during the year.

The year saw a dramatic increase in the number of applications for medical school admission. Many of the unsuccessful applicants are studying medicine abroad and wish to return to this country to practice. Considerable effort has been devoted to the development of a program to facilitate the entrance of these people into medical practice in this country and still provide assurance of their competence. Work continued on Project Talent, a study of students enrolled in high school in 1960, which is expected to yield significant information about the factors leading to interest in medicine and to success in the study of medicine and in medical practice.

DEPARTMENT OF INTERNATIONAL MEDICINE

The National Council for International Health was introduced at the fifth AMA Conference on International Health in September and has had four meetings. The National Council was organized through the initial efforts of the AMA and is providing a medium for regular contact, information exchange, consensus development and coordination of effort of the many otherwise unrelated U. S. agencies and organizations working in the international health field. The National Council is attempting to bring into being a General Assembly of International Health Agencies.

Vietnam Medical School: The AMA's Medical Education Project in the Medical School of the University of Saigon, funded by the Agency for International Development, is in its sixth year. Fifteen U. S. medical schools participate and provide 19 counterpart departments. There have been 54 long-term (one to three years) and 80 short-term U. S. staff personnel working on this program in Saigon. Twenty-one Vietnamese faculty have returned to Vietnam after receiving advanced training in the U. S., 16 are in training in the U. S., and 30 are currently receiving graduate training under the program in Saigon. In July 1972, the project is sponsoring a colloquium in Saigon to consider future plans for modern medical education in developing countries. Participating, in addition to U. S. and Vietnamese faculty members in Saigon, will be six or eight educators from other countires who are experienced in both health care delivery problems and medical education.

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Volunteer Physicians for Vietnam: Physician volunteers continue to be recruited under a contract with the Agency for International Development. In view of the continued decline in military activity in this area, recruitment objectives have been reduced from 32 to an effort which envisions maintaining an average of 14 American physicians in Vietnam in 1972-73. The physicians have been assigned to provincial or prefectural hospitals, the medical school or other medical care facilities where they provide technical services in the field of surgical and medical care for Vietnamese civilian casualties as well as other patients, assist in upgrading the existing national health services, train and advise the Vietnamese who act as their counterparts, and teach Vietnamese medical students.

The Department maintained liaison with the World Medical Association, the World Health Organization, agencies of the U. S. government and foundations, voluntary agencies and other professional organizations with international health activities. Guidance and support were extended to the Student American Medical Association programs in international health. The Department assists in a program sponsoring or co-sponsoring medical meetings outside of the United States. These will involve the faculties of medical schools and the staffs of research institutes throughout the world. The first of these International Health Conferences will be held in Tel Aviv, Israel, February 21-March 6, 1973, co-sponsored by the AMA with the Weizmann Institute of Science in cooperation with the Tel Aviv University Medical School and the Hebrew University-Hadassah Medical School.

The Department continued to publish the International Health Bulletin on a quarterly basis. It acted as host to foreign physicians and dignitaries visiting the AMA and AMA meetings. Staff assisted the Committee on International Health and the AMA delegates to the World Medical Association. Under the Doctor-to-Doctor Program, many physicians in developing countries were matched with American physicians who indicated their willingness to contribute current journals. Assistance to American medical missionaries continued, primarily through arrangements for the complimentary distribution of medical journals and textbooks.

DIVISION OF MEDICAL PRACTICE

The Division focused on the organization, delivery, and financing of health care.

New Projects: The Division developed a national health insurance claim form, developed a program for a series of ten regional conferences to provide training for medical directors and administrators of long-term care facilities; conducted an audio survey on medical practice productivity; and established the National Joint Practice Commission between medicine and nursing. The Division surveyed local jails and prisons and laid the groundwork for a program to stimulate improvement of medical and health care services in the nation's prisons and jails; created a "Project USA" under an AMA contract with the U. S. Public Health Service to secure physicians on a short-term basis for areas already designated as critically short of health manpower and where National Health Service Corps programs have been established; developed a training program on management for interns and residents.

Meeting Membership and Public Demands with Publications: In addition to the conferences, meetings and workshops, communications techniques used during the year were pamphlets, reports and newsletters. Included were Contract Practice--Health Maintenance Organizations as Seen by the AMA, Guidelines for Community Health Programs, Role of the Physician in Disaster Medicine, Statement on Multiphasic Health Testing, Categorization of Hospital Emergency Capabilities, Guide for Program Planning--Emergency Medical Service Technician, What to Look for in a Nursing Home, Retirement: A Medical Philosophy and Approach, and a major position paper on "Education and Utilization of Allied Health Manpower," prepared jointly with the Division of Medical Education.

Publications revised and reprinted were the Informational Bulletin on the Physician's Assistant, 15,100 copies of which were distributed in the report period; Health Care Delivery in Rural Areas--Selected Models, 20,000 copies distributed; the Peer Review Manual; and Group Practice: Guidelines to Joining or Forming a Medical Group, 25,000 copies distibuted. A new monthly newsletter, Emergency Medicine Today, was issued and two other newsletters continue to have a big circulation, Medical Staff-in-Action and Perspectives...in Long-Term Care.

Unique Conferences: During the year Division strove to present conferences and symposia that would have greater appeal. The sixth National Congress on the Socioeconomics of Health Care on "Health Services in the 70's," featured early and long forenoon sessions, thus allowing free afternoons for conferees to meet for informal discussion, and instead of proceedings, a tape cassette of highlights was produced by the Communications Division. Two conferences, one on "The Stroke Patient in the Long-Term Care Facility" and one on the "Distribution of Health Manpower," were geared to specialized audiences.

Committee on Computer Systems in Medicine: The attention of the Committee was divided between meetings on the revision of Current Procedural Terminology and site visits to computer processed programs under medical direction or sponsorship. The Committee met with representatives of selected specialty societies and of the Department of HEW in an effort to reach agreement on an authoritative listing of medical and surigcal procedures. An Editorial Board for Current Procedural Terminology will be advisory to the Committee in the development of the third edition of CPT.

Council on Medical Service: The Council reported to the House of Delegates on a glossary of terms relating to peer review; the many methods of health care delivery based on information obtained from site visits to 30 community health programs; the active involvement of physicians in community health planning; the strictures that would be placed on the practice of medicine by the passage of Professional Standards Review Organizations legislation; the 1971 White House Conference on Aging; the adoption by state legislative bodies of certification of need legislation; the variations encountered in assessing medical care and in developing national clinical criteria for use in peer evaluation of services; the changes in Medicare directives concerning coverage of care in rehabilitation facilities; the changes made or proposed to expand the program of veterans' medical care.

The Council reported to the Board of Trustees its support of non-discriminatory coverage by insurance carriers for alcoholism and drug dependence; on activities regarding problems resulting from "retroactive denials" by Medicare

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carriers of payment for institutional care; on national health insurance; on free-standing ambulatory surgical care facilities; on a study of the cost of hospital services; and on guidelines for compensating physicians for services of physicians' assistants.

The Council sponsored the Sixth National Congress on the Socioeconomics of Health Care which dealt with "Health Services in the 70's: The Mix of Health Care Financing, Structure of Health Care Delivery, and Meeting the Challenge to Improved Services."

The Council reorganized its Committee structure so that the Committee on Aging and the Committee on Health Care of the Poor would have equal status with other committees.

Committee on Aging: The Committee provided leadership for physician delegates to the 1971 White House Conference on Aging. Prior to the Conference the Committee sponsored a meeting to provide physician-delegates an opportunity to exchange ideas concerning ways of improving and maintaining the health of the aging. A report, "1971 White House Conference on Aging," adopted by the House of Delegates in June 1972, urged that the nation's physicians take an active part in developing and implementing community projects designed to meet the needs of the elderly.

The Committee sponsored programs of continuing education for physicians to assist them in providing leadership and support for a multidisciplinary approach to the health needs of the elderly. A Conference on "The Stroke Patient in the Long-Term Care Facility" was held in conjunction with the AMA Annual Convention. The Committee, through its representation on a "Steering Committee of National Voluntary Organizations," cooperated in developing a national program for services to older people in their places of residence.

Committee on Community Health Care: The Committee developed three major policy statements that were approved by the House of Delegates: "Community Health Delivery Program," "Statement on Health Planning," and "Statement on Multiphasic Health Testing." It participated in reports dealing with ambulatory surgical centers and certification of need legislation.

The Committee commented on several legislative proposals, including extension of the Office of Economic Opportunity programs, health maintenance organizations (contract practice) development, a federal cabinet-level department of health, expansion of heart disease programs, and other experimental health care programs.

The Committee participated in an Agency Improvement Program on Comprehensive Health Planning. Visits were made to several areawide health planning agencies.

Committee on Government Medical Services: The Committee met with representatives of the Office for Civilian Health and Medical Program, Uniformed Services and the Department of Defense to discuss the program for servicemen's dependents and retired personnel. With representatives of the Social Security Administration's Bureau of Disability Insurance, it reviewed the disability program and the program for benefits for coal miners. It met with staff of HEW's Social and Rehabilitation Service at the Regional Office level, with

midwestern state medical association representatives to discuss Medicaid problems and with officials of the National Health Service Corps of the Health Services and Mental Health Administration to discuss the development of that program.

In a continuing review of proposals for contract practice-health maintenance organizations, the Committee met with officials of the Federal HMO Service, and with representatives of existing and planning-stage prepaid group practice plans interested in the HMO concept. It met with representatives of the Veterans Administration and began a review of VA expansion and of pertinent AMA policies.

Committee on Health Care Financing: Subcommittees were appointed to meet with representatives of the Health Insurance Council on the subject of confidentiality in claims processing and to examine the feasibility of a single national health insurance claim form. The Committee approved new definitions for peer review terms and prepared a report on "Health Insurance Coverage for Psychiatric Illness, Including Alcoholism and Drug Abuse."

The Committee reviewed and commented on a paper of 16 cost-control steps recommended by the National Association of Blue Shield Plans and the Blue Cross Association to be implemented under their Federal Employee Program. The Committee participated in an Invitational Conference on the Efficient Use of Health Care Services, held in January under the joint sponsorship of the AMA, American Hospital Association, Blue Cross Association and National Association of Blue Shield Plans.

Committee on Health Care of the Poor: The Committee held three meetings during its first full year as a standing committee of the Council on Medical Service. It met with representatives of Cleveland's inner-city poor and the Spanish-speaking migrant agricultural workers from the Lower Rio Grande Valley in Texas. The Committee met with persons from a variety of agencies and professions representing medicine, education, social services, economics, transportation, employment and manpower, and government to learn of the health-related needs of the inner-city poor and the migrant poor. It worked closely with the 23 state and 29 county medical associations that have established committees concerned with health care of the poor.

In cooperation with the Communications Division, the Committee developed a 28-minute film on the migrant agricultural worker entitled Instead of El Dorado. The film was shown on closed-circuit television at the Annual Convention and has been distributed to educational television stations and medical societies.

Committee on Private Practice: The Committee reported on "PSRO and the Principles of Delivery of Quality Medical Care" and continued its work on the revision of the 1964 Report on Physician-Hospital Relations. It provided guidance for a projected AMA program to assist physicians in the improvement of their office practices. Liaison was established with the Council on Medical Education to bring about greater assistance for medical staffs of community hospitals in conducting intern and resident training programs. Liaison was continued with the Association of American Physicians and Surgeons, the Congress of County Medical Societies, the Student American Medical Association, state medical association committees on private practice, and with other organizations interested in furthering the goals of private practice. Liaison was arranged with the Federation of American Hospitals.

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Joint Liaison Committee of American Association of Medical Clinics, American Medical Association, Medical Group Management Association: The Committee met twice during the year. It reviewed clinic participation in the SAMA-MECO program. The Committee reported to the Judicial Council that reasonable restrictive covenants may be particularly beneficial for group practice.

The booklet Group Practice: Guidelines to Joining or Forming a Medical Group was reprinted. Almost 25,000 copies were distributed between January 1971 and June 1972. The Committee continued its study of various legislative proposals affecting group practice. Also considered were peer review programs within group practice, the accreditation program of the American Association of Medical Clinics, various methods of reducing malpractice claims and professional liability insurance programs.

DEPARTMENT OF COMMUNITY HEALTH

This Department provides staff suport to the Board of Trustees' Commission on Emergency Medical Services and the Committee on Community Emergency Services, as well as three committees of the Council on Medical Service: Committee on Community Health Care, Committee on Health Care of the Poor, and Joint Liaison Committee of the American Association of Medical Clinics, American Medical Association and the Medical Group Management Association. Staff support was provided to the Board's ad hoc Task Force on Hospital Emergency Department Services.

A new newsletter, Emergency Medicine Today, was begun on a periodic basis. Three publications met with overwhelming acceptance: Guidelines for Community Health Programs, Role of the Physician in Disaster Medicine, and the Statement on Multiphasic Health Testing.

The Department provided on-site visits to and consultation with medical societies requesting advice and assistance in developing health service programs. Two AMA-sponsored projects in Washington State and in the East Harlem Triangle section of New York City were visited. A final report was prepared on the East Harlem Project. Liaison was maintained with other public and private organizations with activities related to community health delivery programs. Staff provided consultation and assistance and made presentations to student classes at Northwestern University, the Illinois Institute of Technology, and the University of Illinois at the medical center.

Commission on Emergency Medical Services: Two publications were completed and are now available for distribution: Categorization of Hospital Emergency Capabilities and Guide for Program Planning--Emergency Medical Service Technician. The "Categorization" document resulted from a national conference sponsored by the AMA. The "Guide" was developed by a joint task force of the Commission and the American Association of Junior Colleges.

Committee on Community Emergency Services: Two significant documents were produced with the help of the Committee. The first, "Implementing Programs for Improving Emergency Medical Services," adopted by the AMA House of Delegates in November 1971, established broad AMA policy on emergency medical services. The second document was a legislative proposal to improve emergency medical services on a nationwide scale.

State and local medical societies were encouraged to place a high priority on emergency medical services. The promotion of emergency medical service councils was fostered by a Task Force of the Committee through regional meetings in the Northwest and Northeastern portions of the United States. Liaison was maintained with the federal government to give medical guidance to training programs. Under a contract with the Division of Emergency Health Services, HEW Health Services and Mental Health Administration, the Committee reviewed the written and filmstrip materials used in the Medical Self-Help Training Program.

DEPARTMENT OF HOSPITALS AND HEALTH FACILITIES

The Department staffed one committee of the AMA Board of Trustees -- the Committee of AMA Commissioners to the Joint Commission on Accreditation of Hospitals -- and two committees of the Council on Medical Service -- the Committee on Private Practice and the Committee on Aging.

The Department coordinated negotiations with HEW under which the AMA will sponsor a series of ten regional conferences providing training for medical directors and administrators of nursing homes.

Committee of AMA Commissioners to the Joint Commission on Accreditation of Hospitals: The Board of Commissioners of the Joint Commission on Accreditation of Hospitals approved for publication Guidelines for the Formulation of Medical Staff Bylaws, Rules and Regulations. The Board of Commissioners approved a statement on "Medical Care Evaluation and Utilization Review," reached agreement on a format for establishing accreditation councils for health-related facilities and services; approved a contract with HEW to identify acceptable facilities for treatment of cancer, stroke, and heart and kidney ailments; and approved the development of standards for non-hospital health care facilities.

During 1971, the JCAH conducted accreditation surveys in 2,153 hospitals and 277 free-standing long-term care facilities. Of the hospitals surveyed, 1,809 (84%) were granted full two-year accreditation; 301 (14%) were provisionally accredited for one year; and 43 (2%) were not accredited. Of the free-standing long-term care facilities surveyed, 238 (86%) received full accreditation, 31 (11%) provisional accreditation, and 8 (3%) non-accreditation. As of January 1, 1972, there were 5,207 accredited hospitals and 1,604 accredited long-term facilities. This is an increase of 34 accredited hospitals and 90 accredited long-term care facilities since January 1971.

DEPARTMENT OF HEALTH INSURANCE

The Department concentrated on the collection of information concerning peer review programs. A Survey of Medical Society Review Committees activities of state, territorial and county medical societies was initiated. This Department continues to have the primary AMA responsibility for matters relating to foundations for medical care, including the provision of staff assistance for the AMA representatives to the American Association of Foundations for Medical Care Board.

The Physicians' placement Service processed a total of 7,223 registrations during the 1971 calendar year, an increase of 1,193 listings over the previous

year. Of the total registrations, 4,156 were from physicians seeking locations and 3,067 were notifications of available practice locations. During 1971 the Placement Service's International Section received requests from 151 physicians who were interested in practicing overseas.

The Department staffed an Invitational Conference on the Efficient Use of Health Care Services under the joint sponsorship of the American Hospital Association, AMA Council on Medical Service, Blue Cross Association and the National Association of Blue Shield Plans. Papers from the Conference were distributed to sponsoring organizations. Contacts with the National Association of Blue Shield Plans and the Health Insurance Council increased considerably during the year.

Committee of AMA Representatives to the National Association of Blue Shield Plans Board of Directors: Four meetings were held. Discussions including the Federal Employee Program, foundations for medical care, contract practice-health maintenance organizations, recommendations for a program of mutual support in cost and quality review by AMA and medical specialty societies, physician's assistants, Medicare Part B carrier performance, public representation on local Blue Shield Plan boards, and an expansion of the objectives of the 1970 Blue Shield Coding and Nomenclature document from a national account reporting guide to that of a document usuable for identifying services and combinations of services as a pricing tool and also retention of the four-digit Blue Shield coding system.

DEPARTMENT OF MILITARY MEDICINE

The Department staffs the Council on National Security. The Department provides an information service to medical students and physicians. The service offers assistance, guidance and information to physicians prior to, during, and subsequent to their assignment in active service or the reserves.

Two new programs were assigned to the Department. The first is a program to stimulate and develop improvement of medical and health care services in the nation's jails and prisons. Working with the American Bar Association's Commission on Correctional Facilities and Services, the AMA obtained the cooperation of the National Sheriff's Association and the American Correctional Association. The second new project involves the National Health Service Corps within the Public Health Service. The mission of the Corps is to provide health professionals for areas designated as critically short of health manpower. The AMA proposed a cooperative effort with the PHS, a "Project USA," through which the AMA would provide guidance and assistance to the medical operations of the National Health Service Corps program and would deal primarily with physicians who wish to serve short periods of from one week to 90 days in a designated area. The proposal was accepted by the federal government.

Council on National Security: A publication entitled Selective Service, Military Service and the Physician was revised and continued to be in demand. Approximately 70,000 copies have been distributed to medical students, physicians, libraries, and other informational agencies.

With a proposal for an all-volunteer Armed Force and with the current draft law due to expire on June 30, 1973, the Council studied in detail the Military

Selective Service Act as it related to the drafting of physicians and the overall problem of medical officer procurement and retention. Liaison was maintained with the Department of Defense and the Surgeons General of the Armed Forces in formulating and coordinating programs designed to improve medical care for members of the services.

DEPARTMENT OF RURAL HEALTH

Improvement in the health care delivery systems for the rural population, and liaison efforts with national farm, educational, research, informational, and allied health organizations, continued to be major goals of the Department.

In less than two years, 20,000 copies of Health Care Delivery in Rural Areas--Selected Models were distributed and work was begun on a third edition. The Department cooperated with the AMA Center for Health Services Research and Development and with the Rand Center in preparing research reports on surveys of medical school graduates. Community health planning for rural areas and particularly inclusion of planning for health services in the U. S. Department of Agriculture Rural Development Program were emphasized.

Council on Rural Health: The Council met three times and was concerned primarily with the availability and utilization of health services and facilities in rural areas, delivery of health services, increased availability of health manpower, community involvement in health planning, consumer health education, rural health research, and rural accident prevention.

The Council, in cooperation with the Washington State Medical Association, continued to provide assistance and direction to a rural health project in Adams and Lincoln Counties, through which health providers and community leaders work together in hopes of establishing an innovative health delivery system. MEDEX staff was utilized for this project and additional health manpower recruited. AMA's Education and Research Foundation, in cooperation with the Washington State Medical Education and Research Foundation, provided a grant for a second year for the employment of a health coordinator for the area.

The Advisory Committee to the Council participated with the Council in a meeting on "Health Care Delivery Systems."

The Council sponsored a joint meeting with the rural health committees of the state medical associations of Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming in Scottsdale, Arizona in January. Participants developed a positive action approach for health care delivery programs in the six states.

The Council sponsored its 25th National Conference on Rural Health in San Francisco in March 1972, with an attendance of 894 from 48 states. The Conference theme was "Partnership in Rural Health Care Development." The Ninth Seminar for Extension Specialists in Health Education and Related Fields was held in conjunction with the Conference, and 86 persons from 31 states attended. The Council held a joint meeting with representatives from the Council on Public Health and Regulatory Veterinary Medicine of the American Veterinary Medical Association and with representatives of the Woman's Auxiliary to the AMA.

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DEPARTMENT OF HEALTH MANPOWER

The Department staffed the Council on Health Manpower and its four committees on Certification, Registration and Licensure, Emerging Health Manpower, Manpower Utilization, and Liaison with the Related Health Professions.

A "white paper" on "Education and Utilization of Allied Health Manpower" was developed with assistance from the Councils on Medical Education, Medical Service and Health Manpower. The Information Bulletin on the Physician's Assistant was revised twice and approximately 15,100 copies were distributed. The Department has initiated discussions with the Division of Manpower Intelligence, National Institutes of Health, concerning a joint publication, "Summary of Selected Training Programs for Physician Support Personnel."

Plans for a national certification program for the assistant to the primary care physician were developed and discussions held with a number of major testing organizations prior to initiating formal collaboration with the National Board of Medical Examiners. Staff provided consultation to a demonstration project, under the sponsorship of the Illinois Hospital Association and Illinois State Medical Society, to study the feasibility of the institutional licensure concept and worked with representatives of the American Hospital Association, Federation of State Medical Boards of the United States, and National Conference of Commissioners on Uniform State Laws to develop a joint proposal for the study of a uniform licensure code.

Section on Nursing: This Section staffed the Committee on Nursing and its Panel of Nurse Consultants, the Inter-agency Liaison Committee of the AMA-ANA-NLN, and worked closely with the newly authorized National Joint Practice Commission between medicine and nursing. The NJPC was established to evaluate and make recommendations on the changing roles of physicians and nurses in providing health services and to serve as a model and stimulus to the development of state counterpart practice committees.

Daily requests regarding nursing careers, nursing roles and related concerns were handled. Some 8,580 reprints were mailed. Staff participated in a number of meetings with national nursing organizations. During the American Nurses' Association 1972 meeting, an exhibit was staffed highlighting a number of AMA activities.

Council on Health Manpower: The Council sponsored a Symposium on Distribution of Health Manpower in June 1972 in San Francisco. The Symposium assessed the extent of geographic and specialty manpower maldistribution in relation to service needs, examined approaches to alleviation, and charted new directions for action at national, state and community levels.

Policy statements included "Education and Utilization of Allied Health Manpower," "Program for National Certification of the Assistant to the Primary Care Physician," "Primary Physician's Assistant (Generalist)," "Temporary Licensure for Volunteer Physicians in Medically Indigent Communities," "Employment of Physicians' Assistants," "Guidelines for Compensating Physicians for Services of Physicians' Assistants," and "Priorities for Increasing Availability of Services in Rural Areas."

The Council co-sponsored a workshop with the American Academy of Orthopaedic Surgeons in November 1971 in Chicago. A special task force convened by the Council developed guidelines for reimbursement of physicians for services of physician's assistants.

Committee on Nursing: The Committee held four meetings, one with its Panel of Nurse Consultants. The Committee recommended the development of the National Joint Practice Commission between medicine and nursing and after the Board of Trustees authorized this new activity, the Committee on Nursing provided guidance and assistance.

Other reports were related to provision of academic credit for courses taken in programs for physicians' assistants, the use of titles to describe the nurse in the extended role and the problems engendered by careless use, and comments on implementation of a resolution which would affect accreditation of nursing schools.

The Committee sponsored a social function at the AMA Clinical and Annual Conventions for representatives of national nursing organizations.

Inter-Agency Liaison Committee of the AMA-American Nurses' Association-National League for Nursing: Four meetings of the liaison group were held. A number of issues, such as extended nursing roles, physician's assistants, national health insurance, the NJPC, and licensure in the health occupations were discussed. This group has been charged with the responsibility of maintaining an "information-communication link" between the three organizations.

National Joint Practice Commission: Eight physicians and eight nurses serve on the Commission. The NJPC held two meetings. The Commission has agreed on objectives to guide its activities to meet the charge from the AMA Board of Trustees "to discuss and make recommendations concerning the roles of the physician and the nurse in providing quality health care.

PUBLIC AFFAIRS DIVISION

This Division is responsible for matters dealing with federal legislation, political education, liaison with constituent, component and specialty medical societies and other organizations. The coordination of AMA activities involving medical students, interns and residents, programs for long-range planning and development, and membership retention and recruitment are also housed within this part of the AMA structure.

DEPARTMENT OF FIELD SERVICE

The Program Services Department was merged with the Field Service Department to consolidate all field service operations and AMA programs for county and state societies. Service in the field was strengthened by realigning 12 one-man offices into six two-man offices located in Framingham, Massachusetts; Columbus, Ohio; Chicago; Atlanta; Denver; and Portland, Oregon.

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Emphasis remained on federal legislation, political education and membership orientation, retention and growth.

Legislative Activities: Field representatives served as a personal link between state associations and the Legislative Department by distributing analyses and summaries of key federal health proposals. The field representatives served as consultants on legislation and activities of interest in Washington, D. C., including: (1) The Health Service Corps Act to provide physicians in underserved areas known as "Project USA"; (2) Social Security amendments encompassing Medicare, Medicaid and peer review; (3) HMO legislation; (4) national health insurance proposals; (5) promotion of the AMA's Medicredit plan; and (6) chiropractic services under Medicare. The Department also conducted an educational program to combat numerous efforts to repeal state antisubstitution statutes and regulations. Membership orientation on the issue of national health insurance was emphasized through the creation of a national field program -- "Action 72." Consisting of four kits, the program is designed to assist with a physician education program on the subject in all states.

Leadership Consulting Service: An unlisted direct telephone line was installed for the exclusive use of state and county executive secretaries who are seeking AMA assistance but do not know whom to call.

Political Education: The assistant directors worked closely with state PACs as consultants in the development of membership programs, political education workshops and campaign management seminars. Membership in AMPAC set a new record. This effort was supported through the creation of audio-visual materials, preparation of a quarterly newsletter on political education, and the development of special field projects accompanied by manuals and pamphlet material.

Speaker and Leadership Services: Nineteen speakers and leadership training seminars were conducted in 15 states reaching more than 700 key physician leaders. An AMA Speakers Bureau on National Health Insurance was serviced by the Department. Approximately 100 members of this Bureau were placed before state and county medical society meetings, university medical students, business and city groups and network television. The average live audience was 175 and it is estimated that an average number of television viewing families per audience area was 1.3 million.

National Public Affairs Meetings: Three major national meetings were conducted. The largest of these was the AMA-AMPAC Public Affairs Workshop with over 800 participants from all 50 states. The Department coordinated program activity with the American Association of Medical Society Executives in presenting the Conference for Senior Medical Executives and the School for New Medical Executives.

The Department conducted five invitational surveys of the organizational structure, administrative policies, membership programs and services and community posture of constituent societies. The assistant directors assisted members of the Board of Trustees during 26 visits to annual state medical society meetings, arranged numerous speaking engagements for AMA spokesmen, and promoted use of such literature as the AMA Quick Reference Guide, Sharing a Common Goal, Current National Health Insurance Proposals and the AMA Congressional Directory.

The assistant directors continued to attend regular meetings of state governing bodies and annual state meetings. Reports of the principal actions at state meetings were distributed to each state association.

DEPARTMENT OF SPECIALTY SOCIETY SERVICES

The Department's responsibilities were expanded to include the coordination of AMA activities involving medical students, interns and residents. A membership program directed to interns and residents was begun, and the first business session for intern and resident members was held at the time of the 1972 Annual Convention. The officers elected at this business session are serving on an advisory committee on intern and resident activities.

The Department also worked with the AMA Council on Constitution and Bylaws and representatives of the Student American Medical Association in preparing a proposal for a membership and a business session for medical students. This proposal was approved by the House of Delegates at the Annual Convention.

Staff support was provided to the AMA Interspecialty Council which continues to meet quarterly as an advisory committee to the AMA Board of Trustees. During the past year, the Council's primary interests have been the development of national guidelines for peer review, the expansion of specialty representation in the AMA House of Delegates, and specialty representation on the newly approved Liaison Committee for Graduate Medical Education and the Coordinating Council for Medical Education. The American Association of Ophthalmology and the American Association for Thoracic Surgery were added as new member organizations.

The Department continued its liaison program with 26 national specialty societies, its staff support for the AMA Section Councils and its legislative liaison sessions for specialty group representatives.

LEGISLATIVE DEPARTMENT

The Legislative Department continued its primary assignment of keeping abreast of and reporting on national legislative activities of medical interest. More than 250 health bills were analyzed as introduced in Congress, as modified in Congressional committees, conferences and floor actions, and as finally enacted into law. The analyses and summaries of lengthy bills were distributed to appropriate committees, councils and departemtns of the American Medical Association, and state and specialty medical societies. Comments were encouraged in order to provide the Council on Legislation with the most complete information upon which to base its decisions.

Council on Legislation: The Council met seven times. It reviewed legislation of medical interest and made appropriate recommendations to the AMA Board of Trustees. Representatives of the specialty societies and the Student American Medical Association attended the May meeting. The Council also met with the Secretary of HEW and his staff in Washington, D. C., and discussed current legislative issues, including the Bennett proposal to create professional Standards Review Organizations. Legislation of special note studied by the Council included all of the major national health insurance bills, catastrophic health

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insurance, the Social Security Amendments of 1971, and bills concerned with drugs, blood banks, emergency medical services, drug abuse, a new Special Presidential Action Office for Drug Abuse Prevention, maternal and child health care, health manpower, medical education research in cancer, heart and lung diseases, and an Armed Forces Medical School.

General Services: Publication of Legislative Roundup was continued with a weekly distribution of approximately 4,500 copies. New federal regulations and changes, as proposed and as finally promulgated, were disseminated to the medical profession. Proposed regulations included such subjects as services for children and for migrant health services; review procedures for suspension of payments under Medicare; the safety and efficacy of over-the-counter drugs; grants to states for comprehensive health planning; medical services for the indigent under Hill-Burton; prepaid medical service plans and use of prepaid group practices; and reimbursement for provider costs and for services by hospital-based physicians. Final regulations of special concern included the following: construction and modernization of medical facilities; rate increase provisions relating to insurers; nursing home administration; authorization for issuance of prepaid medical service contracts by carriers; disclosure of NAS/NRC drug efficacy study group evaluations in drug labeling and advertising; and grants for migrant health services.

Development of Proposed Legislation: Legislative bills prepared by AMA were reviewed for introduction in the 92nd Congress. They included:

--An Amendment to the Social Security Act to provide an alternative insured status for self-employed physicians, so that newly covered self-employed physicians would have more equitable coverage.

--An Emergency Medical Service Systems Act which would create an Emergency Medical Services Administration within HEW to assist communities in establishing programs.

Medical Bills Enacted Into Law: Among the new enactments were PL 92-157, Comprehensive Health Manpower Training Act of 1971; PL 92-158, Nurse Training Act of 1971; PL 92-184, Supplementary Appropriations Act of 1972; PL 92-218, National Cancer Act of 1971; PL 92-255, Drug Abuse Office and Treatment Act of 1972; PL 92-293, Drug Dependent Persons Rehabilitation Act of 1971; and PL 92-294, National Sickle Cell Anemia Control Act.

AMA Testimony: The AMA testified on national health insurance programs; Social Security Amendments of 1971 (HR 1); drug abuse and drug dependence (HR 9264); cancer prevention and treatment programs (S 1828 and HR 10681); medical practices in rural areas and low income inner-city areas (S 2269); establishment of a uniformed services university of the health sciences (HR 2); Health Care Insurance Act (HR 4960); health maintenance organizations (HR 5615, HR 11728, S 1182 and S 3327); and appropriations for HEW. The AMA sent statements on control and prevention of communicable diseases (HR 14455); Lead-Based Paint Poisoning Prevention Act Amendments of 1972 (S 3080); diseases of the heart, blood vessels, lung and blood (HR 13715); amendment of the Keogh law which defers tax on retirement savings for self-employed persons and their employees (HR 12272); Health Manpower Training Act (HR 8629, PL 92-157); substitution of synthetic drugs for codeine and morphine; National Institute for Health

Care Delivery; prepaid medical service plans; Consumer Safety Act of 1972 (S 3419); conversion to the metric system (S 2483); extension of maternal and child care programs; health services industry committee' payment of physician's assistants under Medicare (HR 1); National Information and Resource Center for the Handicapped Act (S41); health programs in the fiscal 1972 budget of the Department of HEW; and VA health manpower training, education, and veterans' benefits (S 1924, S 2219, S 2355 and HJ Res. 748).

The AMA also presented its views on the following informational subjects: United Nations Convention on Psychotropic Substances, before the Senate Committee on Foreign Relations; heroin abuse, before the National Commission on Marihuana and Drug Abuse; abuse of barbiturates, before the Senate Subcommittee to Investigate Juvenile Delinquency, Committee on the Judiciary; professional liability, before the House Ways and Means Committee; and maternal and child health programs under Title V of the Social Security Act, before the Senate Finance Committee.

Response to Regulatory Action: AMA positions on proposals which would have regulatory impact were expressed in correspondence with the responsible agencies. Subjects of such activity during the past year included state programs for licensing administrators of nursing homes, conditions of participation to be applied to home health agencies under Medicare, authorization for issuance of prepaid medical service contracts by certain carriers, development of the National Health Service Corps, price controls as they affect physicians; drugs in fixed combinations; Comprehensive Drug Abuse Prevention and Control Act Regulations; transfer of certain drugs from Schedule II; drug efficacy evaluations in drug advertising and labeling; conditions of participation for hospitals in the Medicare program; and medical services for persons unable to pay.

Pending Legislation: At midyear 1972, approximately 20,000 bills had been introduced in the 92nd Congress, some 2,000 being of medical interest. Several important measures presently are awaiting action by either or both Houses, among them are more than a dozen national health insurance bills; HR 1, the Social Security Amendments of 1971 modifying Medicare, Medicaid and welfare systems; HR 2, the Uniformed Services Health Professions Revitalization Act; HR 5615, S 3327 and HR 11728, the health maintenance organization bills; S 3419 which would create a Food and Drug Administration independent of HEW; and HR 15315 which would create an independent Food and Drug Administration within HEW; HR 12846, Servicemen's, Veteran's and Ex-Servicemen's Drug Treatment and Rehabilitation Act which authorizes the VA to conduct drug treatment programs; S 3323 and HR 15081, the National Heart, Blood Vessel, Lung and Blood Act of 1972; S 3442 and HR 14455, the Communicable Disease Control Amendments of 1972; S 3080, the Lead-Based Paint Poisoning Prevention Act Amendments; S 3617, the Headstart Child Development and Family Services Act of 1972; and HR 14199 and S 3432 creating a separate Department of Health.

AMA OFFICE IN WASHINGTON

This office continued to collect, evaluate and report information and observations concerning proposed legislation and regulations; to maintain a two-way communication channel for the flow of information between the AMA and all Washington-based health related organizations and activities; and to furnish day-to-day services to national communications media. Much of the Office's effort is

(Public Affairs)

devoted in various ways to the continuing support of Medicredit. During this report period a number of proposals favored by medicine became law or regulation, and no health legislation opposed by medicine was enacted.

Department of Congressional Relations: During the period of this report, 8,129 bills were introduced, some 1,156 of which have bearing on medical and health care. Among those bills of interest to the AMA are:

--National Health Insurance: The Department worked closely with members of the Ways and Means Committee during its five weeks of public hearings on national health insurance. Medicredit is sponsored by 173 members of Congress.

--HR 1: Members of the Senate Finance Committee have been continually informed of AMA's position on this piece of legislation affecting Medicare and Medicaid. Amendments added to the House passed bill during the Senate Committee's executive session are extensive. Inclusion of peer review, chiropractic, and outpatient drugs are a few of the many Senate amendments affecting physicians.

--Health Maintenance Organizations: The Department continues to convey AMA's position to members of the two committees involved with drafting legislation that would establish group prepaid practice arrangements. These proposals probably will be debated on the floor of the House and Senate before the close of the 92nd Congress.

--Health Appropriations: Extensive efforts were made to assure adequate funding for health programs passed by the Senate and House. The Senate and House passed an HEW appropriations bill that includes an increase of $2 billion above the amount requested by the Administration.

The Department also covered congressional hearings, assisted AMA witnesses, briefed visiting state delegations, spoke at medical and non-medical meetings, and obtained congressional speakers for various groups.

Department of Governmental Relations: There was continued improvement in this Department's cooperation with the federal agencies, particularly the Department of HEW. A number of meetings were arranged for AMA officials with the Secretary and the Assistant Secretary for Health and Scientific Affairs relative to national health insurance legislation, health maintenance organizations, current procedural terminology, and Medicaid regulations. A number of physician appointments to various health advisory committees were secured and the Department devoted considerable effort to Phase II regulations. Improved AMA-White House relations resulted in the Vice President attending the AMPAC 10th Anniversary Celebration and Julie Nixon Eisenhower attending the Woman's Auxiliary meeting.

Department of Communications: The Department provided increased communications support to all Washington Office departments. Speeches were written; interviews were arranged; news releases were prepared and placed; background

materials were compiled; information kits were revised and updated; and services to national communications media were expanded. The Department continues to provide Washington reporting services to American Medical News and the Medical News Section of JAMA.

Washington Library: More than 8,000 inquiries were answered, some 1,000 of which originated directly or indirectly with members of Congress. Another 2,000 inquiries were made to the Library from the staffs of government and non-governmental agencies and organizations. The balance of the inquiries were public, mostly from students. The major concerns of the public inquiries were related to drug abuse, alcoholism, smoking, abortion, diseases, health careers and financial assistance for medical education. Working relationships were maintained with more than 50 libraries, the publication offices of various agencies and organizations, and health care researchers.

DEPARTMENT OF PLANNING AND DEVELOPMENT

The Department was established February 1, 1972, for the purpose of staffing the Council on Long Range Planning and Development and for the development of a membership retention and recuitment program.

The Department arranged for the Council on Long Range Planning and Development hearings in Wisconsin, Minnesota and at the 1972 AMA Annual Convention. From the transcription of these hearings, it has produced a summary of the ideas of those who testified.

The Department identified the 850 medical societies that bill for the American Medical Association and developed a supplemental dues billing statement that was delivered to over 40,000 non-member physicians. The result was several thousand new members at a cost of one new member for every $5.00 spent.

Revised communications were sent to member physicians expressing appreciation for their membership, to non-member physicians expressing concern about the loss of their membership, and to interns and residents encouraging their membership. More than 50,000 copies of a new pamphlet, Sharing a Common Goal, have been distributed. An editorial and ad campaign for membership through state and county medical society journals and bulletins was launched. About 200 letters from physicians are answered by the Department each month.

COMMUNICATIONS DIVISION

The Division acts as the communications link between the AMA and its several constituencies and between physicians and the public. During the year, the Division has engaged in a number of activities: Improvement in media relations and in communications through the media; preparation and publication of pamphlets; articles and speeches and assisting in the preparation of testimony; sponsorship and participation in seminars, conferences and special programs; and support of membership recruitment efforts.

Improvement in relationships with the media received major emphasis throughout the year. An effort was made to acquaint editors and writers with the AMA

and the physician point of view and to bring these views before the public. Equally important in this regard were editorial conferences at which AMA officials met in direct, informal discussion sessions with media executives and writers.

The Special Communications Program, which was initiated during the previous year, was continued with some modification. The messages on television were eliminated and a special effort was concentrated on reaching an audience of thought leaders and opinion makers through paid pages in publications such as Time, Harpers and the Saturday Review of Literature.

The National Congress on the Quality of Life, conducted in March in Chicago under the primary sponsorship of the AMA, received major media coverage. The Chicago Tribune published a special nine-page section on the Congress.

NEW BUREAU

Press Relations: This staff researches and writes news stories on non-scientific aspects of AMA programs. It handles requests from newspapers, wire services, news syndicates, radio and television networks and stations for information and assistance on stories about the socioeconomics of medicine. It aids officers and other AMA departments by serving as liaison with the press and it operates press rooms at Annual and Clinical Conventions and other Association events.

Science News: This section maintains contact with science writers and media representatives. It issued some 300 news releases on AMA programs or on newsworthy papers in JAMA and other AMA publications, answered 2,000 queries from writers, staffed press rooms at 20 AMA scientific meetings and conducted the annual AMA Medical Journalism Awards program. More than 400 reporters covered the 1972 Annual Convention. A news release summarizing significant medical advances in 1971 was produced.

Magazine Relations: This staff alerts editors and writers to story ideas and assists in story development. Staff reviewed 78 manuscripts for medical accuracy; handled 80 requests for assistance in such areas as research and photos; maintained personal contact with editors of major magazines and wrote 30 news releases. It handled public relations for the Quality of Life Congress, including arrangement of national television coverage.

Speakers Services: Seventy-five speeches were researched and written for AMA officers, trustees and executives. Staff prepared summaries of the House of Delegates actions at the Clinical and Annual Conventions, and performed various other writing and editing assignments.

Women/Youth: This staff continued public relations liaison with the Woman's Auxiliary and devoted special emphasis to its 50th Anniversary Program. Press rooms were staffed for the Auxiliary's Health Education Conference, Fall Conference and Annual Convention. A public relations/publications seminar was conducted for the Auxiliary's four regional workshops. Public Relations counsel was provided and press room staffed for the American Association of Medical Assistants' Annual Convention.

AUDIO VISUAL DEPARTMENT

This Department services the media and constituent societies and provides internal communications network at conventions.

The AMA Radio News Service, which provides pre-recorded news and health messages to radio stations, had more than 10,000 calls in its first year of operation. Highlights of the AMA closed circuit network presentations at the Annual and Clinical Conventions were expanded to ten state association meetings.

The Department produced Instead of El Dorado, a 28-minute film on health care of migrant workers, in conjunction with the Committee on Health Care of the Poor. Television public service announcements were produced on nutrition, exercise and physical fitness, plus an award-winning spot on venereal disease.

SPECIAL PROJECTS DEPARTMENT

This Department is responsible for the writing, design and production of books, pamphlets, brochures, direct mail pieces and advertisements. It produces more than 1,000 publications a year. Three new books were created: Venereal Disease, Fundamentals of Athletic Training and Dynamics of Violence. A major project was preparation of the Financial Information National Directory (FIND), a 350-page listing of sources of funds for training in medical and health careers. Brochures and ads were prepared for numerous conferences.

The Department initiated and helped plan the Qualify of Life Seminar at the Annual Convention.

PUBLICATIONS DEPARTMENT

This Department is responsible for non-technical, consumer-oriented publications, including Today's Health and AMA Update.

During the year, Today's Health worked to improve the quality as well as the quantity of the physical-mental health and consumer-oriented information it presents to the public. "Your Dental Health," a column by Alfred E. Seyler, D. D. S., was initiated after strong reader reaction to an article on preventive dentistry. Famous bylines, including those of Erma Bombeck, Sammy Davis, Jr., S. I. Hayakawa and Barry Goldwater, now appear in the magazine. Formal awards this year included the Russell L. Cecial Award presented by the Arthritis Foundation to the editor-in-chief for the year's outstanding magazine article. Informal awards included 195 reprints.

AMA Update, in little more than a year of operation, has become a widely quoted publication with articles picked up by both newspapers and magazines. Many requests are received from opinion makers who want to receive Update.

(Communications)

DEPARTMENT OF PROFESSIONAL COMMUNICATIONS

This Deparment is responsible for the AMA Newsletter, American Medical News, JAMA Medical News, the Annual Report published in the Clinical Convention Handbook and Proceedings, the Daily Bulletin and the 535 Reporter. The Department also staffs the Sheen Award Committee and performs various editorial services for the Office of the Executive Vice President.

AMA Newsletter: Seventy-five state, county and specialty medical societies now receive bulk shipments of this publication for distribution to their officers.

American Medical News: The editors stressed improved writing and graphic design. Special pull-out sections on President Nixon's appearance at the 1971 Annual Convention and on Price Commission fee guidelines were published. Other subjects reported in depth or on a continuing basis included medical foundations, the AMA's testimony on various legislation before Congress, and innovations in medical education.

JAMA Medical News: This section of The Journal has been using more diagrams and charts and has made more effective use of available color. The practice of using "feature" articles continued, with subjects ranging from medical problems of American Indians to special articles on renal dialysis and the AMA's Current Medical Terminology. Since late 1971 the "Internal Medicine at Large" section of the Archives of Internal Medicine has emphasized original articles prepared by the Medical News Staff.

DEPARTMENT OF HEALTH EDUCATION

Major goals of the Department are health education of the public, school and college health, safety education and administration, medical aspects of sports, physical fitness, voluntary health agencies and automotive safety.

Nearly 57,000 requests from the public were anwered. New and revised publications included Venereal Disease, Kidney Disease and Disease of the Colon and Rectum. A pamphlet on sickle cell anemia is in production, as are combinations of existing publications on physical fitness and the medical aspects of sports. Ten issues of Health Education Service for Schools and Colleges (circulation 16,300) and 12 issues of More Life for Your Years (circulation 35,000) were published.

The Department staffed the 13th National Conference on Physicians and Schools and the conference "Health Education is the Key." It assisted in the production of films for National Instructional TV and prepared columns for School Health Review, Today's Health and Harvest Years.

Council on Voluntary Health Agencies: The 1971 edition of the Directory of National Voluntary Health Organizations was published. Regional Medical Programs were surveyed to determine their relationships with voluntary health agencies. A meeting with 20 national voluntary health agencies was held in New York City in February. The Southeast Regional Conference on Relationships between State Medical Associations and Voluntary Health Agencies was held in

Atlanta in April, with the co-sponsorship of 13 state medical associations. A statement on "Recommended Guidelines on Relationships between Voluntary Health Agencies and Governmental Health Programs" was published in JAMA. The Council's Committee on Contuing Professional Education Programs of Voluntary Health Agencies reviews self-assessment testing. Programs of specialty societies and AMA plans for a Self-Assessment Resource Center were studied.

Committee on Exercise and Physical Fitness: A symposium on Exercise and the Heart was held in Nebraska in May, in cooperation with the Nebraska State Medical Association, Nebraska Heart Association and the President's Council on Physical Fitness and Sports. A joint statement on "Evaluation for Exercise Participation--The Apparently Healthy Individual" with the President's Council was published in JAMA. The Committee met in New York with representatives of 22 national organizations to discuss the "Present Status of Physical Fitness and Physical Education in the Schools."

Committee on Medical Aspects of Automotive Safety: Publications include "Neurological Disorders and Motor Vehicle Operation," "Current Problems in Driver Licensure," and "Rating the Severity of Tissue Damage," which also is the subject of a new scientific exhibit. The Committee sponsored a national meeting on current problems in driver licensure, and initiated projects to promote medical advisory boards and to provide medical orientation to driver license examiners.

Joint Committee on Health Problems in Education of NEA-AMA: Resolutions were adopted on Sickle Cell Disease, Health Teacher Certification, Comprehensive Health Planning, Gonorrhea, Quality of Life, Anti-Health Practices, Health Education in Health Care and Health Maintenance Organizations. These were distributed to state departments of health, state departments of education, state medical societies, state medical journals, appropriate federal government agencies and to the mass media. The Committee's study on "School Health 1985" and an up-to-date bibliography on various health areas were submitted to the School Health Review. Publications distributed totaled 255,319.

Committee on Medical Aspects of Sports: In cooperation with the Committee on Exercise and Physical Fitness, the Committee sponsored the August 21, 1972, "Olympic Issue" of JAMA. The 13th National Conference on Medical Aspects of Sports was conducted in New Orleans in November. Liaison was maintained with 25 national agencies.

MANAGEMENT SERVICES DIVISION

ARCHIVE LIBRARY DEPARTMENT

The Library handled 26,352 requests for information and publications from the membership and staff. The information ranged from highly specialized areas of clinical medicine to socioeconomic problems, medical history and international health. A total of 282,636 pages were photocopied, more than 5,000 books, pamphlets and journals were circulated, and 1,776 items were borrowed from other libraries.

(Management Services)

A total of 2,448 books were cataloged and added to the collections of the Association; 1,572 books were processed for review in JAMA; and 2,600 journal titles were regularly received. The Museum of AMA History was visited by 1,500 guests.

Medical Socioeconomic Research Sources, a monthly index to the scientific and general press, began its second year of publication. MEDSOC has been well received by both the academic and medical communities. The staff published a monograph, Health Sciences Libraries in the United States: A Statistical Profile, a product of the first comprehensive survey conducted in this area.

BUILDING SERVICES DEPARTMENT

Complete demolition and reconstruction of the seventh and eighth floors and partial alteration of the ninth floor, which formerly housed the Institute for Biomedical Research, was completed, thus making available 22,000 square feet of office space on the seventh and eighth floors. In addition, 8,300 square feet of storage and warehousing was made available on the ninth floor.

The Department responded to 3,737 calls for custodial and decorating services, as well as for carpentry, lighting, electrical, plumbing and mechanical reports. Security measures were tightened to ensure the safety of employees and the building.

CIRCULATION AND RECORDS DEPARTMENT

This Department handles the distribution of all regularly published AMA publications and maintains the physicians biographical and historical records and the AMA membership records.

Of the 17 regularly published periodicals, 11 had increases in average circulation and six showed slight decreased. JAMA, with an average circulation of 244,000 per week, led those that showed an increase. The average number of copies of the 17 periodicals distributed per month totaled 3,400,000.

Requests for information received by the Department totaled more than 2,100 per day.

CONVENTION SERVICES DEPARTMENT

The Department made arrangements for the Clinical Convention in New Orleans and the Annual Convention in San Francisco, with total attendance of 6,538 and 30,066 respectively. In addition, 396 separate meetings and social functions were handled at the headquarters hotels during these two meetings.

During the reporting period, 206 ancillary meetings were set up. Of these, 183 were handled by the Department. In the AMA exhibit program, 280 exhibits were displayed in 129 cities for a total of 1,942 show days. They were visited by two million persons. Forty-five exhibit construction projects were completed.

GENERAL SALES OFFICE

Continuing modification and adjustment to meet changing market conditions dominated the activities of this Office. Sales territories were realigned; personnel changes were instituted; advertising sales efforts were redirected; new management controls were instituted. Advertising sales substantially increased for several AMA publications, while sales were stablized for other publications in the face of adverse selling conditions.

OPERATING SERVICES DEPARTMENT

The Contract Printing Section and Publication Production Section renegotiated the printing contracts for JAMA, the specialty journals and Today's Health. The contracts represent over $5 million in annual printing and paper expenditures.

The Reproduction Section and the Processing and Distribution Section processed 6,700 individual "in house" printing jobs, valued at $525,000. Over 230 tons of paper were consumed for "in house" work.

The Purchasing-Transportation Section processed 4,400 orders for materials and supplies with expenditures of $1,708,000. In addition, 3,820 transportation requests were processed at a total expenditure of $590,470.

The Job Printing Section processed 1,224 individual jobs that were purchased from outside sources and valued at $950,000.

PERSONNEL AND OFFICE SERVICES

This Department services AMA personnel requirements, administers pamphlet and film distribution, and provides for telephone, mail, cafeteria and medical services.

The Employment Section conducted 140 interviews for exempt and 791 interviews for non-exempt positions. Of these, 36 exempt and 153 non-exempt positions were filled. The Affirmative Action Program for recruiting minority group members resulted in the hiring of 29 employees.

The Employee Relations and Training Section revised the AMA Employee Handbook, and distributed approximately 3,500 copies of a revised AMA Services and Organization Guide to medical societies, government offices, media representatives and AMA staff. A 16-page multi-media and computerized benefit statement, Summary of Your Benefit Program, was prepared and distributed to AMA employees. Approximately 175 newly hired employees attended orientation programs to become acquainted with the history, purposes, and scope of the organization. Service recognition awards were made to 120 employees completing 5, 10, 15, 20 or 25 years with the AMA. Approximately 70 percent of AMA employees participated in the annual Crusade of Mercy Program and contributed $17,100 -- significantly better than any previous year. The special training program for disadvantaged and minority group employees continued throughout the year. A multi-media training program was implemented for data processing employees and a wide range of skill development programs were continued for employees of all divisions.

(Management Services)

A total of 4,211 visits were made to the Employee Health Office. The group Assurance Program (Blood Bank) had a membership of 466 and 149 pints of blood were obtained in a blood drive.

The mail unit distributed approximately 5,000,000 pieces of first class mail. Of the 1,400 health education titles in storage, total movement for the year was more than nine million copies.

The Compensation and Benefits Section participated in eight formal salary benefit surveys and four informal surveys. Compensation policies were revised and distributed. Fifty-three employees were counseled on present or future pension benefits and 15 employees retired during the year.

AMA EDUCATION AND RESEARCH FOUNDATION

A total of $1,436,106 was contributed to the AMA-ERF during the period covered by this report. Of this amount, $822,112 was designated for medical schools, $155,991 for the regular loan guarantee program, $113,835 for interest-free loans to disadvantaged and deserving medical students, and $144,168 for unrestricted use.

The total includes a $200,000 bequest establishing the Dr. Rock Sleyster (AMA President in 1939-40) Memorial Fund, the income from which will provide scholarships for needy medical students. Also included are a bequest of $100,000 from the estate of C. Doreen Youngs, a New York State schoolteacher, for use at the Peter Bent Brigham Hospital in research on renal transplants in diabetic children, and $50,000 for unrestricted use from the estate of John T. Brosnan, M. D., of Chicago.

AMA-ERF distributed $1,108,248 to medical schools in the United States, an increase of $152,522 over the preceding year.

Medical students, interns and residents obtained 2,355 loans, totaling $2,101,600 through the Foundation's loan guarantee program. Since 1962, when the Loan Guarantee Program began, the AMA-ERF has backed 47,210 loans worth $53,196,575. As of June 30, 1972, there were 20,699 loans outstanding worth $34,015,399.

Since the inception of the Medical Student Opportunity Loan Plan last October, 36 interest-free loans have been guaranteed for disadvantaged and deserving medical students for a total of $52,550. Acceptance of these loans committed AMA-ERF to approve and guarantee up to $279,000 of additional loans for the 34 students in this program during their next three years in medical school. Interest paid on these loans by the AMA-ERF totals $1,786, of which $677 came from a special grant of $12,000 for this purpose by the Alfred P. Sloan Foundation. During the period of this report, the interest-free loan program was exercised only in California. It will be expanded to other states as additional funds become available.

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DOCUMENT
SEPARATOR

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

Mr. Rather Langer

Ex #64.

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6207)

November 15, 1974

TO: Delegates and Alternate Delegates
Presidents and Presidents-Elect
State Medical Associations
Executive Directors
State Medical Associations
Metropolitan County Medical Societies
National Medical Specialty Societies

The Chairman of the Board of Trustees has asked that I advise you of additional revisions to the AMA's council and staff structure that were authorized by the Executive Committee of the Board on November 13. The revisions are consistent with the Board's previous actions directed toward the reduction of costs and the realignment and consolidation of certain functions. The actions are effective immediately, with the exception that the action related to the three councils is effective December 1.

- The Council on Environmental, Occupational, and Public Health, the Council on Foods and Nutrition, and the Council on Rural Health have been disbanded. As in the case of other disbanded units, the activities of these councils will be continued by staff, by consultants, and by ad hoc committees as necessary. The Chairmen of these Councils have been notified of this action by phone. Members will receive written notification of the change and an expression of thanks for their past work.

- The Department of Governmental Relations has been discontinued, and the responsibility for most of its liaison function with the Federal health agencies has been assigned to appropriate members of our Chicago-based staff, many of whom have shared the liaison duties for a long period of time. Paul R. M. Donelan, J.D., former Director of the Department, will continue on our staff as Special Assistant to the Director of the Washington Office.

- The 1975 Public Affairs Workshop has been cancelled.

- The staff of the American Medical Political Action Committee will be moved to AMA Headquarters as soon as conveniently possible.

- Richard G. Layton, former Director of the Field Service Department, has been named Assistant Director of the Public Affairs Division.

- The Field Service Department has been discontinued. Five members of the Field Staff have been transferred to the Membership Development Department and will continue to work with state and county medical societies on membership through offices in Portland, Denver, Chicago, Atlanta, and Framingham, Massachusetts. The Columbus, Ohio office will be closed. Some members of the Field Staff have also been reassigned to other duties in the Membership Development Department and other units of the Public Affairs Division.

The House of Delegates will receive a supplemental report outlining these changes in greater detail, including the cost reductions that have been possible, during the 1974 Clinical Convention.

Sincerely,

James H. Sammons, M. D.

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AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

Mr. Rather Berger

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JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6202)

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Executive Directors
State Medical Associations
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National Medical Specialty Societies

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Sincerely,

James H. Sammons, M. D.

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FEC
DOCUMENT
SEPARATOR

AMA Primary Contacts
Department of Federation Communications

Gene Scott 312/751-6450	Carla Neuschel 312/751-6446	Bud Wright 312/751-6454
Alaska	Arkansas	Alabama
Arizona	Delaware	Colorado
California	District of Columbia	Florida
Connecticut	Iowa	Georgia
Hawaii	Maryland	Indiana
Idaho	Minnesota	Kansas
Illinois	Mississippi	Kentucky
Maine	Missouri	Louisiana
Massachusetts	Nebraska	Montana
Michigan	New Jersey	New Mexico
Nevada	New York	North Carolina
New Hampshire	North Dakota	Ohio
Oregon	Oklahoma	South Carolina
Puerto Rico	Pennsylvania	Tennessee
Rhode Island	South Dakota	Utah
Vermont	Texas	Wyoming
Washington	Virginia	
Wisconsin	West Virginia	

QUICK GUIDE TO AMA SERVICES

prepared by

Public Affairs Division

Department of Federation Communications

revised August, 1977

American Medical Association

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The Quick Guide to AMA Services

This Quick Guide to Services is intended to provide supplemental information on selected subject areas to the AMA Directory of Officials and Staff. The Guide is based on those requests most frequently received by the AMA staff from both state and county medical societies, and has been categorized by subject rather than organizational structure. The Quick Guide, the Directory of Officials and Staff, and the AMA Telephone Directory will be published and distributed every six months.

As always, if you are unsure who to call for information, or are having problems in any area, call your AMA Primary Contact, listed on the back cover of this Quick Guide.

FOR ADDITIONAL COPIES, PLEASE CONTACT:

Order Department
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

TK 3050:803-N:1M:8/77

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American Medical Association
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American Association of Medical Society Executives (AAMSE)	Ed Collins	312/751-6733
AMA Auxiliary	Hazel Lewis	312/751-6166
American Medical Assurance Company (Professional Liability Reinsurance Company, AMACO)	Dick Layton	312/751-6767
American Medical Computer Assistance Program (AMCAP)	Tony Metoyer	312/751-6055
American Medical Political Action Committee (AMPAC)	Bill Watson	312/751-6705

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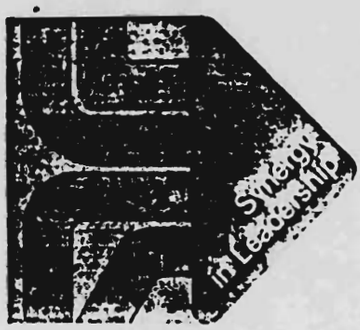
Ex #66, p.1



6th AMA National
Leadership Conference

November 9, 1977

Dear Medical Leader:

We are pleased to extend this invitation to attend the American Medical Association's Sixth National Leadership Conference, January 26 to 29, 1978 at the O'Hare Marriott Motor Hotel, Chicago.

As in the past, the annual Leadership Conference is the one AMA meeting planned exclusively for you--the medical society leader. For three days in January you will meet face-to-face with hundreds of other elected officials and executive staff of state, county and specialty medical societies to discuss current controversies over comprehensive health insurance and cost control. You will attend educational seminars on state and federal health legislation, and participate in group sessions on health planning, specialty and state society relationships, and physician advertising (a must for county society staff). See the enclosed sheet for a complete listing of seminars.

Planned this year are two important general sessions. "Cost of Health Care" will be the forum for the long-awaited report of the AMA's National Commission on the Cost of Medical Care. Expanded from last year's Conference, "Foreign Health Care Systems" will examine medical care in Great Britain, Australia, France and Canada.

On Sunday morning you will be asked to attend one of four "Speak-Out Breakfasts" on the topics listed on the registration card. These topics have been chosen carefully to generate "high intensity" discussion--perhaps argument--on subjects for which there are no clear-cut answers.

Each year in planning the Conference, special consideration is given to outstanding speakers invited to address the medical leadership. This year will not be unlike past years. Confirmed so far for the 1978 Conference are Senator Edward M. Kennedy (D-Massachusetts), who will address the group during Saturday's luncheon; and Bob Richards, Olympic gold medalist, who is scheduled to present the closing remarks on Sunday morning.

The Sixth National Leadership Conference may be the most important meeting you attend this year. REGISTRATION IS LIMITED. The $100 fee covers registration, informational materials, six meal functions, and a reception. The registration fee, fees for optional seminars, and the Conference registration card should be returned to the AMA in the return envelope provided. Please make checks payable to the American Medical Association. You will receive a second mailing in approximately a month describing any last minute additions or changes in the program. In the same mailing, you will find a flyer listing social events.

We believe you will find the 1978 program especially pertinent to your leadership needs. We look forward to having you with us.

Sincerely,

James H. Sammons, M.D.
Executive Vice President

Enclosures

American Medical Association/535 North Dearborn Street/Chicago, Illinois 60610

SEMINARS

Cost of Health Care (Break-Out Sessions)--FRIDAY, JANUARY 27. Choose One

"Cost Consciousness." New awareness for consumers and providers as they choose among offered alternative health plans.

"Area-Specific Regulation." Includes the role of research, particularly in technological areas.

"Role of the Physician." Physician's role from medical school through the organization of the practice and onto continuing medical education.

FRIDAY, JANUARY 27. Choose Three

"Update '78: Preview of Federal Health Legislation." A panel from both government and organized medicine will discuss trends and anticipated activities of the Carter Administration and Congress during the second session of the 95th Congress.

"Health Planning--National Standards for Medical Practice?" Seminar will present the National Health Planning guidelines and voluntary strategies by the federation in responding to the planning law's implementation.

"Big Bucks: The National Tab for Health Care." What's on the minds of those footing the bill for the nation's health care? Representatives from government, industry and insurance will give a first-hand account and discuss the future of health spending.

"Local Initiatives in Cost Control." What state and local societies can do to bolster efforts toward the preservation of quality care in the face of cost containment. Educational programs for both consumers and providers will be considered.

"Opinion Makers in Politics: 1978." Sponsored by AMPAC. Medical family members can be the key to success in political campaigns. What roles they can fill will be presented by experts in professional campaign management and medical political action.

SATURDAY, JANUARY 28. Choose Three

"Trends in State Health Legislation." Discussion of recent and anticipated state health legislation. Public utility legislation and expanding health care practices of non-physicians will be examined. Seminar will include arguments which have been successful in passing or defeating state health legislation.

"Helping the Impaired Physician--Whose Responsibility?" Seminar will focus on why physicians become impaired because of alcoholism, drug dependence and mental illness. Determination of what colleagues, medical societies and licensing boards can do to find and rehabilitate disabled doctors will be discussed.

"The State Medical Society--An Umbrella Organization for State Specialty Societies." A look at how state and specialty medical societies may work together in a variety of areas. Information about successful efforts and potential problem areas will be discussed.

"Professional Codes and the Public's Right to Know." Is your society prepared to meet increased public demands for more information on health services? Of special interest to county and specialty society officials, this seminar will examine the ethical and legal ramifications of this complex issue.

SUNDAY, JANUARY 29 (Speak-Out Breakfasts). Choose One

1. Is regionalization the new franchise of medical practice?
2. What is unnecessary surgery?
3. Can there be too many physicians?
4. What is the role of the consumer in medical decision-making?

OPTIONAL SEMINARS

Thursday, January 26

"Mastering Spokesmanship Principles"--9 A.M. to 5 P.M. Fee: $70. Designed for medical society spokesmen who regularly commit their organizations to public record by giving news interviews to print or broadcast journalists. Extensive use of videotape playbacks. Registration is limited to 12.

"Improving Practice Productivity for the Medical Leader"--9 A.M. to 4 P.M. Fee: $20. Time management for the physician whose responsibilities to the medical profession take him or her away from personal practice. Registration is limited to 30.

"Mr. Chairman: How to Run and Control Your Meetings"--3 P.M. to 5 P.M. Fee: $20. Covers the frequent problems of chairing and running a meeting using parliamentary procedure.

"Board-Staff Goal-Setting"--2 P.M. to 5 P.M. Fee: $25. Co-sponsored by AMA and AAMSE. Discussion on how elected physician leadership and staff can work closer together in identifying and achieving organizational goals. Registration is limited to 100.

"Focus on the States"--1 P.M. to 4 P.M. Fee: $25. Sponsored by AMPAC. Academic and professional experts discuss congressional districting and reapportionment and their importance for election outcomes following the 1980 census. Registration is limited to 100.

"Public Relations--Background and Basics"--1 P.M. to 4 P.M. Fee: $25. Designed for medical societies that have neither a staff PR person nor the services of an outside PR professional. Seminar will cover public and press attitudes, and how a medical society officer or executive may deal with them. Registration is limited to 50.

"Testifying Before Your State Legislature"--9 A.M. to 12 P.M. Fee: $25. Emphasis on participation by registrants in mock legislative briefings. Designed for state and specialty society staff and officers who will be testifying before state legislatures. Registration is limited. Afternoon session may be added for additional registrants.

GENERAL SESSIONS

"Public Attitudes: An Objective Look At America Today"--Friday, January 27.

New survey research findings will reveal the shifting, often surprising, priorities and attitudes of the American public. Research consultants of national reputation will present the results of recent surveys of vital importance to medicine's policy-makers.

"Cost of Health Care"--Friday, January 27.

The report of the AMA's National Commission on the Cost of Medical Care will be analyzed. The report will address various groups in the health care delivery sector--providers, consumers, insurers and government. The report proposes recommendations on how the behavior of each may be modified to help contain costs.

"Foreign Health Care Systems"--Saturday, January 28.

A revealing, first-hand briefing on the health care systems in other western democracies. Panelists from Great Britain, Australia, France and Canada will make presentations and answer questions from the audience.

"Speak-Out Wrap-Up"--Sunday, January 29.

Moderators will present the consensus of opinions expressed during four "Speak-Out" breakfasts.

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Synergy in Leadership

6th AMA National Leadership Conference

Registration materials enclosed

FIRST CLASS
PERMIT No. 1376
CHICAGO, ILL.

BUSINESS REPLY MAIL

No Postage Stamp Necessary if Mailed in the United States

POSTAGE WILL BE PAID BY

Attn: 6th AMA National Leadership Conference

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
Chicago, Illinois 60610

First Class
Permit No. 63953
Chicago, Illinois

BUSINESS REPLY MAIL
No Postage Stamp Necessary if mailed in the United States

Postage will be paid by

Marriott Motor Hotel
8535 West Higgins
Chicago, Illinois 60631

HOTEL RESERVATION FORM

6th AMA National Leadership Conference/
January 26 - 29, 1978
Marriott Motor Hotel, 8535 West Higgins/
Chicago, Illinois 60631 312—693-4444

Please reserve _____ room(s) for ____ persons

Name _____

Address _____

City/State/Zip _____

For arrival on _____
(day) (date)

Depart on _____
(day) (date)

Names of Persons Sharing Accommodations

_____ _____

_____ _____

☐ This Reservation is Guaranteed for Late Arrival By:

Firm _____

Address _____

City/State/Zip _____

☐ **Single (1 person $40.00 - $48.00)**
☐ **Twins and Doubles ($50.00 - $58.00)**

Reservations held only until 6:00 P.M. local time, unless guaranteed by one night's advance deposit or Company guarantee of payment. Check out time is 1:00 P.M. (Rooms may not be available for check-in until after 1:00 P.M.) If room is not available at rate requested, reservation will be made at nearest available rate. **Hotel Reservation Form must be returned by January 6.**

p.8.

Registration Form

Card must be returned by Jan. 6.

Please make checks payable to American Medical Association. Return this card, the attached confirmation card and your check to American Medical Association, Office of the Executive Vice President, 535 N. Dearborn Street, Chicago, Illinois 60610.

6th AMA National Leadership Conference
Marriott Motor Hotel/Chicago, Ill./Jan. 26-29, 1978

Please register me for the AMA National Leadership Conference

Name (M.D.) (Mr.) (Ms.) _____
Last First Middle Initial

Title _____

Society _____

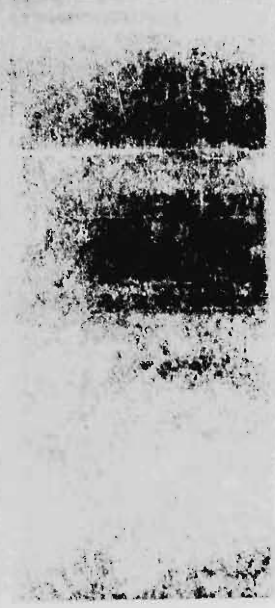
Address _____

City/State/Zip _____

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Synergy in Leadership

Important! This is your seminar confirmation card which will be returned to you. *Do not* fill out any information on this card.



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SEMINARS
Friday, Jan. 27

Choose One

(Cost of Health Care)
Cost Consciousness
Area-Specific Regulation
Role of Physician

Choose Three

Federal Health Legislation
Health Planning
Big Bucks
Local Initiatives in Cost Control
Oregon Makers in Politics

SEMINARS
Saturday, Jan. 28

Choose Three

State Health Legislation
Impaired Physician
State—Specialty Societies
Professional Courses

SPEAK-OUT BREAKFASTS
Sunday, Jan. 29

Choose One

Is regionalization the new franchise of medical practice?
What is unnecessary surgery?
Can there be too many physicians?
What is the role of the consumer in medical decision-making?

OPTIONAL SEMINARS
Thursday, Jan. 26

Mastering Spokesmanship Principles 9 AM to 5 PM (limit 12)
Improving Practice Productivity for the Medical Leader 9 AM to 4 PM (limit 30)
Mr. Chairman: How to Run and Control Meetings 3 PM to 5 PM.
Focus on the States 1 PM to 4 PM (limit 100)
Board Staff Goal Setting 2 PM to 5 PM (limit 100)
Public Relations: Background and Basics 1 PM to 4 PM
Testifying Before Your State Legislature 9 AM to 12 PM (limited)

Registration Fee $100

OPTIONAL SEMINARS
Thursday, Jan. 26

Mastering Spokesmanship Principles
5 PM Fee $70 (limit 12)

Improving Practice Productivity for
Leaders 9 AM to 4 PM Fee $20 (li

Mr. Chairman: How to Run and C
Meetings 3 PM to 5 PM Fee $20

Focus on the States 1 PM to 4 PM
Fee $25 (limit 100)

Board Staff Goal-Setting 2 PM to 5
Fee $25 (limit 100)

Public Relations: Background and
1 PM to 4 PM Fee $25 (limit 50)

Testifying Before Your State Legis
9 AM to 12 PM Fee $25 (limited)

TOTAL REMITTANCE

Your registration is confirmed
for the following courses:

SEMINARS
Friday, Jan. 27

SEMINARS
Saturday, Jan. 28

AMA MISC. Orig to Hess copies to Jim V Jim R Dan

Ex #67 p.1

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6200)

February 9, 1978

TO: Delegates, Alternate Delegates
State Medical Associations
Presidents
Presidents-Elect
Board/Council Chairmen
Executive Directors

RE: Area Meetings

On behalf of the Board of Trustees, I'm pleased to invite you to one of the six area meetings that have been scheduled for the Spring of 1978. These area meetings represent a new concept --one that we hope will allow members of the Board to visit with members of the House and the leadership of the state medical associations in a meeting format that encourages an exchange of views and information on major issues of concern to medicine.

A list of the dates of each meeting, the areas and hotels that we will be using, and the tentative agenda for each meeting is attached. While there will be formal presentations under each part of the agenda, we are reserving time for general discussion and to allow each state to report on the status of projects like the Voluntary Effort to restrain hospital cost increases and membership retention and recruitment. The last part of the agenda has also been reserved for general discussion of items of interest to meeting participants.

The Speaker or Vice Speaker of the House and three or four members of the Board are expected to attend each meeting and will lead the discussion of agenda items.

A reception will be held from 6:00 P.M. to 7:30 P.M. on the evening before each area meeting. Generally, the meetings will commence at 8:00 A.M. with a continental breakfast and adjourn at 4:00 P.M., but the March meeting in San Francisco will commence at 10:00 A.M. and adjourn at 5:00 P.M. The AMA is assuming the costs of the reception and meals, functions, and Board and staff travel, but we are asking the individual state associations to be responsible for the travel expenses of their representatives.

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A housing and registration form is enclosed for your use. Please complete this and return it to the AMA's Meeting Management Department as soon as possible. Questions about meeting arrangements or registration by telephone can be directed to Ted Chilcoat (312-751-6726), Neil Sutherland (312-751-6227), or Bud Wright (312-751-6454) at our headquarters office.

We hope that you can be with us at the meeting scheduled in your area.

James H. Sammons, M.D.

JHS:diw
Enclosures

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AMA AREA MEETINGS

Region I -- San Francisco, Fairmont Hotel, March 1

Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

Region II -- Dallas, Fairmont Hotel, March 23

Includes Arkansas, Kansas, Louisiana, Mississippi, Missouri, Nebraska, New Mexico, Oklahoma, Texas

Region III -- Chicago, Hyatt Regency O'Hare, April 10

Includes Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Wisconsin

Region IV -- Atlanta, Atlanta Hilton, April 5

Includes Alabama, Canal Zone, Florida, Georgia, Kentucky, North Carolina, Puerto Rico, South Carolina, Tennessee, West Virginia, Virgin Islands

Region V -- Washington, D.C., Mayflower Hotel, May 24

Includes Connecticut, Delaware, Maryland, New Jersey, Pennsylvania, Virginia, Washington, D.C.

Region VI -- New York City, Waldorf Astoria, May 3

Includes Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

TENTATIVE PROGRAM *

Night Before

6:00 P.M. to 7:30 P.M.	Reception

Meeting Day

8:00 A.M.	Continental Breakfast
8:30 A.M.	Opening Remarks
8:45 A.M.	Voluntary Cost Containment
9:15 A.M.	Cost Commission Report
10:15 A.M.	Break
10:30 A.M.	JCAH: Goals, Priorities, Problems
11:30 A.M.	Membership: Projections and Plans
12:15 P.M.	Lunch
1:15 P.M.	Legislative Assessment
1:45 P.M.	Procedures of the House of Delegates
2:15 P.M.	Coffee Break
2:30 P.M.	Open Discussion
4:00 P.M.	Adjourn

* San Francisco Meeting, March 1, 10:00 A.M. to 5:00 P.M.

p.4

AMA AREA MEETINGS - REGISTRATION REQUEST FORM

PLEASE PRINT

NAME: _____

TITLE: _____

SOCIETY: _____

ADDRESS: _____

_____

_____

PHONE NUMBER: _____

Please make my reservation for the following Area Meeting: (check one)

☐ San Francisco, California - Fairmont, Wednesday, March 1, 1978

☐ Dallas, Texas - Fairmont, Thursday, March 23, 1978

☐ Atlanta, Georgia - Hilton Hotel, Wednesday, April 5, 1978

☐ Chicago, Illinois - Hyatt Regency O'Hare, Monday, April 10, 1978

☐ New York City - Waldorf Astoria Hotel, Wednesday, May 3, 1978

☐ Washington, D.C. - Mayflower Hotel, Wednesday, May 24, 1978

TYPE OF ACCOMMODATION:

☐ Single ☐ Double ☐ Twin

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

☐ Guaranteed Payment - Room will be held until 6:00 p.m. unless room has been guaranteed.

THIS FORM MUST BE RECEIVED BY THE AMA AT LEAST THREE WEEKS PRIOR TO THE DATE OF THE MEETING (With the exception of San Francisco).

PLEASE RETURN TO:

Miss Dale Whiteman
Meetings Manager
Department of Meeting Management
535 North Dearborn
Chicago, Illinois 60610

FEC
DOCUMENT
SEPARATOR

EXIBITS #68-#113 MUR#253

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MUR# 253 CONTINUED ON ROLL#27

STARTING WITH EXIBITS #68-#113

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EXIBITS #68-#113 MUR#253

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Ex. #

MINUTES

Council on Legislative Activities
American Medical Association

Jackson Room
Willard Hotel
Washington, D. C.

May 8, 1959
9:30 a.m.

Present:

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice-Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
Reuben B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
Frank J. Holroyd, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
C. Joseph Stetler, Secretary
Mary Weatherholtz, Recorder

Absent:

Earlan English, M.D.
George E. Twente, M.D.

Partial Attendance:

Roy T. Lester, M.D., Manager
Washington Office

Leonard Larson, M.D., Chairman
Board of Trustees
American Medical Association

William Walsh, M.D.
Washington, D. C.

Guests:

Cecil B. Dickson, Field Division

Paul R. M. Donelan, Law Division

F. J. L. Blasingame, M.D., Executive Vice-President
American Medical Association

Mrs. Charles L. Goodhand, Chairman
Committee on Legislation
Woman's Auxiliary

Mrs. Leo Smith, Vice-Chairman
Committee on Legislation
Woman's Auxiliary

III - Review of Federal Statutes and Court Decisions Relating to Political Activities of Medical Associations and Individual Physicians.-A report, prepared by the Law Division concerning political activities was presented to the Board at its last meeting. The Board referred it to the Council on Legislative Activities for consideration and recommendations. The Council members commended the Law Division for an excellent report and suggested that each Council member keep a copy of the report for ready reference.

There was much discussion as to future AMA political activities in the light of the report. At the conclusion of the discussion, the following motion was adopted by the Council.

> That the Chairman appoint immediately a committee, consisting of three members of the Council, to work with the Executive Vice President, the Director of the Law Division and other pertinent members of the staff to study and develop a comprehensive, constructive and continuing political action program within or outside the structure of the American Medical Association which is acceptable to the Council and the Board of Trustees.

The Chairman appointed Dr. Chrisman as chairman, and Dr. White and Dr. Allman to serve on the Subcommittee for Political Activities.

Ex #69

MINUTES

Council on Legislative Activities
American Medical Association

Statler-Hilton Hotel
St. Louis, Missouri

October 1, 1959
9:30 a.m.

Present

George M. Fister, M.D., Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
Reuben B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
Harlan English, M.D.
Frank J. Holroyd, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
George E. Twente, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
C. Joseph Stetler, Secretary
Mary Weatherholtz, Recorder

Guests

Ernest B. Howard, M.D.
Assistant Executive Vice President
American Medical Association

Durward G. Hall, M.D.
AMA Delegate from Missouri

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Mr. George W. Cooley, Secretary
Council on Medical Service
American Medical Association

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Miss Elyce Zenoff
Law Division
American Medical Association

Mrs. Lee Ann Elliott
Law Division
American Medical Association

Paul R.M. Donelan
Law Division
American Medical Association

(b) Subcommittee on Political Activities

The Subcommittee on Political Activities held a brief meeting and thereafter presented the following resolution which was adopted by the Council:

"After further study and deliberation your Subcommittee on Political Activities is still of the opinion that an independent national committee of physicians to conduct political activities should not be established.

"This Subcommittee further recommends to the Council on Legislative Activities that individual physicians and groups of physicians be encouraged to formulate committees in their own areas to engage in governmental, legislative, and political activities."

The request of the Subcommittee that it be discharged was approved by the Council.

Ex # 70
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MINUTES

Council on Legislative Activities
American Medical Association

Statler Hotel
Washington, D. C.

March 25-26, 1960

Present

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
Harlan English, M.D.
Frank J. Holroyd, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
George E. Twente, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
C. Joseph Stetler, Secretary
Mary Weatherholtz, Recorder

Guests

F. J. L. Blasingame, M.D.
Executive Vice President
American Medical Association

Ernest B. Howard, M.D.
Assistant Executive Vice President
American Medical Association

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Mr. Aubrey Gates, Director
Field Service Civision
American Medical Association

Roy T. Lester, M.D., Manager
Washington Office
American Medical Association

Mr. Paul R. M. Donelan
Legal & Socio-Economic Division
American Medical Association

Mrs. Lee Ann Elliott
Legal & Socio-Economic Division
American Medical Association

Mr. F. Joseph Donohue
American Thrift Assembly

Luncheon - March 25

R. B. Robins, M.D.
Camden, Arkansas

Charles Grant, M.D.
Glasgow, Scotland

J. J. Monfort, M.D.
Batesville, Arkansas

Honorable Kenneth A. Roberts
Member of Congress, Democrat
Alabama

Mr. Kurt Borchardt, Staff
Subcommittee on Health & Safety
House Interstate and Foreign Commerce Committee

Luncheon - March 26

Honorable James B. Utt
Member of Congress, Republican
California

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II - Secretary's Report - The Secretary reported on actions of the Board of Trustees taken at the February 5-7, 1960 meeting concerning the recommendations of the Council on Legislative Activities with respect to the appointment of Key Legislative men and Emergency Congressional testimony.

The Secretary also referred to the article to appear in the April 2 issue of JAMA re the history of AMA's legislative activities.

The Secretary reviewed the report on political activities of state medical societies prepared by the Legal and Socio-Economic Division. The Council members discussed possible ways to remedy the inactivity in this field. After considerable discussion of this matter it was recommended that:

> "the Council on Legislative Activities be authorized to conduct three regional meetings for the purpose of educating physicians and medical societies as to proper political action techniques."

BOARD OF TRUSTEES

American Medical Association

September 9-10, 1960

AMA Headquarters

Chicago, Illinois

REGIONAL POLITICAL ACTION MEETINGS

BACKGROUND

The interest of physicians in government and legislation has increased significantly in recent years. This has naturally led to a greater interest in political affairs. Recognizing this fact, the Board of Trustees of the American Medical Association, at its meeting on April 7-9, 1960, authorized the Council on Legislative Activities to sponsor three regional political action conferences during July and August: The purpose of these conferences was to present practical guides and instructions for political organization and action at the local and state levels; to review the actions of the 86th Congress with respect to health proposals; to review the legal aspects of political activity and to present the experiences of state and local medical groups which have been active politically in recent years.

The A.M.A.'s interest in political affairs is not limited to one particular philosophy or party but is designed to provide assistance and information necessary to show physicians how to organize and work effectively. These regional political action conferences have been planned with this theory of bipartisanship as the basic theme.

The Council on Legislative Activities held the conferences in Salt Lake City, Utah, on July 29-30; in French Lick, Indiana, on August 12-13; and in Hershey, Pennsylvania, on August 26-27.

PROGRAM

Each meeting began with remarks by the Conference Chairman who outlined the objectives of the conference, emphasizing the necessity and urgency for political action by physicians.

The second speaker, at each conference, reviewed and discussed the status of measures of medical interest which were introduced in the 86th Congress. He described, in particular, the activities of the 86th

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Congress in connection with "Forand-type" legislation and other bills to provide a federal program of health care for the aged, and the climate in which these activities occurred.

The balance of the first day of each conference was turned over to the firm of Public Affairs Counsellors, Inc., for a presentation entitled "Applied Citizenship Training Program." This firm specializes in providing counselling services on political and governmental affairs and has managed political campaigns from the level of sheriff to United States Senator. The "Applied Citizenship Training Program" covered such subjects as: political motivation, party structure and organization, campaign techniques, political contributions, and election day procedures. The question and answer period following this training program brought up specific problems and their solutions.

The second day's program began with a talk concerning the legal aspects of political activity given by A.M.A. staff attorneys. Federal statutes and the various court cases which tested these laws were discussed.

State political action was discussed at each meeting by a panel of representatives from states in which physicians have been particularly active in recent political campaigns.

At each meeting closing remarks were presented by persons who, because of their experience and effectiveness as speakers, could encourage the participants to initiate or expedite political action in their local communities. We were very fortunate to have three outstanding speakers at these meetings: Mr. E. LaMar Buckner of Ogden, Utah; Mr. T. C. Petersen, of Chicago, Illinois, and Mr. Kenneth W. Ingwalson of Washington, D. C. Mr. Buckner was on the program in both Salt Lake City, Utah, and Hershey, Pennsylvania.

14

PARTICIPANTS

It was the intention of the Council on Legislative Activities to limit the participation in these conferences to those physicians in each state who are leaders in the field of political action, and to representatives from the Woman's Auxiliary and allied medical organizations. Each state medical association was asked to send six or seven representatives. Every state medical association was represented at one of the conferences with the exceptions of Alaska, Arkansas, District of Columbia, Hawaii, Mississippi, Missouri, New Hampshire and Texas.

The Woman's Auxiliary to the American Medical Association sent 42 representatives to the three conferences.

Allied organizations which were represented at the conferences were: American Dental Association, American Nursing Home Association, American Veterinary Medical Association, American Pharmaceutical Association, American Academy of General Practice, Pharmaceutical Manufacturers Association, American Nurses' Association and American College of Apothecaries.

A total of 103 persons attended the conference in Salt Lake City, Utah, 120 in French Lick, Indiana, and 115 in Hershey, Pennsylvania.

DISTRIBUTION OF MATERIALS

The participants at each of the meetings received a kit of material containing, among other things, two manuals on political action; one entitled "ABC of Politics" published by the National Small Business Men's Association, and the other, "Practical Politics," published by the National Association of Manufacturers. The kit also contained a bibliography of related publications.

Information concerning state and federal election laws was also included in the kit. One booklet entitled "Review of Federal Statutes and

Court Decisions Relating to Political Activities of Medical Associations and Individual Physicians" was prepared by the A.M.A. Law Department. Another, entitled "Election Law Guidebook, 1960" is a summary of federal and state laws regulating the nomination and election of United States Senators.

The balance of the material included in the kits consisted of samples of letters, advertisements, and radio announcements which had been used in previous political campaigns.

In addition to the kit which was distributed to each participant, another set of pamphlets entitled "Action Course in Practical Politics," published by the United States Chamber of Commerce, was distributed to one representative from each state medical society.

Ex. # 72 p. 1.

MINUTES

Council on Legislative Activities
American Medical Association

Mayflower Hotel
Washington, D.C.

April 29, 1960

Present

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
John E. McDonald, M.D.
George E. Twente, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
C. Joseph Stetler, Secretary
Mary Weatherholtz, Recorder

Guests

F. J. L. Blasingame, M.D.
Executive Vice President
American Medical Association

Ernest B. Howard, M.D.
Assistant Executive Vice President
American Medical Association

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Roy T. Lester, M.D., Manager
Washington Office
American Medical Association

Mr. Paul R. M. Donelan
Legal & Socio-Economic Division
American Medical Association

Mrs. Lee Ann Elliott
Legal & Socio-Economic Division
American Medical Association

Luncheon

Honorable Frank Ikard
Member of Congress,
Democrat Texas

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V - Regional Legislative Conferences - It was suggested that the three regional conferences be held during the last part of July and the month of August. Utah, Indiana and Pennsylvania were considered as possible locations for the conferences. It was estimated that about 100 persons (5 or 6 from each state) would attend each of the three sessions. The primary objective of the conferences would be to stimulate physicians

to actively participate in civic and legislative activities. The conferences would outline practical information as to how to set up and implement political activities committees. An effort would also be made to bring the participants at the meetings up-to-date as to what has happened in the 86th Congress on Forand-type legislation, and to supply information on the 1961 White House Conference.

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Ex. #73 p.1.

MINUTES

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

Board Conference Room
AMA Headquarters
Chicago, Illinois

September 9, 1960
10:00 a.m.

Present:

Julian P. Price, M. D., Chairman
James Z. Appel, M. D.
George M. Fister, M. D.
Percy E. Hopkins, M. D.
Hugh H. Hussey, M. D.
Raymond M. McKeown, M. D.
R. B. Robins, M. D.
E. Vincent Askey, M. D.
W. F. Costello, M. D.
Milford Rouse, M. D.

Absent:

Gerald D. Dorman, M. D.
Cleon A. Nafe, M. D.
Leonard W. Larson, M. D.
Norman A. Welch, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
Mr. C. Joseph Stetler

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National Committee for Good Government: Consideration was given to a proposal that a committee for good government be established on a national basis. Also discussed was a letter from Dr. Dwight Wilbur which suggested the formation of a committee to coordinate the activities of the various medical organizations of America.

The Board voted that the proposal for a good government committee and the letter from Dr. Wilbur be referred to the Council on Legislative Activities for study and report to the Board. (See also page 17, these minutes for further action on letter from Dr. Wilbur.)

Regional Political Action Meetings: The Board accepted as information a report on three regional political action conferences sponsored by the Council on Legislative Activities and held in Salt Lake City, Utah, July 29-30; in French Lick, Indiana, August 12-13; and in Hershey, Pennsylvania, August 26-27, for the purpose of presenting practical guides and instructions for political organization and action at the local and state levels; to review the actions of the 86th Congress with respect to health proposals; reviewing the legal aspects of political activity and presenting the experiences of state and local medical groups which have been active politically in recent years. These regional political action conferences were planned with the theory of bipartisanship

as the basic theme and were designed to provide assistance and information necessary to show physicians how to organize and work effectively.

In this connection, attention was called to the apparent lack of knowledge on the part of medical students of the socio-economic and political problems of medicine, and the question of how to handle such a problem was discussed.

The Board voted that this question be referred to the Council on Legislative Activities for study and report.

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Ex. #74, p.1.

MINUTES

Council on Legislative Activities
American Medical Association

Drake Hotel
Chicago, Illinois

October 22, 1960

Present

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice-Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
Donald E. Wood, M.D.
C. Joseph Stetler, Secretary
Irene Krusinski Recorder

Guests

E. Vincent Askey, M.D.
President
American Medical Association

Leonard W. Larson, M.D.
President-Elect
American Medical Association

F. J. L. Blasingame, M.D.
Executive Vice President
American Medical Association

Ernest B. Howard, M.D.
Assistant Executive Vice President
American Medical Association

Mr. Leo Brown, Director
Communications Division
American Medical Association

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Mr. Thomas Hendricks
Assistant to
Executive Vice President
American Medical Association

Roy T. Lester, M.D., Manager
Washington Office
American Medical Association

Russell B. Roth, M.D.,
Chairman
Committee on Federal Medical Services
Council on Medical Service
American Medical Association

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Legal & Socio-Economic Division Staff
American Medical Association
George Cooley
Paul R.M. Donelan
Lee Ann Elliott

p.2

(b) Actions of the Board of Trustees on September 9-10, 1960- The Board voted to accept, as information, the Council's report on the three Regional Political Action Conferences conducted by the Council on Legislative Activities in Salt Lake City, Utah, on July 29-30; in French Lick, Indiana, on August 12-13 and in Hershey, Pennsylvania on August 26-27.

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VIII - National Medical Political Action Committee - The Chairman announced that in order to provide the Council with complete information on both sides of the discussion as to whether a National Medical Political Action Committee should be established, a debate had been arranged.

Pro: C. Joseph Stetler - Mr. Stetler outlined the deficiencies in our present political activities and the legal impediments to carrying on an effective political campaign as medical societies. He outlined how a national organization could be established, organized, activated and controlled effectively.

Con: Paul R. M. Donelan - Mr. Donelan enumerated the difficulties and limitations inherent in a national political action organization and indicated how the Association could be politically effective using its present administrative and legislative structure. He indicated the possible dangers and high administrative costs of establishing a national committee. He also indicated that, in the past, a national organization was not successful. Mr. Donelan made the point that our political problems were local rather than national and that a national organization should be established only after state organizations were established.

After a discussion by the members of the Council concerning the advisability of creating a national political committee, the Council approved in principle the establishment of a National Physicians Committee for Good Government but recommended that final action on this subject be deferred until the January, 1961, meeting of the Council. It was further recommended that a study of the political activities of physicians in the various states be made and that the state medical associations be polled concerning their attitude toward the creation of a National Medical Political Action Committee.

Ex. #75, p. 1.

MINUTES

Council on Legislative Activities
American Medical Association

Statler Hotel
Washington, D.C.

January 14, 1961

Present

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice-Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
Frank J. Holroyd, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
George E. Twente, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
Donald E. Wood, M.D.
C. Joseph Stetler, Secretary
Mary Weatherholtz, Recorder

Guests

F. J. L. Blasingame, M.D.
Executive Vice President
American Medical Association

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Roy T. Lester, M.D., Manager
Washington Office
American Medical Association

Mr. David Baldwin
Communications Division
American Medical Association

Legal and Socio-Economic Division Staff
- George Cooley
- Paul R. M. Donelan
- Lee Ann Elliott
- Bernard Hirsh

Partial Attendance Afternoon Session

John Z. Bowers, M.D., Member
Council on Medical Education and Hospitals

Glen R. Leymaster, M.D., Assoc.Sec.
Council on Medical Education and Hospitals

Leland S. McKittrick, M.D., Chmn.
Council on Medical Education and Hospitals

R. B. Robins, M.D., Trustee
American Medical Association

Walter S. Wiggins, M.D., Secy.
Council on Medical Education and Hospitals

Willard A. Wright, M.D., Member
Council on Medical Service

John Youmans, M.D., Director
Scientific Activities Division

Luncheon Speaker: Robert Kerr, U. S. Senator, Oklahoma

(a) Actions of the Board of Trustees in Washington, D.C. in November, 1960 - The Board approved the recommendation of the Council concerning the establishment of a National Medical Political Action Committee. The Board also approved the Council's recommendation of active opposition to S. 3570, 86th Congress, and other similar measures concerned with the use of animals for experimentation. The Board referred three subjects involving federal aid to medical education and hospitals to the Council on Legislative Activities and the Council on Medical Education and Hospitals for joint consideration.

Hospitals, it is the belief of the Council on Legislative Activities that legislation should be sponsored to implement the two programs.

IX - Political Action - The Secretary summarized the responses from state medical associations to a request for a report concerning the political activities of physicians during the 1960 campaign and their opinions as to the advisability of a National Medical Political Action Committee.

The Council voted to recommend to the Board of Trustees the establishment of a National Medical Political Action Committee, provided that proper safeguards are employed in connection therewith. Doctors Vickers, Holroyd and Wood voted against this recommendation and submitted a minority report. (Attachment A)

MINORITY REPORT
CONCERNING THE ADVISABILITY OF ESTABLISHING A NATIONAL MEDICAL POLITICAL ACTION COMMITTEE

Drs. Vickers, Holroyd and Wood voted against the recommendation submitting the following minority report:

The opposition to the establishment of a National Medical Political Action Committee is based upon the following:

(1) The political influence of the A.M.A. should be of a policy nature only and not active participation in politics.

(2) Political education of doctors is more important at this time at the grassroots level.

(3) This committee would create confusion with already established state political action committees.

(4) This has been tried before (old National Physicians Committee) which was staffed and made up of dedicated people, but who got nowhere, except into trouble.

(5) AAPS has never got off the ground in spite of many dedicated people.

(6) If and when state society leaders indicate that such a program would be desirable, then we in the A.M.A. should set up a program.

(7) State sections of such a committee could easily be made up of a majority of people who would cause trouble, disagree in principle and, further show we are not united but a disunited group.

(8) It is our feeling that for the time being the Council on Legislative Activities can work with states, if they desire it, and properly direct them without making the local men feel that the A.M.A. is trying to run the show.

(9) The A.M.A. must make the entire membership more aware of its benefits before another committee is presented to them.

ATTACHMENT A

Ex. 76, p. 1.

MINUTES

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

AMA Headquarters
Board Conference Room
Chicago, Illinois

February 3-4, 1961
9:00 a.m.

Present:

Julian P. Price, M. D., Chairman
James Z. Appel, M. D.
Gerald D. Dorman, M. D.
George M. Fister, M. D.
Percy E. Hopkins, M. D.
Hugh H. Hussey, Jr., M. D.
Raymond M. McKeown, M. D.
R. B. Robins, M. D.
E. Vincent Askey, M. D.

Norman A. Welch, M. D.
Milford O. Rouse, M. D.
William F. Costello, M. D.

Absent:

Leonard W. Larson, M. D.
Cleon A. Nafe, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
C. Joseph Stetler

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LEGISLATION Meeting of Council on Legislative Activities: The Board voted as indicated below on the recommendations made by the Council on Legislative Activities at its meeting on January 14:

(a) National Medical Political Action Committee - concurrence in the recommendation that the Board approve of the estab-

lishment of a National Medical Political Action Committee provided that proper safeguards are employed in connection therewith.

8-1-0-1-0-2-7-0-0-5-4

Ex. 777 A, p. 1.

AMPAC
American Medical Political Action Committee

620 NORTH MICHIGAN AVENUE • CHICAGO 11, ILLINOIS
Suite 412

AMPAC
Gunnar Gerbrandy, M.D., La Crosse, Wis.
chairman
Milton Dunn, M.D., Dallas, Texas
secretary-treasurer
Francis Coleman, M.D., Des Moines, Iowa
Dan Kelsey, M.D., Sacramento, Calif.
George Lawrence, Jr., M.D., Flushing, N. Y.
Mrs. Earl W. Reiss, Prospect, Ky.
Donald E. Wood, M.D., Indianapolis, Ind.
Executive Director
Joe D. Miller

3707 Gaston Ave.,
Dallas, Texas
October 19, 1961

Mr. C. Lincoln Williston,
Executive Secretary
Texas Medical Association
1801 North Lamar Boulevard
Austin, Texas

Re: The American Medical Political
Action Committee

Dear Lincoln:

Mr. Joe Miller, Executive Director of AMPAC, has recently forwarded me a copy of the constitution and bylaws of the American Medical Political Action Committee of the State of Washington. The Board of Trustees and the House of Delegates of the Medical Society of the State of Washington have agreed to form a State Political Action Committee, directed and authorized to function and work with AMPAC. I hope that Texas doctors will take a similar step in the near future, and I have asked Mr. Miller, our Executive Director, to forward to you several copies of the constitution and bylaws of the American Medical Political Action Committee of the State of Washington along with certain other information which could serve as background information regarding the thinking of the Board of Trustees of the American Medical Association, the Council on Legislative Activities of the AMA, and the ad hoc committee which was appointed to study political action efforts and methods for the AMA. It goes without saying that it is very difficult to translate two or three years of hard, earnest committee work into a few minutes of explanation, and for that reason, I wanted lyou and the appropriate officers of our society to have available all the information possible.

I would like to ask that you forward the Washington State AMPAC constitution along with copies of these other materials to Dr. Renger, Dr. Waldron, Dr. Kimbro, Dr. Moreton, Dr. Donaldson, Mr. Overton and any other officers, committee members, or members of the Texas Medical Association that you think should be considering these matters. I would like to ask that you and each

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of your officers consider these matters confidential, since we are in a formative state, but you should feel free to provide this material to anyone who should have it, according to your discretion.

We are setting up meetings with State Societies and/or their representatives at the Denver AMA meeting and I hope that Dr. Renger will designate representatives of the TMA to meet with us at that time. When such representatives are designated, I would like to suggest that you forward their names and office addresses to Mr. Joe D. Miller, Executive Director, AMPAC, 520 North Michigan Avenue, Chicago 11, Illinois, so that he might inform them of the time and place of the meetings.

If I can provide you, any of our officers, or members of the TMA with any other information, I shall be happy to do so at any time.

Yours very truly,

MVDegr

Milton V. Davis, M. D., Secretary-Treasurer

ccs to: Dr. Harvey Renger
Dr. George Waldron
Dr. Robert Kimbro
Dr. Hubert Morston
Dr. Joe Donaldson
Mr. Phil Overton
Mr. Joe D. Miller

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Ex. 77B p.1

November 10, 1961

Harvey Renger, M.D., President
George Waldron, M.D., President-elect
R. Mayo Tenery, M.D., Vice-President
R. W. Kimbro, M.D., Chairman, Board of Trustees
M. O. Rouse, M.D., Key Legislative Contact Representative
R. D. Moreton, M.D., Chairman, Council on Medical Jurisprudence
J. R. Donaldson, M.D., Chairman, Council on Public Relations
J. B. Copeland, M.D., Chairman, AMA Delegates
Mr. Philip R. Overton, General Counsel

Gentlemen:

As you are aware, Dr. Milton V Davis, Secretary-Treasurer of AMPAC, has expressed the hope that Texas physicians will agree to form a State Medical Political Action Committee, similar to that created recently by the Board of Trustees and the House of Delegates of the Medical Society of the State of Washington.

For your consideration, we are forwarding four documents which have been sent to us by Mr. Joe D. Miller, Executive Director of AMPAC:

1. Constitution and By-laws, American Medical Political Action Committee of the State of Washington.
2. Report of Special Committee to Study the Advisability of Creating an Oregon Committee for Political Action and Education.
3. Constitution and By-laws, American Medical Political Action Committee.
4. Confidential memo prepared by Mr. C. Joseph Stetler to the AMA Council on Legislative Activities on AMPAC.

Best wishes.

Cordially yours,

C. Lincoln Williston
Executive Secretary

CLW/ms
Enclosures
cc: Milton V. Davis, M.D.
Mr. Joe D. Miller

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CONSTITUTION AND BY-LAWS

of the

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this committee is the American Medical Political Action Committee, hereinafter referred to as the Committee or AMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others. The Committee shall be politically non-partisan.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1. -- Members

Membership shall be available to any Doctor of Medicine, his spouse, and other members of his immediate family.

Section 2. -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3. -- Dues

The regular annual dues shall be ten dollars per person. The Board of Directors is authorized to establish additional categories of membership with higher dues assessments.

Section 4. -- Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at their direction.

ARTICLE IV

Board of Directors

Section 1. -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. -- Composition

The Board of Directors shall consist of seven members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association, who is a member of AMPAC. The other six shall be Doctors of Medicine who are members of AMPAC.

Section 3. Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term of one year. No member shall serve for more than five years.

ARTICLE V

Officers

Section 1. -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the American Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than two terms.

Section 2. -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Trustees.

Section 3. -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the

Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1. -- Annual Meetings

The annual meeting of the Board of Directors shall be held in late November or early December.

Section 2. -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

The American Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1. -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

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CONFIDENTIAL

MEMORANDUM

TO: Council on Legislative Activities

FROM: C. Joseph Stetler, Secretary

SUBJECT: National Medical Political Action Committee

DATE: April 11, 1961

At its meeting on January 14, 1961, the Council on Legislative Activities recommended to the Board of Trustees that a national medical political action committee be established with the approval and support of the American Medical Association. This recommendation was approved by the Board of Trustees on February 4, 1961.

This revised report, based on the discussion at the March 17 meeting of the Council and on suggestions presented by a few Council members, has been prepared to suggest a method of organizing and operating such a committee. A proposed Constitution and By-Laws is attached.

As indicated at the March 17 meeting of the Council, the staff has, prior to preparing this report, reviewed the organization of the AFL-CIO Committee on Political Education, the Republican National Committee, the Democratic National Committee, and medical political action committees in Illinois, Indiana, Pennsylvania, California, Florida, Idaho, and South Dakota.

The proposals in this report and the suggested Constitution and By-Laws have been prepared so that the organization and operation of this committee will be in conformance with applicable federal law.

NAME

Numerous names have been suggested for this committee. The name contained in the proposed Constitution and By-Laws is the American Medical Political Action Committee (AMPAC). This name is suggested because the use of the word "American" describes it as being a national committee, the word "Medical" describes it as being composed of those individuals and organizations associated with medicine and the medical sciences, and "Political Action Committee" most accurately describes the contemplated purposes and functions of the committee. Also, the initials "AMPAC" provide an easily pronounced abbreviation, making reference to the committee simpler, and increasing identifiability.

FORM AND PURPOSES

The committee is described in the Constitution and By-Laws as a non-partisan, voluntary, non-profit, unincorporated political action committee. Emphasis on the non-partisan aspect of AMPAC is thought to be highly important if it is to receive the acceptance and support of physicians in all areas of the country.

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The purposes of AMPAC as stated in the Constitution and By-Laws are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To educate physicians and others as to the nature and actions of their government, as to important political issues, and as to the records and positions of political parties, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

The purposes of AMPAC have been stated in broad and general terms so as to authorize virtually any activity within the political area necessary for carrying out the objectives of the organization. This philosophy of using broad general statements has been followed throughout the By-Laws.

The endorsing and supporting of national political candidates and the engaging in partisan political campaigns is clearly within the purposes set forth in the By-Laws, although these activities have not been specifically enumerated as it was felt it was not necessary or particularly desirable at this point. Thus, the door has been left open for AMPAC to engage in partisan politics in addition to its educational activities.

MEMBERSHIP AND DUES

Membership is provided for all Doctors of Medicine who are licensed to practice in one of the states, for their spouses, and adult members of their family.

The annual dues shall be Ten Dollars per person.

GOVERNING BODY

The governing body, known as the Board of Directors, shall be composed of seven members. One member must always be a member of the Woman's Auxiliary to the AMA. The terms of office for the members of the Board of Directors shall be for one year. No member shall be allowed to serve for more than five terms. The members of the Board of Directors are to be appointed by the Board of Trustees of the American Medical Association.

OFFICERS

The two officers provided for in the By-Laws are the Chairman and the Secretary-Treasurer. The officers are to be elected at the annual meeting to one year terms by members of the Board of Directors from among the members of the Board. No officer may serve for more than two terms. The original officers of AMPAC are to be appointed by the Board of Trustees of the AMA.

The Hatch Political Activities Act requires that every national political committee have a Chairman and a Treasurer. It is felt that the two officers required by the Act are sufficient for the operating purposes of the committee at its inception. If additional officers are desired, the By-Laws can easily be amended to so provide. The Chairman has the powers generally held by the chief executive officer of any organization. The Secretary-Treasurer has the duties usually assigned to a person holding both those offices and in addition must file the reports with the Congress required by the Hatch Political Activities Act.

COMMITTEES

Provision is made in the By-Laws for the establishment of any necessary committees by the Board of Directors.

FINANCING

Obtaining funds to support the activities of AMPAC will obviously not be a simple matter. Undoubtedly, at the inception, the contribution of the American Medical Association will have to be substantial if the organization is to have a successful beginning.

As time passes, it is to be hoped that the revenue from dues would be considerable in view of the number of physicians throughout the country that appear to have a real interest in increasing their political knowledge and activities. It would also be hoped that some physicians will see fit to contribute sums over and above their dues payment.

The restrictions of the Federal Corrupt Practices Act concerning contributions and finances continue to cause confusion. Actually, the basic concepts as to these restrictions are relatively simple. There are no serious restrictions as to contributions by individuals and unincorporated groups. The only important restriction on a corporation is that it may not make "expenditures or contributions in connection with any federal election". However, the majority of the work of AMPAC will not be devoted to activities which fall within this restriction inasmuch as a greater period of time and probably a greater amount of money will be devoted to so-called "educational activities".

Such activities as assisting in the organizing of state and local political action committees, furnishing such committees with information and literature, and preparing and distributing the records of the political parties and the candidates are of an educational nature.

Voter registration drives, get-out-the-vote campaigns, and the preparation and conducting of instructional courses in political action and leadership are also of an educational nature. Such activities may be supported and financed by funds from any source, including donations from corporations such as the AMA, inasmuch as they are not contributions and expenditures in connection with an election.

During a typical two year period, at least twenty months will probably be devoted solely to educational type activities. During the remaining four months, when a federal election campaign is in progress, the educational activities will continue and can be clearly separated and segregated from so-called partisan political activities. During a campaign, information on voting records of candidates and get-out-the-vote campaigns will possibly be equally as important in the final analysis as direct assistance to candidates.

The actual financial support of candidates and similar direct partisan activities cannot be financed by funds provided by corporations. Such political activities may only be financed through voluntary contributions received from individuals and noncorporate groups. The problem is resolved by keeping two separate and distinct funds, one of which relates to educational activities and the other to partisan activities.

At a certain date preceding a federal election campaign, it may be desirable to switch the entire operation of AMPAC to the voluntary fund, so that the salaries of the staff and the overhead of the committee are paid from voluntary contributions and there can be no question as to any partisan political activities involving the contributions of a corporation. However, educational literature may still be financed if necessary from the educational fund, even during a campaign.

Therefore, the restrictions of the federal law should not prove any serious hindrance to the accomplishment of the purposes of AMPAC if sufficient funds for partisan activities are available from voluntary contributions.

STAFF

The size of the staff will, of course, depend on the funds available and the scope of activities undertaken. Initially, it

would appear that an Executive Director and at least one secretarial person would be required. The work of a committee such as this undoubtedly will involve a good deal of travel on the part of the Director.

It would appear desirable, for both legal and public relations purposes to have the committee housed in a building separate from the AMA headquarters.

If necessary, AMA staff and facilities could be utilized to assist AMPAC's educational activities. As stated above, it is permissible for corporate funds and other resources to be used for educational political activities. However, when AMPAC approached a federal election campaign, AMA resources could not be used.

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Ex. # 78, p. 1.

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

AMA Headquarters
Chicago, Illinois
Board Conference Room

May 27-28, 1961
9:00 a.m.

Present:

Julian P. Price, M. D., Chairman
James Z. Appel, M. D.
Gerald D. Dorman, M. D.
George M. Fister, M. D.
Percy E. Hopkins, M. D.
Hugh H. Hussey Jr., M. D.
Raymond M. McKeown, M. D. (for May 28)
Rufus B. Robins, M. D.
E. Vincent Askey, M. D.
Leonard W. Larson, M. D. (for May 27)

William F. Costello, M. D.
Norman A. Welch, M. D.
Milford O. Rouse, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
C. Joseph Stetler

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2 - POLITICAL ACTION

The Board voted to approve the proposed Constitution and Bylaws of the American Medical Political Action Committee and to request the staff to secure necessary legal clearance from the Department of Justice; that as soon as such clearance is obtained, the Board of Directors of the national medical political action committee be appointed and that sufficient funds be appropriated by the AMA to finance the establishment of the Committee.

On May 28 the Board voted to authorize an appropriation of $25,000 for the American Medical Political Action Committee, contingent on receipt of clearance from the Justice Department.

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Ex. 79 p.1.

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

Statler-Hilton Hotel
Georgian Room
New York, New York

June 24-29, 1961
9:00 a.m.

Present:

Julian P. Price, M. D., Chairman
James Z. Appel, M. D.
William F. Costello, M. D.
Gerald D. Dorman, M. D.
George M. Fister, M. D.
Percy E. Hopkins, M. D.
Hugh H. Hussey Jr., M. D.
Raymond M. McKeown, M. D.
R. B. Robins, M. D.
B. Vincent Askey, M. D.
Leonard W. Larson, M. D.

Norman A. Welch, M. D.
Milford O. Rouse, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
C. Joseph Stetler

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7 - AMPAC: To defer action pending receipt of nominees for possible membership on the American Medical Political Action Committee. At its meeting on June 28, after receiving several suggestions, the Committee nominated the following for membership, and these recommendations were approved by the Board: (see also page 17, these minutes.)

R. B. Chrisman, Chairman
Milton Davis, Secretary-Treasurer
Francis C. Coleman
George Lawrence Jr.
Gunnar Gundersen
Dan Kilroy
Mrs. Earl Roles

25 - AMPAC Dr. Blasingame reported that, as requested by the Board at its meeting in May, informal contact was made with the Department of Justice and that in view of the results of that conference, it was recommended that the activation of the American Medical Political Action Committee be accomplished immediately.

It was agreed that nominees for membership on AMPAC be submitted to the Nominating Committee with the request that that Committee be prepared to submit the composition of the committee to the Board at a subsequent meeting (see also page 5, these minutes).

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Ex # 80, p.1

MINUTES

Council on Legislative Activities
American Medical Association

Drake Hotel
Chicago, Illinois

August 11-12, 1961

Present

McKinnie L. Phelps, M.D., Acting Chmn.
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, M.D.
Frank C. Coleman, M.D.
George M. Fister, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
George E. Twente, M.D.
Martyn A. Vickers, M.D.
C. Joseph Stetler, Secretary
Kathy Liesch, Recorder

Guests

Mrs. Lawrence A. Rapee, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Mrs. Robert Reagan, Vice-Chairman
Committee on Legislation
AMA Woman's Auxiliary

Legal and Socio-Economic Division Personnel

Paul R. M. Donelan
Lee Ann Elliott
Bernard P. Harrison
Oliver J. Neibel, Jr.

Partial Attendance

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Mr. Thomas Hendricks
Assistant to Executive Vice-President
American Medical Assn.

VI - Report of the American Medical Political Action Committee - Frank Coleman, M.D. - A report was given by Doctor Coleman on the organizational meeting of AMPAC held on August 10, 1961. The objectives and purposes of this Committee were set forth.

Ex. #81, p. 1.

MINUTES

AMERICAN MEDICAL ASSOCIATION
BOARD OF TRUSTEES

AMA Headquarters
Board Conference Room
Chicago, Illinois

September 8, 1961
9:30 a.m.

Present:

Hugh H. Hussey, Jr., M. D., Chairman
James Z. Appel, M. D.
Gerald D. Dorman, M. D.
Wesley W. Hall, M. D.
Percy E. Hopkins, M. D.
Charles L. Hudson, M. D.
Raymond M. McKeown, M. D.
Homer Pearson, M. D.
R. B. Robins, M. D.
George M. Fister, M. D. (for part of time)

Milford Rouse, M. D.
Eustace A. Allen, M. D.

Absent:

Leonard W. Larson, M. D.
Norman A. Welch, M. D.

Staff:

F. J. L. Blasingame, M. D.
Ernest B. Howard, M. D.
C. Joseph Stetler

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POLITICAL ACTION

(a) AMPAC Membership: At the meeting of the Board in June, 1961, Dr. R. B. Chrisman was selected to serve as Chairman of the American Medical Political Action Committee. Dr. Blasingame reported that Dr. Chrisman was unable to serve; that the Chairman of the Board had therefore appointed Dr. Gundersen to serve as Chairman and selected Dr. Donald E. Wood, a member of the Council on Legislative Activities, as a member of the Board of Directors of AMPAC.

The Board voted to confirm the action of its Chairman in appointing Dr. Gunnar Gundersen Chairman and Dr. Donald E. Wood a

member of the Board of Directors of the American Medical Political Action Committee.

(b) Organizational Meeting: A brief informational report was made on the organizational meeting of AMPAC, held on August 10, which included a request from that group for a financial contribution from the American Medical Association.

The Board voted to approve the request of AMPAC for a financial contribution and to appropriate $25,000 for this organization, such funds to be used for educational purposes.

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Ex. # 82, p. 1.

MINUTES

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Drake Hotel
Chicago, Illinois

Room M-17
August 10, 1961

MEMBERS PRESENT

Gunnar Gundersen, M. D., Chairman
Milton V. Davis, M. D., Secretary-Treasurer
Frank C. Coleman, M. D.
Dan O. Kilroy, M. D.
Mrs. Earl W. Roles

MEMBERS ABSENT
George J. Lawrence, Jr., M. D.
Donald E. Wood, M. D.

I. Call to Order - The meeting was called to order by the Chairman, Doctor Gundersen, at 9:30 a.m.

II. Review of Past Actions of the Council on Legislative Activities and the Board of Trustees--The Committee reviewed the background activities and actions of the Council on Legislative Activities and the Board of Trustees pertinent to the formation and regulations of AMPAC.

Three statutes were drawn to the attention of the Committee which deal directly with AMPAC. They were:

(A) The Hatch Political Activities Act, which prevents Federal employees' participation in political activities and limits expenditures per year and per election of given candidate;

(B) The Internal Revenue Code, which states that dues or contributions are not tax deductible as business expenses; and

(C) The Federal Corrupt Practices Act, which defines the relations of committees to corporations. Certain applicable restrictions are:

(1) Every Committee must have a Chairman and a Secretary-Treasurer.

(2) Every Committee must report to the Congress three times a year regarding its contributions and expenditures and before each general election. These reports must include:

(a) the name of each contributor and the amount if the contribution is $100 or over.

(b) the total sum of all contributions made to the committee.

(c) the name of each person to whom an expenditure is made in excess of $10.00; and

(d) the total sum of all expenditures made during the calendar year.

(3) Section 610, which forbids any corporation from making any contribution in any Federal elections for partisan political purposes.

It was suggested that all the members of AMPAC read the memorandum entitled REVIEW OF FEDERAL STATUES AND COURT DECISIONS RELATING TO POLITICAL ACTIVITIES OF MEDICAL ASSOCIATIONS AND

INDIVIDUAL PHYSICIANS contained in the political action kit distributed at the meeting.

It was noted that two types of funds can be realized through contributions to AMPAC. These are the "educational" fund and the "political" fund. The "educational" fund may include contributions from the A.M.A. and/or dues which are paid for membership in AMPAC. The "political" fund includes only those monies which are received through dues or voluntary contributions to the committee. The "political" fund is the only one which can be used for supporting or opposing candidates for public office.

IV. Adoption of Constitution and Bylaws - Attached as Exhibit A is a copy of the Constitution and Bylaws of AMPAC which was adopted as amended.

V. Discussion of Methods of Financing:

Dues Structure - It was suggested that the committee explore the dues structure of the various state committees before reaching a final decision on membership classifications. Because of certain legal questions regarding the method of dues collection, Counsel was asked to review and report on this subject. It was also suggested that this item be included for complete discussion at the next Conference for Legal Counsels of State Medical Associations.

VI. Administrative Matters:

(A) Selection of an Executive Director - Mr. Joe D. Miller

was selected as the Executive Director of AMPAC. It was decided that his starting salary would be $20,000 and the committee will purchase certain employee benefits including a retirement program; hospitalization, surgical and major medical protection; and, a certain amount of life insurance as well as travel insurance. The effective date of employment to be no later than September 1, 1961.

(B) Secretarial Staff - The Executive Director was given authorization to employ a secretary at an initial salary in the neighborhood of $500 per month depending upon individual qualifications.

(C) Auditing Firm - The Executive Director was given the authority to engage the services of a well established, reputable firm.

(D) Location of Committee Office - It was decided that the Committee office be situated in Chicago. The Executive Director was instructed to look into the possibilities of a desirable location as soon as possible.

(E) Selection of Bank - The Committee voted that the "educational" and the "political" accounts each be set up in separate banks and that the funds be earmarked as such.

VII. Directives to Executive Director - The Executive Director was instructed to initiate the following activities as soon as possible:

(A) Conduct an up-to-date survey of state activities with respect to operational procedures and effectiveness of political action committees.

(B) Study the non-sensitive, impersonal, organizational, structure of political parties in all states.

(C) Prepare educational material which will state the purposes of AMPAC to the public.

(D) Request state groups for assistance in the work of this committee and work through existing state political action committees.

It was agreed that special committees of AMPAC should not be appointed until a more definite pattern of operation is established. As an example, one such committee could be devoted to special fund-raising activities; however, it was decided that formation of such a subcommittee should not take place until the staff has completed and thoroughly analyzed a state-by-state survey.

VIII. Board Members Activities - The members of the Board of Directors of AMPAC decided to individually request an opportunity to meet with their respective state political action committees, if one exists, and advise them of AMPAC's efforts.

IX. Other Business

(A) U. S. Chamber of Commerce - The committee was advised

of the up-and-coming conference on Public Affairs sponsored by the U. S. Chamber of Commerce to be held in St. Louis, Missouri, on October 10 and in San Francisco, California on October 12. The committee was shown a copy of the program and Doctor Gundersen urged the members to attend these conferences if at all possible.

(B) Dr. Durward Hall - The committee received a request from Dr. Durward Hall to consider a seminar dealing with "practical non-partisan political participation." The Executive Director was instructed to study the possibilities of such a program. It was further suggested that Doctor Hall be invited to attend one of AMPAC's future Board meetings to discuss this project.

(C) Publicity - The committee was informed that New Medica Materia would feature a story on AMPAC authored by Doctor Gundersen in its September 1961 issue.

XI. Next Meeting - It was agreed that the next meeting of AMPAC Board of Directors be subject to the call of the Chairman.

XII. Adjournment - The meeting was adjourned at 4 p.m.

Milton Chaney, M.D., Sec-Treas.

Attachment.

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Ex. # 83, p. 1.

AMERICAN MEDICAL ASSOCIATION
PROCEEDINGS OF THE HOUSE OF DELEGATES
DENVER, COLORADO, NOVEMBER 27 and 29, 1961

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American Medical Political Action Committee: The members of the AMPAC were introduced to the House. In addition, Drs. Dwight Wilbur, Gunnar Gundersen, Milton V. Davis and Donald Woods addressed the House regarding the organization, aims and purposes of the committee.

Dr. J. Lofe Ludwig. Dr. Ludwig, *Chairman*, Council on Legislative Activities presented the following address which was not referred to a committee:

As Chairman of the Council on Legislative Activities, and as a member of the council for nine years, I have had an unusual opportunity to watch the growth of federal intervention in health matters of the American people. In the last three years, legislative proposals have been made which would destroy the high standards of medical care the people of America enjoy today.

You all remember the Forand bill and the defeat it suffered in the 86th Congress. One of the reasons for its defeat was the opposition of the Eisenhower administration. Today, the situation is changed. The present administration supports the "Forand" approach. It has submitted its own version, H.R. 4222--the King-Anderson bill. Let me point out that this proposal has been given the "highest priority" by the administration, which enjoys majorities in both houses of Congress.

This is the situation America faces today. What are we doing to counteract this threat?

American medicine is carrying on a vigorous educational campaign. This campaign is divided into two parts, political and legislative. The political part will be carried out for medicine at the national level by AMPAC. You have been told of these activities by the previous speakers. Let me limit my discussion to what has been done, and will be done, by the American Medical Association in the legislative field and why we need your help.

Immediately upon introduction of the King-Anderson bill, detailed analyses were published in the *AMA News* and in THE JOURNAL. Speeches to medical societies and other groups by physicians and staff personnel followed. The purpose of these activities was to inform medicine of the issues involved and the threat it faced.

The Field Service Division has devoted a major portion of its time in explaining the legislative situation and urging continued and increased effort at the county and state levels. AMA representatives in Washington have engaged in a similar campaign to explain medicine's position on this proposal to individual members of Congress. The Legal and Socio-Economic Division, in addition to participating in an education program, has collected information for future use concerning the medical, philosophic, economic, and social implications of the bill. The Communications Division, through all available media, has kept up a steady flow of information not only to physicians, but to the public at large.

In addition, the AMA has worked closely with allied health agencies, the insurance industry, Blue Shield, and other prepayment plans, national organizations such as American Farm Bureau Federation, chambers of commerce, church groups, student groups and, through our Woman's Auxiliary, with women's clubs.

In July and August of this year, the House Ways and Means Committee held two weeks of hearings of H.R. 4222. During this period, 92 organizations testified on the bill. Approximately 200 additional organizations and individuals submitted statements. The great majority of these organizations testified in opposition to H.R. 4222.

The opponents of the King-Anderson bill limited themselves to a discussion of the provisions of the bill and their reasons for opposing it. AMA submitted a 91-page statement which discussed in detail every conceivable effect of the proposal. I would recommend that every member of this House read this document.

I am convinced that an objective observer at the hearings, on the basis of logic and information, would have been convinced that AMA and its allies carried the hearings. But unfortunately, Congress does not always operate on logic alone. Politics can, and does, play a major role. This is why the American Medical Political Action Committee (AMPAC) was established. This is why AMPAC *must* be supported. Political action can, and will, lead to legislative success.

The job before us cannot be done by organizations alone. AMA and AMPAC cannot fulfill their roles successfully without the full support and sustained effort of the practicing physician. As the AMA works with national organizations, the state and county medical societies and individual physicians must work with local business and civic groups and with their neighbors.

1962 is the crucial year. Our opponents know this and they are increasing their attacks on organized medicine and their pressure on members of Congress. Already, the opening guns in their campaign have been fired. The administration has been conducting regional conferences on legislation. The so-called McNamara Committee has held a similar series of meetings throughout the country. These activities can be countered, in part, by increased medical society interest and activity at the local level. It is the responsibility of every member of this House to make certain our legislative and political problems receive the necessary attention back home.

Finally, I would like to say a word of caution about our well-intentioned members and allies who would accept a compromise. I believe that our profession faces a danger from this source almost as serious as from those committed to our destruction.

The call to battle has sounded, the lines are drawn, and the hour grows late. An aroused and informed profession must rededicate itself to restore that sense of patriotism, moral courage and individual initiative which has served us well in the past. As free men, glorying in our individuality and sustained by a firm faith in ourselves and our established methods of medical practice, we are sure of victory.

Gentlemen, the future of American medicine is in our hands. I hope we will be equal to the task before us.

p. 4.

B. AMPAC

The Board of Trustees, recognizing the need for an organization to provide physicians of this country with an effective, coordinated, political action effort, took action approximately one year ago to review the programs and activities of existing political action committees and to determine what type of national medical political action group could be established under applicable federal laws.

In January 1961 the Council on Legislative Activities recommended to the Board of Trustees that a national medical political action committee be established with the approval of the AMA. This recommendation was approved by the Board on February 4, 1961.

On April 16, 1961 the Council on Legislative Activities formulated the framework of such a committee in conformance with the provisions of the federal law. Following this action the Board of Trustees at its May 1961 meeting approved the proposed bylaws of the committee.

The committee is a non-profit, voluntary, non-partisan, unincorporated political action committee. Emphasis is placed on the non-partisan aspect of AMPAC. Membership is available to physicians, their wives, immediate members of the family and others.

The purposes of AMPAC, as stated in the Consitution and Bylaws, are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.
2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the records, office holders and candidates for elective office.
3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To do any and all things necessary or desirable for the attainment of the purposes stated above.

The governing body, known as the Board of Directors, is composed of seven members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association. The other six members must be Doctors of Medicine. The term of office for the members of the Board is set at one year and no member shall be allowed to serve for more than five years. Appointment to the committee's Board is by action of the Board of Trustees of the American Medical Association.

The initial directors of AMPAC were appointed at the time of the annual meeting in New York, June 1961. Dr. Gunnar Gundersen was selected as Chairman and the other members of the committee are: Drs. Milton V. Davis, *Secretary-Treasurer*, Frank C. Coleman, Dan Kilroy, George Lawrence, Jr., Mrs. Earl W. Roles, representing the Auxiliary; and Dr. Donald E. Wood.

The organizational meeting of the committee was held on August 10 and since that date a concerted effort has been made to encourage the formation of state political action committees or to work with existing medical political action groups. Both the "educational" and the "political" activities of the committee require the support of every physician and the members of his immediate family.

The members of the House are urged to endorse the action of the Board of Trustees and to encourage all physicians to join the American Medical Political Action Committee.

REPORT OF REFERENCE COMMITTEE ON REPORTS OF BOARD OF TRUSTEES: The following report, presented by Dr. Robert C. Long, *Chairman*, was adopted:

Your reference committee heartily approves of AMPAC. Your committee further approves of the purposes and goals of AMPAC as stated in Supplementary Report B.

It was emphasized during the hearings before your reference committee that effective political action must be carried on at the local level and that effective implementation must be done by local groups of physicians. The formation of AMPAC recognizes the need for a national medical political action committee to coordinate the political activities of physician groups at all levels throughout the country.

It was further emphasized that AMPAC is an organization separate and distinct from the American Medical Association as required by federal law.

The members of this House of Delegates are urged to join AMPAC and to encourage all physicians, their wives and interested friends to join AMPAC and other political action committees in their states and communities.

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THE ARIZONA MEDICAL ASSOCIATION, INC.

BOARD OF DIRECTORS

Meeting of the Board of Directors of The Arizona Medical Association, Inc., held Sunday, December 10, 1961, in the French Quarter of the Safari Hotel, Scottsdale, Arizona, convened at 10:15 A. M., William B. Steen, M. D., Vice President, Chairman, presiding.

ROLL CALL

PRESENT: Drs. Baldwin, Earl R.
Beaton, Lindsay E.
Brewer, W. Albert
Dudley, Jr., Arthur V., Treasurer
Dysterheft, Arnold H.
Hamer, Jesse D.
Jarrett, Paul B.
Neubauer, Darwin W.
O'Hare, James E.
Drs. O'Neil, James T.
Schwartzmann, John R.
Singer, Paul L., Secretary
Smith, Leslie B., President
Smith, Noel G.
Steen, William B., Vice President
Tuveson, Leo L.
Yount, Jr., Clarence E., President-Elect

Messrs. Boykin, Paul R., Assistant Executive Secretary
Carpenter, Robert, Executive Secretary

GUESTS: Baker, Earl J., M. D., Member, Subcommittee on Civil Defense and Safety of the Professional Committee
Wierson, Wesley A., Assistant Executive Director, Blue Cross-Blue Shield Plans

EXCUSED: Drs. Barker, Jr., Clyde J.
Eisenbeiss, John A.
McNally, Joseph P.
Drs. Moody, Deward G.
Reed, Wallace A.

MINUTES

It was moved by Dr. O'Hare, seconded by Dr. Beaton and unanimously carried that the minutes of the meeting of the Board of Directors held July 9, 1961, be approved as prepared and circulated among the members.

ARIZONA STATE BOARD OF PUBLIC WELFARE MEDICAL CARE FOR OLD AGE RECIPIENTS

The President, Dr. Smith, briefed the Board on events following the enactment of the Federal Kerr-Mills Law and progress achieved in its implementation by the several states. Likewise, he reviewed activity in this State and, especially, events leading up to and concluding in a meeting with the Arizona State Board of Public Welfare held in Prescott, Arizona, Thursday, September 28, 1961. While the presentation before the Welfare Board Meeting was considered effective, it is known that the Chairman, Charles P. Neumann, M. D., was strongly opposed to implementation of the Kerr-Mills bill.

STANDARD B&P "NOREAR" ®

Project Hope

Several weeks ago the Governor of this State, through his Administrative Assistant, Mr. John McGowan, sought information as regards "Project Hope". He had been appealed to to serve as honorary chairman of a fund raising drive. Such campaigns are being proposed to be conducted in the forty-eight United States in the hope that monies may be raised to outfit a second ship, S.S. Hope No. 2, for service in the area of the South American countries. It is a training ship to be manned by doctors of medicine, nurses, technicians, etc., sailing on a freewill mission to bring to backward areas modern medical science and through training of the natives, better equip them to meet the everyday medical and health challenges. Contact with AMA indicates continuing approval. March 27, 1962, at Westward Ho, Phoenix, is the time and place selected for the proposed $100.00 per plate dinner, estimating attendance at about 1,000.

Bruce J. Ellis, Director, The People to People Health Foundation, Washington, D. C., has been in touch with the Central Office seeking suggestions as to the name or names of a potential general working chairman to work with the Governor and Medicine in this State, which could be a community leader or doctor of medicine.

By motion regularly made and carried it was determined to endorse this program, without obligation as an Association, indicating we will aid the Governor in any personal way to assist him in the selection of a working chairman.

1962 Community Service Award - A. H. Robins Co.

The A. H. Robins Company, Inc., of Richmond, Virginia, announces its intention to continue its Community Service Award in 1962 and solicits this Association's participation. In 1961, Delbert L. Secrist, M. D. (Tucson), was the first recipient of the award following inception by the Robins Company.

It was moved by Dr. Beaton, seconded by Dr. Dudley and unanimously carried that we participate and select our candidates the same way that we did it last year.

Delegates to AMA - Reports

Dr. Hamer reported that the summary report of the proceedings of the AMA Clinical Session recently concluded in Denver will appear shortly in AMA News for the edification of all the members. He mentioned Dr. Beaton had his first introduction to service on the important AMA Reference Committee on Legislation and Public Relations and, as would be expected, "served well in the typical Beaton fashion".

AMPAC

Dr. Beaton reported in full regarding the organization AMPAC - American Medical Political Action Committee - the AMA House of Delegates has given approval, stating that effective political action must be carried out at the local level and effective implementation must be done by local groups of physicians.

It was moved by Dr. Beaton, seconded by Dr. Smith and carried that the Executive Committee of ARMA be instructed by this Board to set up an Arizona Medical Political Action Committee, to appoint its Board of Directors, and to provide, on a loan basis, such money as may be necessary to start its functioning; further, that information be obtained from legal counsel as to limitations set on the liaison between ARMA and such a PAC by the Federal Corrupt Practices Act, and the restrictions set on the political activities of individual physicians by the Hatch Act; further, that Arizona Medicine be requested to publish, for the information of the profession-at-large, an account of the prohibitions of the Hatch Act that affect physicians employed in any way by the Federal Government or by State, County or Municipal agencies receiving Federal funds.

Dr. Beaton suggested that it would be very helpful to the Delegates if the Board of Directors met annually just before the AMA Clinical Session (it does meet before the Annual Meeting) in order that they may receive instructions and thereby be better able to express its views and vote in accordance with the will of the Association.

Report of President-Elect

Dr. Yount reported on his experiences and evaluations of attendance at meetings of the AMA Council on Medical Education and Hospitals and the AMA House of Delegates, both held in Denver recently. It was his conclusion that there is merit in having the officers attend these Annual Meetings as he felt enriched in the knowledge of conduct of medical affairs on the national level. Possibly, the officers should alternate in attendance of the AMA annual and clinical mid-year sessions.

Arizona State Board of Public Welfare
Medical Care for Old Age Recipients

Dr. Smith continued discussion of the problem reviewed this morning referable to medical care for old age recipients and especially the proposal to be offered by the Blue Plans to the Arizona State Board of Public Welfare. Considerable discussion ensued. Every phase of the suggested proposal was explored. The final details and offer must await the completion of studies now going on by the actuaries; however, this will be completed the early part of next week. It was again pointed out that the proposal contemplates "emergency" care only.

It was moved by Dr. Smith, seconded and carried that we endorse "in substance" the proposal of the "Blues" as outlined this morning. It is to be understood in adopting this motion, endorsing the proposal "in substance", that in no way can we (the Board of Directors) obligate our individual members to this particular proposal. This would require action of the House of Delegates.

Professional Corporation Legislation

Discussion ensued as regards a legislative measure being considered which provides for "professional corporation" having as its basic concept the right of the self-employed to provide for his or her self a retirement plan. While numerous attempts have been made on the Federal level to enact the Simpson-Keogh bill which would have

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Ex. # 85, p. 1

MINNESOTA STATE MEDICAL ASSOCIATION

HAROLD W. BRUNN, EXECUTIVE SECRETARY

December 1, 1961

TO: OFFICERS AND COUNCILORS

Dear Doctor:

This week at the AMA meeting in Denver, AMPAC (American Medical Political Action Committee) and its implementation by respective state organizations was discussed. Dr. James A. Blake and the Minnesota delegation held several meetings to discuss the possible action organization for Minnesota.

Enclosed is a draft of a suggested constitution for such an organization in Minnesota. This, of course, will require extensive deliberation at the Council meeting, and the enclosed information is for your orientation and consideration prior to the meeting.

Harold W. Brunn

HWB:mf
Enc.

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p.2.

December 1, 1961

TO: OFFICERS AND COUNCILORS

Dear Doctor:

Enclosed is the Constitution proposed for implementing AMPAC in Minnesota. Also submitted is a proposed letter of transmittal and application form. Expenses involved are being met from funds on hand. I hope to be able to appear before the Council in December.

James A. Blake, M.D.
Chairman
Statewide Congressional Committee

. . . . . .

MEMBERSHIP APPLICATION

NORTHERN UNION OF HEALTH ORGANIZATIONS FOR POLITICAL EDUCATION

Name _____

Address _____

I enclose $25.00 for active membership in NUHOPE plus active membership in AMPAC . . . . . _____

I enclose $99.00 for active membership in NUHOPE plus sustaining membership in AMPAC . . . . . _____

I have sent $99.00 to AMPAC directly . . . . . _____

Signature _____

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On October 6, 1961, a group of physicians interested in good government met informally at the Hotel Leamington in Minneapolis and decided to form an organization to implement political action and education in medical and paramedical groups in Minnesota. Present were:

Les N. Dale, M.D., Red Lake Falls
W. G. Benjamin, M.D., Pipestone
A. M. Berg, M.D., Roseau
James A. Blake, M.D., Hopkins
R. N. Bowers, M.D., Lake City
James W. Bratholdt, M.D., Watertown
R. E. Carlson, M.D., Stillwater
W. J. Deweese, M.D., Bemidji
William C. Ferguson, M.D., Walnut Grove
James B. Flinn, M.D., Redwood Falls
W. E. Hart, M.D., Monticello
O. M. Heiberg, M.D., Worthington
Arnold Larson, M.D., Detroit Lakes
Charles Lewis, M.D., Henning
John G. Lohmann, M.D., Pipestone
Hugo E. Miller, M.D., Minneapolis
Mancel T. Mitchell, M.D., Minneapolis
Leo A. Nash, M.D., St. Paul
W. F. Nordman, M.D., Mora
Ralph Papermaster, M.D., Two Harbors
R. H. Puumala, M.D., Cloquet
Paul Reed, M.D., Virginia
W. W. Rieke, M.D., Minneapolis
L. J. Roberts, M.D., Minneapolis
G. T. Schimelpfenig, M.D., Chaska
Paul G. Schmidt, M.D., Granite Falls
Elmer S. Schutz, M.D., Mountain Lake
A. O. Swenson, M.D., Duluth
E. A. Thayer, M.D., Fairmont
C. O. Thompson, M.D., Hendricks
V. D. Thysell, M.D., Moorhead
C. Gordon Watson, M.D., Minneapolis
Robert M. Watson, M.D., Morris
Richard Williams, M.D., Robbinsdale
H. C. Winge, M.D., Wheaton

The consensus of the ensuing deliberations was that (1) The organization would be fluid but with strict financial accounting. (2) There would be no connection with the Minnesota State Medical Association. (3) Active participation of physicians' wives would be eagerly sought. (4) Politically the organization would be of conservative trend but non-partisan. (5) The organization would cooperate fully with AMPAC.

By mutual consent known in the vernacular as "sandbagging", Drs. Mancel T. Mitchell, Leo Nash, and James A. Blake were named as a steering committee to formulate plans and to get the organization off the ground.

With this the meeting broke up.

Time is of the essence. The recipients of this letter are the founding fathers of this organization and are asked to vote by mail on the enclosed constitution. We have enough money on hand to finance the organizing of NUHOPE but early memberships at the full $25.00 are urgently needed to keep us afloat. Those of you who have already contributed will be given credit and solicited separately.

One hundred sustaining members of AMPAC are needed, and it is hoped that most of you will send the $99.00 to us or to AMPAC directly.

Act today!

The cause is good

The need is urgent

The time is short

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DOCUMENT
SEPARATOR

Mississippi
M.S.M.A.
735 RIVERSIDE DRIVE • JACKSON

ROWLAND B. KENNEDY
executive secretary

CHARLES L. MATHEWS
assistant executive secretary

Ex. # 86 A

August 30, 1963

Memorandum For: Board of Directors
Mississippi Medical Political Action Committee
George E. Twente, M.D., Jackson, Chairman
Howard A. Nelson, M.D., Greenwood
Frank M. Davis, M.D., Corinth
Faul B. Brumby, M.D., Lexington
Omar Simmons, M.D., Newton
C. P. Crenshaw, M.D., Collins
G. Swink Hicks, M.D., Natchez
Kendall D. Gregory, M.D., Gulfport

Gentlemen:

The Executive Committee of the Board of Trustees has announced the appointment of Dr. George E. Twente of Jackson as chairman of the Board of Directors of the Mississippi Medical Political Action Committee.

Dr. Twente has instructed me to call the initial meeting of the Board at Jackson on Thursday afternoon, September 19, 1963, in the Conference Room, MSMA headquarters building, 735 Riverside Drive, beginning promptly at 2:00 p.m. This meeting will be of the highest importance in the organization of the state political action committee. Representatives of the American Medical Political Action Committee, Chicago, will be present.

The agenda, to include a detailed outline of business and legal studies relating to the committee, is being prepared and will be furnished to you by mail prior to the meeting. You are asked to make firm plans to be at the meeting and we will appreciate your returning the enclosed card indicating your acceptance. Please accept my best wishes and we will look forward to greeting you at 2:00 p.m. on September 19.

Sincerely,

Rowland B. Kennedy
Executive Secretary

RBK/mw

Enclosures

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Jackson

Ex # 86 B, p. 1.

Board of Directors

Meeting, September 19, 1963
2:00 p.m., Conference Room, MSMA
Headquarters Building
735 Riverside Drive, Jackson

General Information

This is the initial meeting of the Board of Directors of the Mississippi Medical Political Action Committee. Its importance is underscored by the nature of business outlined in this agenda and the presentation of legal, organizational, and policy studies transmitted to the Directors by the state medical association's Board of Trustees.

The chairman asks that each Director review this agenda and all appendices carefully prior to the meeting.

Please bring this agenda folder with you to Jackson.

AMPAC Representative

A representative of the American Medical Political Action Committee, Chicago, will be present to confer with the Board of Directors.

Board Membership

The following have been appointed members of the political action committee's Board of Directors for terms to May 14, 1964:

George E. Twente, M.D., Jackson, Chairman
District 5
Howard A. Nelson, M.D., Greenwood
District 1
Frank M. Davis, M.D., Corinth
District 3
Paul B. Brumby, M.D., Lexington
District 4
Omar Simmons, M.D., Newton
District 6
C. F. Crenshaw, M.D., Collins
District 7

Board Membership (continued)

G. Swink Hicks, M.D., Natchez
District 8
Kendall D. Gregory, M.D., Gulfport
District 9

Opening of Meeting

Call to order
George E. Twente, M.D., Chairman
Opening remarks
Dr. Twente

Agenda Item I - The Political Action Committee Concept

The chairman will lead a discussion on the concept, purpose, and functions of the political action committee. He will describe labor's COPE, the organization and founding of AMPAC, and review Report F of the Board of Trustees before the 95th Annual Session of the state medical association which authorized the present committee.

Agenda Item II - The Mississippi Medical Political Action Committee

To orient members of the Board of Directors in legal, organization, and policy aspects of the state PAC, the chairman will call for the presentation of the three appendices and hear discussion following the reading of each.

(a) Legal Aspects. Refer to Appendix A.

(b) Organizational Structure. Refer to Appendix B.

(c) Policy Guides. Refer to Appendix C.

Agenda Item III - Executive Staff and Administration

The work of the committee, the potential membership of which is over 2,000 individuals, will be such as to require the services of an executive staff. The state medical association's Board of Trustees has arranged for members of the MSMA staff to serve the PAC. Certain administrative proposals should also be considered by the Directors.

(a) Appointment of Executive Director and Associate Executive Director.

(b) Administrative procedures in membership.

(c) Funds administration and accounting practices.

Agenda Item IV - Election of Secretary-Treasurer

The chairman will call for nominations for a Secretary-Treasurer from among members of the Board of Directors, after which the Board will make a selection.

Agenda Item V - Initial Local Organization Activities

The chairman will lead a discussion on local organization activities, appearances by Directors before local medical societies in their respective districts, membership solicitation, work with the Auxiliary, hospital staffs, and professional communities.

Agenda Item VI - Other Discussion and New Business

Adjournment

Ex #86C, p.1

enthusiastically endorsing this code. We feel that it is a constructive beginning for better relations between the professions of medicine and the law. It should be understood by the House of Delegates that the code has not yet been adopted by the Mississippi State Bar but your Reference Committee understands that the Bar Association's Board of Trustees, which is called the Commissioners, has unanimously approved it. We, therefore, recommend adoption of the code and we commend the *ad hoc* committee of the Board which worked so diligently in the preparation of this code.

The report of the reference committee was adopted.

SUPPLEMENTAL REPORT "F" OF THE BOARD OF TRUSTEES

Dr. H. H. McClanahan, Jr.: Mississippi Medical Political Action Committee. At the 15th Annual Clinical Session of the American Medical Association at Denver, November 27-29, 1961, the House of Delegates approved the organization, goals, and purposes of the American Medical Political Action Committee. As provided in its by-laws, AMPAC is a non-profit, voluntary, non-partisan, unincorporated political action committee with membership available to physicians, their wives, immediate members of their families, and others. The purposes of AMPAC are:

(a) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(b) To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the records, office holders, and candidates for elective office.

(c) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(d) To do any and all things necessary or desirable for the attainment of the purposes stated above.

Legal Status. The framework and method of operation of AMPAC as a national political action committee are established under applicable federal law. Although its organization, constitution and by-laws, and initial program were formulated and approved by the AMA through its Board of Trustees, the organization in no way jeopardizes the non-profit tax status of its parent body. For many years, the AFL-CIO has sponsored a similar national political action group, COPE, which supports labor-oriented candidates. The non-partisan aspects of AMPAC should be emphasized, since the group's support of individual candidates is based upon the position of each on issues of importance and interest to medicine.

State PAC's. Following formal approval of AMPAC by AMA, a board of directors was appointed and the several state medical associations were encouraged to organize state counterparts or state PAC's. To date, 47 such state organizations have been authorized, organized, and approved by their respective state medical associations. Just as AMPAC is legally separated from the American Medical Association, the state PAC's are so separated from their sponsoring state medical associations. This national organization and its state counterparts were astonishingly successful in the 1960 congressional election campaigns.

PAC Considerations in Mississippi. Through the 94th Annual Session in 1962, the Board of Trustees and the House of Delegates took the position that there was no need for organizing a political action committee in Mississippi. Since that time, the Board has reviewed and evaluated this position in the light of national political developments and the opportunities which a state PAC can provide. In these connections, the Board points out:

(a) A Mississippi Medical Political Action Committee provides a unique means for political education and offers physicians, their wives, and others a useful and stimulating vehicle for effective participation in governmental affairs.

(b) A state PAC offers a voluntary means by which Mississippi physicians can extend their influence and assistance in concert with their colleagues throughout the nation in the quest for good government.

(c) A state PAC can become a forceful influence in assuring continuation of good government in Mississippi.

Recommendation of the Board. Having reconsidered its position of 1962, the Board of Trustees recommends that the House of Delegates authorize and direct it to proceed with necessary studies and conference and to organize and make operational a Mississippi Medical Political Action Committee under the laws of the state and United States as a non-profit, voluntary, non-partisan political action committee affiliated with the American Medical Political Action Committee.

p.2.

REPORT OF THE REFERENCE COMMITTEE ON REPORTS OF OFFICERS AND BOARD OF TRUSTEES

Your Reference Committee heard extensive and lengthy discussion on the proposal to create a Mississippi Medical Political Action Committee. We were privileged to have the counsel of Dr. Vaun Adams, Mobile, Alabama, a member of the Board of Directors of AMPAC, Mr. Jack Drake of Chicago, Field Director for the organization, and Mr. William R. Ramsey, Chicago, AMA Field Service Division. Your Reference Committee believes that the Board of Trustees should be directed to investigate, organize, and make operational in Mississippi a Medical Political Action Committee. At the same time, we point out that there should be no dues increase in this connection and that the committee should be totally, legally, and entirely separate from the Mississippi State Medical Association. We are certain that the Board will report to this House of Delegates fully in these several respects. We express our deep appreciation to Dr. Adams, Mr. Drake, and Mr. Ramsey.

The report of the reference committee was adopted.

SUPPLEMENTAL REPORT "G" OF THE BOARD OF TRUSTEES

Dr. H. H. McClanahan, Jr.: Employment of an Executive Secretary. Mr. Rowland B. Kennedy has been employed by the Mississippi State Medical Association in the capacity of Executive Secretary for the past 13 years. For the first three years he served on a yearly contract. For the past 10 years he has served on two successive five year contracts. The present contract expires May 31 of this year. On May 13, the Board of Trustees voted to offer Mr. Rowland B. Kennedy a five year contract at the present salary and commended him for his work during the past five year contract period. Mr. Kennedy has indicated his willingness to accept this contract.

In accordance with Article VI, Section 4, of the Constitution, the Board of Trustees requests that this action be confirmed by the House of Delegates.

ACTION OF THE HOUSE OF DELEGATES

Without objection, the report was acted upon without referral and on motion by Dr. Lawrence W. Long, Jackson, second by Dr. H. C. Ricks, Jackson, the report was adopted.

SUPPLEMENTAL REPORT "H" OF THE BOARD OF TRUSTEES

Dr. H. H. McClanahan, Jr.: Emergency Medical Care for the State Legislature. Dr. C. G. Sutherland, Fraternal Delegate to Arkansas, who is also our Secretary-Treasurer, described to the Board of Trustees an emergency medical care program offered by the Arkansas State Medical Association to the Legislature when it is in session. The plan of operation is for the Board of Trustees to ask for volunteers to serve one day during the session in this capacity.

A first-aid station with a nurse is established in the State House with a nurse whose salary is paid by the State Medical Association. At the beginning of the legislative session each legislator is requested to fill out a brief medical history form and to state who his family physician is, what if any allergies he has, and whom should be notified in the event of a medical emergency. On the day that any doctor is to serve as a doctor of the day the legislator from his county introduces him to the House and to the Senate as a medical officer of the day. He may remain in the House or Senate Chambers or stay at the first-aid station at his pleasure or discretion. The Arkansas State Medical Association finds that this program has been gratefully accepted by the Legislature and that it has been invaluable in the matter of establishing rapport.

The Board of Trustees requests that the House of Delegates direct it to offer the Legislature of Mississippi a similar program.

ACTION OF THE HOUSE OF DELEGATES

Without objection, the report was acted upon without referral and on motion by Dr. Lawrence W. Long, Jackson, second by Dr. H. C. Ricks, Jackson, the report was adopted.

SUPPLEMENTAL REPORT "I" OF THE BOARD OF TRUSTEES

Dr. H. H. McClanahan, Jr.: Formation of a Committee on Medicine and Religion. The Board of Trustees, recognizing the advisability of establishing better liaison between the professions of medicine and the clergy for the benefit of patients, requests that the House of Delegates direct it to appoint a Committee on Medicine and Religion, this committee to be a standing committee of six members and to be a constitutional committee of the Board.

The following recommendation is made as an amendment to Chapter X of the By-Laws, adding Section 5 to read:

Committee on Medicine and Religion. The Committee on Medicine and Religion shall consist of six members. These members shall be appointed for terms of three years. On the initial appointment two members shall be appointed for

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Ex #86 D, p.1.

MISSISSIPPI STATE MEDICAL ASSOCIATION
735 Riverside Drive
Jackson

Date: July 23, 1963

To: Board of Trustees

From: Rowland B. Kennedy, Executive Secretary

Subject: Legal Aspects of Medical Political Action Committee

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1. Background. At the 95th Annual Session, the Board of Trustees recommended in Supplemental Report F that "the House of Delegates authorize and direct it to proceed with necessary studies and conference and to organize and make operational a Mississippi Medical Political Action Committee..." The House approved the recommendation, stipulating that there should be no dues increase in this connection and that the committee be a separate entity from the association.

2. Research and Conference. Immediately following the 95th Annual Session, the President, Chairman of the Board of Trustees, and Executive Secretary attended the AMPAC National Workshop at Chicago, May 18-19, 1963. At the 112th Annual Session of AMA at Atlantic City, various association representatives conducted further discussions with AMPAC officials and legal counsel as well as with members of the AMA Law Department. Locally, information has been secured from the Secretary of State who is largely responsible for administration of election laws. Conferences have been conducted with the Board's legal counsel. The present study of legal aspects of medical PAC's is an outgrowth of these investigations and conferences.

3. Tax Status Considerations. The American Medical Association and all but five of its constituent state medical associations are incorporated under the laws of their respective states of legal domicile. While it is not the purpose of this study to consider the advantages and disadvantages of organizational incorporation, there are certain aspects of this legal status exerting influence upon permissible political activity.

(a) Corporate Personality. A corporation is a separate legal person, distinct and apart from those who own it. The life of a corporation is not dependent upon the lives, activities, or disabilities of its owner-members, as in the case of a medical association. Most importantly, the corporation, and not individual owner-members, is liable for debts and wrongful acts. This immunity would apply unless, of course, an individual member were to participate in the wrongful act. This artificial legal personality may hold and convey real and personal property, whereas in an unincorporated society, such title is vested in the names of all members.

(b) Federal Tax Status. Forty-seven state medical associations and the AMA have received federal tax exemption rulings from the U. S. Government. Generally, these exemptions are under two classifications of the Internal Revenue Code, granted before and after the 1954 recompilation by which the code is now known:

(1) Section 501(c)(6). This is the business league, chamber of commerce, real estate board and similar organization exemption. AMA and a majority of the state medical associations have this exemption. MSMA was granted this exemption on January 25, 1954.

(2) Section 501(c)(3). This exemption applies to scientific organizations and to religious, charitable, literary, and educational groups. Since 1938, no medical association has received federal tax exemption under this classification. While there are certain tax advantages for scientific exemption, including relief from real estate taxes in some states and a lower postage rate for bulk mailings, this status is a distinct hinderance to legislative and political activities as opposed to the business league classification. An organization with this exemption may not conduct activities influencing legislation nor employ its resources in political education activities but the "business league" may lawfully do so.

(3) Miscellaneous Exemptions. Two state medical associations have federal tax exemptions applying to groups organized "for pleasure, recreation, and other non-profitable purposes."

(c) State Tax Status. A variety of means exist in the several states for a medical association's achieving state tax exemption. Some were granted this status directly by private legislative act. Others come within the meaning of state tax laws, while additional associations, including MSMA, possess the exemption through the corporate charter and tax administration policy. No state medical association is known to be liable for state income taxes at this time.

4. Federal Corrupt Practices Act. Section 610 of this Act controls political activities by incorporated and unincorporated groups, defining those activities which are permissible or prohibited. Many legal authorities interpret this section as indicating that incorporated medical associations are free to engage in a number of activities relating to political parties and candidates in federal elections, even though such activities may incidentally affect the results of an election and, therefore, might appear to be prohibited as "contributions" or "expenditures." This is a moot point, probably subject to court decision under the First Amendment as to the rights of free speech and a free press.

(a) Permissive Activities of Incorporated Associations. The legal authorities are agreed that it is proper and permissible for an incorporated medical association to engage in the following activities:

(1) The preparation and publication of information, whether critical, favorable, or factual only, describing the position or attitude taken by political parties, public officials, and candidates for political office on any issue in which the association or its members has an interest. Examples are pamphlets and editorials in medical journals.

(2) The preparation and distribution to its members of the voting records of members of the Congress.

(3) The preparation and dissemination of information and advice on how physicians can or should organize for political action.

Most, if not all, state medical associations openly engage in such activities. These are considered "educational." With respect to actual elections, there are other activities in which an incorporated association could engage without violating the FCPA. Among these are:

(1) The distribution of information giving pertinent data on the position of particular parties and candidates and where they derive their support.

(2) Admonition of its members to evaluate the backgrounds, viewpoints, and competence of candidates, and in publications with established circulations, urging the support of or opposition to particular parties or candidates.

(3) Sponsorship of get-out-the-vote and registration drives.

(4) Promotion of organization of local committees of physicians to become interested and active in local, state, and national government, and in politics generally. However, if such a committee becomes active in the support of particular candidates or parties, the medical association could not legally use its funds or staff in support of such efforts. While active assistance in organizing such local groups is permissible, an incorporated association could not use these committees as vehicles for contributing its support to candidates or parties.

It is important to recognize that none of the foregoing activities which are permissible under Section 610 constitutes contributions or expenditures made as part of an active program of direct assistance to political parties or candidates.

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(b) Political Action Committees. Section 302 of the FCPA defines a political action committee as the lawful and accepted vehicle for the application of influence to federal elections and is recognized as such by the Congress. Specifically, the Act states:

> "The term 'political action committee' includes any committee, association, or organization which accepts contributions or makes expenditures for the purpose of influencing or attempting to influence the election of candidates or presidential and vice presidential electors (1) in two or more states, or (2) whether or not in more than one state if such committee, association, or organization (other than a duly organized state or local committee of a political party) is a branch or subsidiary or a national committee, association, or organization."

While the provisions of the FCPA therefore apply only to committees operating in more than one state or to those which are subsidiaries or branches of national committees, compliance with the Act is deemed wise, since the state committee may conduct activities which could be interpreted as reaching beyond its borders. Federal restraints upon a political action committee are relatively minor. Under the Hatch Act, no such committee may receive contributions and make expenditures for political purposes exceeding $3,000,000 in any calendar year. The FCPA requires the following of a political action committee:

(1) Each PAC shall have a chairman and a treasurer.

(2) Maintenance of records of all contributions and expenditures and the names and addresses of all contributors and recipients of expenditures.

(3) The filing of a statement with the Clerk of the House of Representatives three times annually and just before a general (federal) election showing (a) the name of each contributor and the amount if it is $100 or more, (b) the total sum of all contributions made to the committee, (c) the name of each person to whom an expenditure is made in excess of $10, and (d) the total sum of all expenditures made during the calendar year.

5. PAC Funds. The unincorporated political action committee receives and expends funds in two areas, generally from two sources. The first area is that of political education or "soft" dollars. It has been stated that a corporation may also make such expenditures and contributions to a PAC within given limits. The second area is that of actual candidate or party support, the expenditure of "hard" dollars. A corporation is prohibited from conducting such activities. Funds are generally received by the PAC from dues and contributions. Either or both may be channeled into "soft" or "hard" dollars

expenditures, according to the decision of the PAC's governing body within the framework of the FCPA and Hatch Act, except that corporate contributions may not lawfully be used for "hard" dollar purposes. The PAC's accounting system should clearly segregate "soft" and "hard" dollars and provide clear, meticulous records of all such receipts and expenditures.

(a) Fund Segregation. AMPAC construes the law conservatively and maintains separate "hard" and "soft" dollar accounts in separate banks. This practice assists greatly in assuring compliance with the FCPA as regards use of funds with reference to source. "Hard" dollars may be transferred to "soft" dollar purposes. This is to say that a contribution from a member, deposited in the "hard" dollar fund might be subsequently transferred to the "soft" dollar fund for use in education and information categories of activities. But "soft" dollars may not be transferred to the "hard" dollar fund. It must be appreciated that "soft" dollars may be received from corporate sources and corporations are prohibited under the FCPA from contributing to candidate support.

(b) Reporting Contributions. AMPAC legal counsel states that no state PAC now renders reports to the Clerk of the House of Representatives with respect to contributions to candidates. Since AMPAC operates in "two or more states," it renders such reports.

6. Mississippi Corrupt Practices Act. Article 2, Chapter 1, Title 14, Mississippi Code of 1942, as amended, is the Mississippi Corrupt Practices Act of 1935. It consists of 48 sections applying to candidates, their expenditures, the conduct of elections, and various legal procedures and remedies in these connections. No section of the Act applies to political action committees in the context of this study. Certain prohibited acts, such as soliciting from a candidate, coercion of certain persons in connection with an election, promising appointments or public outlays, slander, and the like, would apply to groups as well as individuals and, thus, be applicable to PAC's.

7. Opinion of Counsel. These studies have been examined and are concurred in by Hon. Carl C. Bostic, Jackson, legal counsel to the Board of Trustees, Mississippi State Medical Association, and Hon. David Powers, Chicago, legal counsel, American Medical Political Action Committee.

Jackson

Date: July 23, 1963

Ex #86E p.1.

To: Board of Trustees

From: Rowland B. Kennedy, Executive Secretary

Subject: Organizational Structure Proposals for MissIMPAC

- -

1. Organization of AMPAC. The American Medical Political Action Committee and its cooperating state PAC's are full-time organizations. AMPAC, in accordance with the Federal Corrupt Practices Act, is an unincorporated organization of national scope. It has formal By-Laws, officers, and an executive staff.

(a) Structure. AMPAC is governed by a 10-member Board of Directors appointed for terms of one year each by the Board of Trustees of the American Medical Association. Nine are physicians and one is a member of the Woman's Auxiliary to AMA. None may serve more than five years.

(b) Officers. Two general officers, a chairman and a secretary-treasurer, are designated annually. Additionally, there are an Executive Director, an Assistant Executive Director, and several Field Representatives.

(c) Funding. From its members, AMPAC receives dues and contributions. It additionally receives corporate funds from the American Medical Association. Such corporate contributions may be used only for "soft" dollar purposes or political education. AMPAC dues are:

Active membership	$10 to $98
Sustaining membership	$99 to $5,000
Student, Intern, or Resident membership	$ 5 to $10

Dues of a medical student, intern, or resident may be waived by the Board of Directors if the student, intern, or resident is a member of a state political action committee. AMPAC's membership revenues are raised, almost entirely, by state PAC's. Dues for both the state and AMPAC are simultaneously collected by the state PAC with one check payable to the latter.

(d) Other Authorities. The By-Laws of AMPAC further provide for annual and special meetings of the Board of Directors, appointment of committees, books and records, depositories, and for amendments to the By-Laws.

2. MissIMPAC Organizational Proposals. Information available from conference and other sources indicates that the various state PAC's are organized along the lines of AMPAC. Legal counsel suggest that organizational structure, written authorities in By-Laws, and records be minimal within the framework of FCPA compliance. If these premises are acceptable to the Board of Trustees, then the following proposals should provide for adequate and lawful organization of the Mississippi Medical Political Action Committee.

(a) Purposes. As stated by the Board of Trustees in Supplemental Report F, the purposes of a PAC are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government and the records of office holders and candidates. (Supplemental Report F contained the phrase "as to important political issues" but AMPAC officials advised its deletion.)

(3) To assist physicians and others in organizing themselves for more effective policital action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

(b) Organizational Structure. It has been suggested that PAC directors be selected with consideration for geographic distribution, Congressional districts, and relationship to association district or component society areas. Usually, a PAC has 10 members of its Board, among whom nine are physicians and one, a member of the Woman's Auxiliary. Two such apportionments possible for MissIMPAC are:

(1) Option I: One PAC director from each of the nine association districts and a member of the Woman's Auxiliary on a statewide basis.

(2) Option II: Two PAC directors from each of the five Congressional districts.

A chairman, a secretary-treasurer, and necessary staff should be designated. Officers and directors, including designated staff executives, should serve without compensation. Payment of expenses incurred in performance of travel should be authorized.

(c) Local Organization. Grassroots activity is essential to the success of the PAC. Directors should act as local area chairmen and organize

every eligible physician by communities, counties, or hospital staffs, as may be best suited for maximum effectiveness. AMPAC recommends that district organizations be responsible for:

(1) Gathering political information and passing it on.

(2) Maintaining and increasing membership in the state PAC and AMPAC.

(3) Political education of physicians and their wives within the district.

(4) Establishing candidate support committees.

(d) Financing. MissIMPAC should establish minimum annual dues which will be collected directly from members. Initially, every active and Emeritus member of the association should receive an invitation to join MissIMPAC and AMPAC and be furnished a brief application form. Dues of at least $10 per year seem necessary. Membership cards would be provided.

(e) Records and Accounts. MissIMPAC must have manual and, ideally, IBM, records of members. A double entry accounting system should be established. As with the association, the executive staff may be assigned tasks of conducting correspondence and staff work for the Board of Directors and such committees as may be appointed.

3. Proposed Constitution and By-Laws. AMPAC has a combined Constitution and By-Laws. A draft of a proposed MissIMPAC Constitution and By-Laws, adapted from that of AMPAC, is attached.

Attachment

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SEPARATOR

Ex # 86 F p. 1

MISSISSIPPI STATE MEDICAL ASSOCIATION
735 Riverside Drive
Jackson

Date: July 23, 1963

To: Board of Trustees

From: H. H. McClanahan, Jr., Chairman

Subject: Suggested Policy Guides for MissIMPAC

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1. Purpose of Proposed Policy Guides. The Mississippi Medical Political Action Committee, although legally separate from the state medical association, is the deliberate creation of the association. As such, the association has the prerogative of expecting the Committee to be responsive to the desires and aspirations of the membership. Because of the exercise of appointive powers over the PAC's Board of Directors, the association asserts this prerogative in a lawful manner. This is the rationale for suggesting policy guides to the Committee.

2. Legislative Versus Political Activity. The purpose of MissIMPAC is to conduct political activities in areas of education and candidate support. One of the proper responsibilities and duties of the Mississippi State Medical Association is to conduct programs of education on legislative issues, to formulate policy positions in these respects, to present testimony, information, and viewpoints on such legislative issues, and to maintain a continuing scrutiny and interest in the work of the state Legislature and the Congress as regards medicine. The PAC should never engage in lobbying, having neither the responsibility nor resources for this activity. The state medical association, as a corporation, is restricted as to political activity which is within the purview of the PAC. AMPAC makes this distinction as regards its legitimate interests and those of AMA:

> "The AMA's interest in Congress begins the first day Congress convenes in Washington. AMPAC's interest in Congress ceases the day after its members have been elected and shifts to the makeup of the succeeding Congress."

3. Candidate Support Funds. AMPAC states that the great bulk of a candidate's financial support from the medical PAC movement must be raised at the local level. This means that physicians, their wives, and others working locally must raise the money themselves. Dues paid to MissIMPAC and AMPAC are not intended nor can they ever serve as a substitute for locally raised funds for "hard" dollar expenditures. AMPAC states:

> "Let's assume that the candidate support committee (local) raises the greater part of what the candidate will receive

from the healing arts professions. The state PAC then takes a look at the race, sees if it looks promising, and if so, augments the war chest.

"AMPAC then makes a similar assessment. If prospects for victory look good, AMPAC adds more money to the campaign fund."

It is of the highest importance for all members of MissIMPAC to understand that the decision not to give financial support to a particular candidate does not mean that he does not merit support locally. The greatest disservice AMPAC and the state PAC's could do would be to spread themselves too thin, making the mistake of trading political effectiveness for geographic inclusiveness. This would be a poor trade, indeed.

4. Criteria For Hard Dollar Expenditures. The PAC's Board of Directors should devote itself promptly to the formulation of policy and the establishment of criteria for hard dollar expenditures, recognizing that financial resources will be minimal during organization of a permanent, substantial membership. Among such considerations are:

(1) Division of MissIMPAC dues into soft and hard dollars. Initially, the Committee faces the task of political education and grassroots organization. Dues should be used primarily for these purposes.

(2) Policy on district and state-wide races. Except in unusual circumstances, hard dollar expenditures would not ordinarily or frequently be made by MissIMPAC for candidates to the Legislature. Policies should be established with respect to state-wide races and, certainly, for Congressional campaigns.

(3) Candidate selection. The most careful consideration should be given the means by which candidates are selected for support. The committee, for obvious reasons, cannot respond favorably to every request for support of every member's favorite candidate.

5. Press Policy. AMPAC states that for all practical purposes, it does not seek publicity. Exceptions are the seeking of publicity to stimulate attendance at an AMPAC event or to increase membership. Such publicity, however, is directed to members and not the general public. Publicity of any PAC activity in terms of the general public, if not undesirable, at least serves no useful purpose. But AMPAC recognizes that it is a natural news story, as MissIMPAC will obviously be, and a realistic press policy has been adopted.

(1) PAC spokesmen must be consistent.

(2) Certain information should never be divulged. This includes (a) the identities of candidates supported, (b) extent of the support, (c) the number of members in the PAC, (d) the total budget for political action, (e) contributions including sources and amounts, (f) target districts, (g) cooperative projects with other organizations, (h) projections as to future membership and budgets, and (i) similar information relating to other PAC's. Summing up, AMPAC says, spokesmen should avoid specifics.

(3) Spokesmen should never hesitate to say "No comment." Since good reporters and newsmen are not easily discouraged, spokesmen should be courteous but firm where necessary.

(4) Off-the-record statements to news media should be avoided. Recognizing that the vast majority of newsmen honor off-the-record comment, some very few may not.

(5) When the PAC's Board of Directors is present as a body and it becomes necessary to meet with the press, only one spokesman should act for the group, preferably the Chairman.

(6) AMPAC policy suggests that when members are in doubt as to the propriety of giving certain information to news media, the reporter should be referred to the executive staff.

6. Action by the Board of Trustees. It is recommended that the Board of Trustees approve these policy guides and commend them to the Board of Directors of the Mississippi Medical Political Action Committee.

FEC
DOCUMENT
SEPARATOR

Ex. #87, p. 1

Address by Allan L. Haynes, M. D.

on

What NEMPAC Is And What It Does

before the

Conference of County Medical Society Officers

New Mexico Medical Society

Santa Fe, New Mexico

Saturday, January 25, 1964

Doctor Bunch, ladies and gentlemen of the New Mexico Medical Society.

It is considerably easier to tell you what NEMPAC is than to tell what it does, and by this I have no reference to secret manipulations or any skullduggery. I confess that NEMPAC's early days have been difficult and confusing as the Directors struggled with an unaccustomed task while trying to carry out their assignments in political action and not at the same time to violate either the intent of NMMS nor the letter of the law!

NEMPAC is, of course, New Mexico Medical Political Action Committee: it came into being by action of New Mexico Medical Society in the form of a resolution passed by the House of Delegates instructing the President to appoint such a political action committee. The origin of the idea traces back to AMA, which formed AMPAC early in 1962, and NEMPAC was born shortly thereafter. Pursuant to the directions of the House of Delegates, the original Board of Directors was appointed by the then President, Dr. W. E. Badger, and the board subsequently organized itself and adopted a Constitution and By-Laws and began its work. In accordance with the Constitution all members have since been appointed, or reappointed, by the President of NMMS. Let me emphasize that the only relation between

the NMMS and NEMPAC which the constitution imposes is the appointment of the Board by the President of the Society and that from there on the two organizations are completely separate and independent; the contribution of a sum of money by NMMS to the POLITICAL EDUCATION FUND of NEMPAC last year was a purely voluntary action of support of ONE of the functions of NEMPAC and does not imply any political activity on the part of NMMS. More--much more--about this a bit further on.

The Constitution defines NEMPAC as "a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party." "The purposes of the Committee are: (1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs. (2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues and as to the records of office-holders and candidates for elective office. (3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities. . . . ." It specifies that, "Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others." "NEMPAC dues shall be: Active-Minimum not less than $10.00 per year, and Sustaining-Minimum not less than $99.00 per year" -- and I may say that one of the continuing sorrows of the Directors of NEMPAC is the experience of receiving many more of those $10.00 dues than the $99.00 ones. Finally, I must quote the section dealing with the duties of the Board of Directors -- "The Board of Directors shall have general supervision and control over the

affairs and funds of the Committee . . .," and this means exactly that--that the Board has sole charge of the funds and may disburse them at its own discretion and the members have no accounting of the funds as such: in conformity with the law, a very accurate accounting is required to be filed with the Secretary of State at certain times and becomes public property, but by that time the funds have been spent so that the members who contribute funds in the form of dues also perform an act of faith. Such are the ways of political action committees, and there are good reasons why this should be so and which I shall attempt to explain later. The number of directors, originally set at eight, was increased to twelve in 1963. Directors are appointed for a term of one year, and it is specified that no member of the Board shall serve more than five years. The officers are two, Chairman and Secretary-Treasurer, and their "normal maximum tenure in office shall be two terms," a term in office being one year. The duties of the Chairman are obvious: I ask your attention to those of the Secretary-Treasurer. Besides the usual duties of all such officers, he is required to "prepare, sign, and file all reports to governmental authorities required by law."

Let me repeat that NEMPAC and NMMS are legally separate entities; they must be. Medical societies are restrained by law from partisan political activity, as they should be. PACs were formed to do what medical societies cannot do--to work for the election of candidates who are "friendly to medicine," who are known by their past records, their statements and their philosophies to be opponents of legislation to which organized medicine is opposed. In general, in the political

atmosphere of the times, these men will be "conservatives" in their attitudes. While there is no specification that AMPAC or NEMPAC are organizations of political conservatives, the very course of present political trends results in the fact that most contributors to these PACs are conservatives, and in general the candidates supported by PACs may be expected to be conservatives also.

I hope I may be forgiven for retracing a little of recent history at this point, in order to show why it was necessary for "organized Medicine" to move into the political arena. As the evolutionary forms of socialized medicine appeared on the national legislative scene, medicine employed its civic right to oppose the various bills, (Wagner-Murray-Dingell) by the process of lobbying. This is a perfectly legal procedure, though there are certain requirements of registration for permanent "lobbies" in the Congress, and because the profession of medicine enjoyed an excellent public reputation and great respect among legislators we could expect a sympathetic ear and a predictable vote when such measures were around. The indefatigable proponents of socialized medicine turned to two strategems, one clearly definable and the other more subtle. The latter was a continuing campaign to denigrate the public esteem of the profession, and the course of that war is traceable in the press, in political campaign speeches, and in public amusement; if you doubt that it existed (and think that I may be a bit paranoid) ask yourself why you are here today--under the auspices of our hard-working PUBLIC RELATIONS COMMITTEE?

I have no intent to be cynical about Public Relations Committees: but I think realism forces us to agree that, to some extent, they serve a defensive purpose in our Societies. Why did the AMA find it necessary

to hire a public relations firm in the late forties--only to reap a harvest of scorn and vilification for countering with its own money what its detractors were doing with taxpayers' money? No, I don't think I am paranoid (in at least this respect) and I think I do know the history of my own times and I think I do know a character assassination when I see one. But this latter strategem was only secondary, though very necessary to success of the first; and that was to change the complexion of the Congress. The proponents of bureaucratic medicine were very active in political campaigns in the years succeeding the defeat of Wagner-Murray-Dingell. They had their difficulties, and they must have had their bleak moments, but inexorably they increased their coterie of friends in the Congress, as inexorably time and mortality removed the old hands with seniority and experience and committee chairmanships, and today the balance is very precarious and probably will tilt against us if a floor vote is obtained on the current (King-Anderson) version of the plan. A federal judgeship, appropriately bestowed to remove a "conservative" from the House Ways and Means Committee is the measure of the sensitivity of the balance now.

Let us confess that we dozed, or more accurately that we failed to appreciate for a time the scope and direction of what went on. The battlefield changed before we were fully aware of it--and now we face a very difficult task in regaining our ground. Like a field commander, we must face the enemy where we find him, not where we might wish him to be. In this case we must now engage him in the field of political action--partisan, practical, down to earth political action. This is what AMPAC and NEMPAC and all the other state PACs exist for.

It will be apparent, then, that lobbying or legislative activity is NOT the function of the PACs--Medical Societies are not only permitted to do this, they are experienced at it and do it with great skill. The problem of the PACs is to work for the election of office holders who are friendly or at least responsive to medicine's viewpoint so that our legislative committees do not have to work in a preponderantly hostile atmosphere. As far as possible we have tried to avoid having the same personnel on legislative committee and PAC assignments at the same time; because, as you who are here have good cause to know, the work of organized medicine is done by a small percentage of the membership, we have sometimes had men in these assignments at different times, and perhaps it is only this and not sloppy thinking that has led to the persistent confusion over the identity and functions of these two organizations.

NEMPAC, in common with all the other PACs, separates its work into two categories--Political Education and Political Action. Political Education includes the continuing effort to enlist doctors, their wives and families and any other susceptible persons in political activity--here defined as the attempt to improve government by careful selection of candidates and working to assure their election. Speaking of those "others," we have included dentists, pharmacists, and insurance industry people as closely identified with medicine in the present contest over financing of health care, but following the lead of organized medicine, there now exists BI-PAC, a business and industry PAC working to the same ends in a larger setting. NEMPAC has set as one of its tasks the work of informing doctors of the voting records, the published stands on issues and the general political attitudes of candidates--all to the end that these people may be

better informed political workers and voters. If you reflect that you have seen very little of such information from NEMPAC so far, it may be due to the fact that you are not a member of NEMPAC, and in any case is due largely to the fact that NEMPAC has never enjoyed the income which can afford the considerable sums of money required to do this well. We hope to do it better in the future. We have attempted to bring to doctors the knowledge of political skills, not so much by our own work as by trying to enlist groups in such courses as the Chamber of Commerce's 'Action Course in Practical Politics.' We would like to do much more in this field than we have done so far.

Political Action implies partisan support of candidates--it means careful evaluation of the attitudes, record, and political inclination and philosophy of the candidate--and much more. It means an objective assessment of whether he needs help from the PAC, and it means an absolutely cold-blooded estimate of his chances to win. There is never enough money to support all 'the good guys' who are running for office, nor for the assured winners: the money and the workers must be conserved for the desirable candidates who need the help we are able to give, and who have at least a reasonable chance to win if it is given. Some of the techniques are 'Healing Arts Committees for Throttlebottom,' enlisting workers to type, file, answer phones, compile voter registration lists, drive voters to the polls on election day. The means are almost endless, but to recount them here is neither feasible nor desirable: that's what those 'Action Courses' are for--have you ever followed one?

And what about those funds which the PACs ask for so incessantly and talk about so much, and of which the donors have such little

accounting? I have said that NEMPAC divides its funds into two categories; it also keeps them rigidly separated in two bank accounts and, by the tireless and conscientious work of the Secretary-Treasurer, has absolutely impeccable records of the source and the distribution of the funds. The Political Action Fund (or Account) is available for direct, partisan candidate support either in the form of direct contribution to the campaign funds of the candidate or less directly in form of purchasing radio and TV time, advertising promotions by mail or newspapers, and many other things which can be done in behalf of the candidate by an independent agency. Under the pertinent laws, these funds can derive only from the voluntary contributions of individuals. There are strict controls over such activities by corporations, and these are even more stringent in the case of non-profit and tax-exempt groups such as medical societies. There are very specific statutes in this state dealing with the accountability of such funds and the reporting of the source and disbursement of the funds: while the FCPA (Hatch Act) does not concern NEMPAC in the strict sense because it operates only in one state, it does apply to the activities of AMPAC, as it does to the larger and better known COPE. You may readily understand that NEMPAC is desirous of preserving its political action dollars for such activities rather than turning them to such political education work as membership promotion, political action courses, and the general field of informing the members of the political "facts of life." Hence, the request of NEMPAC for a contribution from NMMS to the POLITICAL EDUCATION ACCOUNT, and the request of our county chairmen to their respective county societies for similar donations. I am happy to report, and the Directors of NEMPAC are duly grateful for, such contributions from

MMAS and several of the component societies.

Let me assure you that NEMPAC has been meticulously correct in the handling of all these monies--and again I must pause to give credit to Dr. Dillahunt, who has done the painful detail work of bookkeeping since the inception of NEMPAC, plus the astonishing volume of correspondence and filing. One of the first actions of the Board was to secure competent legal advice, and for this we turned again to Mr. Howard Houk. With his guidance, and with annual auditing of the accounts, we are confident that NEMPAC has conducted itself with exactitude as well as with the propriety which we feel our members expect of us.

Let me turn a few words to the nonpartisan designation of AMPAC and NEMPAC. There are occasional statements that both are Republican, and more often that they are "conservative." I have already made some passing comments about the latter. I hope it is apparent by this time that the PACs are interested in the support of the "friends of medicine," and will gladly support them wherever they are found in either party.

It is necessary to the success of NEMPAC that it have the widest possible degree of personal contact with its members and potential members and to this end we have enlisted county chairmen in each of the areas of county societies of the state. Indeed in some of the counties we need a county committee. It is upon the shoulders of these men that the main effort must fall, for it is they who must carry out the task of gaining members and of educating those members in political action. To date we have met with variable success in this field--some dedicated and effective men have secured nearly 100% membership in their areas while others have met such apathy that results were actually nil. We have continued our efforts to recruit interested county chairmen, and

we are now realistically hopeful that results will justify our choices: when you return to your own county society and find yourself approached by the local NEMPAC chairman, I hope that you will not only know something of what he is talking about, but that you will welcome him with checkbook in hand! One of our principal ambitions is to secure the interest and enthusiasm of wives in the work of NEMPAC: we (meaning husbands) have the conviction that wives have spare time to devote to political action (I realize that wives may not universally agree), and for this again we rely directly on our county chairmen. All joking aside, there is no disputing the fact that women do possess a capacity for enthusiastic participation which is highly communicable and which we hope to enlist in the work we have set out to do.

Finally, a few words about AMPAC: it is of national scope and capability. Its funds are separate from those of the state PACs. It has the ability to use its funds in Congressional campaigns in any Congressional district, subject to request of the state PAC concerned. It can, therefore, work for the success of a "friend of medicine" wherever he appears, and for the defeat of those who oppose our views. By this selectivity, your contribution to AMPAC may produce results out of proportion to the amount involved: for AMPAC also must devote its dollars to the interests of the "friends of medicine" who (1) need that help and (2) have a reasonable chance of winning. Remember, no one bets on a three-legged horse, no matter how likable a chap he may be. AMPAC has its POLITICAL EDUCATION work as well as its POLITICAL ACTION duties. Because Senatorial campaigns are enormously expensive and are the financial concern of the national organizations of the two major parties, AMPAC rarely attempts to assist a Senatorial campaign but this is not a hard

and fast position and in selected cases AMPAC is capable of lending help. Among the principal and most useful functions of AMPAC have been its continuing education of the state PACs, the production of much useful information on techniques as well as on issues and personalities, the conduct of workshops and the publication of a great many informative pamphlets. I should be negligent if I failed to acknowledge the debt of NEMPAC's directors to AMPAC.

Ex. # 88

will be made available for the meeting of the AMA delegates and alternates.

Financial Report

Following reports by members of The Council on activities in their districts, The Council adopted the report of the Committee on Auditing and Appropriations, including the following budget for 1963:

BUDGET FOR 1963

The Ohio State Medical Journal	41,000.00
Executive Secretary, Salary	20,000.00
Executive Secretary, Expense	2,500.00
Administrative Assistant, Salary (C.W.E.)	12,700.00
Administrative Assistant, Expense (C.W.E.)	2,500.00
Administrative Assistant, Salary (W.M.T.)	6,600.00
Administrative Assistant, Expense (W.M.T.)	1,000.00
Stenographic and Clerical Salaries	52,500.00
President, Expense	4,000.00
President's Honorarium	2,000.00
President-Elect, Expense	2,500.00
President-Elect's Honorarium	1,000.00
Council, Expense	6,000.00
American Medical Association Delegates and Alternates	16,000.00
Dept. of Public Relations:	
Director, Salary	18,300.00
Director, Expense	2,500.00
Assistant Director, Salary	14,200.00
Assistant Director, Expense	2,500.00
Exhibits and Newspaper Publicity	500.00
Literature	1,000.00
Postage	3,000.00
Supplies	600.00
Miscellaneous Activities	3,500.00
Committees:	
Education	400.00
Judicial and Professional Relations	600.00
Public Relations and Economics	400.00
Scientific Work	700.00
Auditing and Appropriations; Bookkeeping	1,000.00
Cancer	150.00
Care of the Aged	600.00
Disaster Medical Care	800.00
Eye Care	300.00
Hospital Relations	300.00
Laboratory Medicine	700.00
Maternal Health	1,500.00
Medicine and Religion	200.00
Mental Hygiene	250.00
Miscellaneous	200.00
Occupational Health	300.00
Poison Control	200.00
Radiation	500.00
Rural Health	1,800.00
School Health	2,200.00
Traffic Safety	200.00
Workmen's Compensation	500.00
nual Meeting	26,000.00
nference County Society Officers	2,200.00
uncilor District Conferences	4,500.00
ergency and Equipment Fund	13,000.00
ployees' Retirement Fund	9,157.10
urance and Bonding and Social Security	6,500.00
tures for Senior Medical Students	2,600.00
gal Expense	10,000.00
rary	200.00
MAgram	4,500.00
tage	3,800.00
fessional Relations Activities	4,500.00
t and Utilities	13,300.00
al Medical Scholarships	2,000.00
ionery and Supplies	5,000.00
ephone and Telegraph	4,000.00
man's Auxiliary Contribution	1,500.00
TOTAL	$342,557.10

Report on AMPAC Sessions

Dr. Hamwi, Dr. Tschantz and Mr. Page reported on sessions of the American Medical Political Action Committee held in Los Angeles. Dr. Tschantz was asked to present a report at the next meeting of The Council as to whether or not it would be feasible to have an AMPAC Committee in Ohio.

Legislation Anticipated in 1963

Mr. Saville presented a detailed memorandum on anticipated bills which will come before the next session of the Ohio General Assembly starting in January, 1963. There was a discussion of some of the items but it was agreed that no official action should be taken on most of them until after the proposals have been introduced and there has been an opportunity for study of the bills.

Amendments to Medical Practice Act

The Council, however, did instruct the office staff to have introduced at the next session of the Legislature a bill to amend the Medical Practice Act to provide an injunction provision; increased penalties and authorization for the Medical Board to institute proceedings in the Probate Court where evidence shows that a physician is mentally upset to the point where it would be dangerous for him to continue practice. A similar bill was introduced in the last General Assembly and after passing the House died in the Senate Committee on Education and Health.

There was considerable discussion as to whether or not the Association should sponsor a bill to amend the present school immunization law, requiring a statement of inability to pay when immunization is given at the taxpayer's expense. It was pointed out that a similar bill was vetoed by the Governor in 1961 and that although the bill passed, there was considerable opposition to the measure in both houses of the General Assembly. Also, it was pointed out that the introduction of this bill might bring about adverse reaction to the fine public relations and good will built up by the medical profession during the past year as a result of the general polio immunization programs. By official action, therefore, The Council decided that the Association should not sponsor such a bill at the 1963 session of the General Assembly.

Ohio Medical Indemnity, Inc.

Mr. Coghlan presented an oral report on progress being made by Ohio Medical Indemnity, Inc., in carrying out some of the recommendations made by The Council recently pertaining to Ohio Medical procedures. He advised The Council that there were some difficult problems involved and it might be the

Ex. #89 A, p1

MINUTES OF THE FIRST QUARTER MEETING OF THE BOARD OF TRUSTEES, TENNESSEE STATE MEDICAL ASSOCIATION - BELLEMEADE COUNTRY CLUB AND HEADQUARTERS OFFICE BUILDING - NASHVILLE - SATURDAY AND SUNDAY, JANUARY 13th and 14th, 1962

The first quarter meeting of 1962 of the Board of Trustees of the Tennessee State Medical Association convened at 5:30 p.m. on Saturday, January 13th, 1962, at the Bellemeade Country Club in Nashville. Refreshments and dinner preceded the Board meeting.

Members of the Board present were:

Robert M. Finks, M.D., Chairman, Nashville
G. H. Berryhill, M.D., Jackson
John H. Burkhart, M.D., Knoxville
Carl C. Gardner, Jr., M.D., Columbia (Not present January 13th)
Joseph W. Johnson, Jr., M.D., Chattanooga
R. H. Kampmeier, M.D., Nashville
Harmon L. Monroe, M.D., Erwin
Wm. J. Sheridan, M.D., Chattanooga
W. O. Vaughan, M.D., Nashville

Members of the Board absent were:

Bland W. Cannon, M.D., Memphis
Ralph O. Rychener, M.D., Memphis

Others present were:

Chas. C. Smeltzer, M.D., Knoxville, AMA Delegate (Present for January 14th session)
Mr. J. E. Ballentine, Executive Director, TSMA
Mr. Jack Drake, Public Service Director, TSMA
Mr. C. P. Maguire, Administrative Assistant, TSMA

The quarterly meeting of the Board was called to order at 7:45 P.M. by Dr. R. M. Finks, Chairman.

I. OLD BUSINESS:

(a) A motion was made by Dr. Monroe, seconded by Dr. Kampmeier, that the Board approve the minutes of the October 15th, 1961, meeting as recorded and mailed to Board members. The motion was approved.

Nashville, it was Mr. Ballentine's recommendation that the annual meeting for 1963 be conducted in the East Tennessee area, perhaps at Gatlinburg, and the 1964 annual meeting be held in Nashville when we would have assurance that the new auditorium would be in operation.

Dr. Burkhart, in behalf of the Knoxville Academy of Medicine, invited the 1963 meeting to be held in Gatlinburg, with the Knoxville Academy of Medicine acting as host society. A motion to accept the invitation was made by Dr. Berryhill, seconded by Dr. Monroe. The motion was approved. (This should go before the House of Delegates.)

(5) Dr. Burkhart read a letter from Dr. R. H. Hutcheson in which he pointed out that a chart had been forwarded to the TSMA Committee on Youth and Education requesting that TSMA approve a First-Aid Chart for use by school teachers in the State. Dr. Burkhart discussed the chart and presented a sample to members of the Board. As Chairman of the Committee on Youth and Education, Dr. Burkhart recommended that the Board of Trustees approve the chart.

The motion was made by Dr. Monroe, seconded by Dr. Johnson, that the Board of Trustees recommend adoption of the chart as requested by the Public Health Department. The motion was approved.

(6) Dr. Finks read a report presented to the Board by the Chairman of the Legislative Committee. (A copy of the report is a part of the official minutes.) This report had to do with the formation of an American Medical Political Action Committee (AMPAC) in Tennessee. The Board discussed it in detail. Dr. Sheridan read a release by the American Medical Association reporting on the formation of AMPAC and the recommendations of the House of Delegates of AMA. Dr. Charles C. Smeltzer, Delegate to the AMA, further reported in detail the actions of the AMA House of Delegates on this matter.

Dr. Burkhart made a motion that the Board of Trustees endorse the American Medical Political Action Committee (AMPAC) and that the House of Delegates of TSMA approve the purposes of AMPAC, and that such a recommendation be made to the House of Delegates of TSMA by the Board of Trustees. The motion was seconded by Dr. Johnson. The motion was approved.

Following this action, Dr. Monroe made the motion, seconded by Dr. Kampmeier, that "no TSMA funds be used in this activity". The motion was approved.

(7) Dr. John Burkhart, Chairman of the Board of Trustees' Research and Planning Committee, reported to the Board on recommendations of the Committee regarding changes in the Constitution. He outlined that additional changes in the By-Laws would be necessary in the re-organization plans for the Tennessee State Medical Association, but that any changes in the Constitution would have to lie over for one year. His committee was ready to report only on the proposed changes in the Constitution to be acted upon in April, 1962. He further stated that by so doing, the Constitution could lie over one year as required and the committee would have time to prepare the changes in the By-Laws in order that all of the changes in the Constitution and By-Laws could go into effect in April, 1963.

Dr. Burkhart presented item by item, the changes in the Constitution that were proposed for action in 1962 by the House of Delegates, one of which would change the name of the Association from the Tennessee State Medical Association to "Tennessee Medical Association".

The motion was made by Dr. Johnson, seconded by Dr. Vaughan, that the Board recommend that the word "State" be deleted from the name of the Association. The motion was approved.

Ex. #89 B, p.1

REPORT

FROM: Douglas H. Riddell, M.D., Chairman
TSMA Legislative and Public Policy Committee

TO : TSMA Board of Trustees

RE : Formation of an AMPAC-type organization in Tennessee

1. A meeting of the Nashville members of the TSMA Legislative and Public Policy Committee was held Wednesday night, January 10, to study the advisability of TSMA's creating an organization in Tennessee similar to the American Medical Political Action Committee. Dr. Robert Finks, TSMA Board Chairman, also attended the meeting.

Dr. D. W. Smith reported to the group that AMPAC had been organized in September of last year as a political action organization, similar to the AFL-CIO Committee on Political Education (COPE). It was further explained that the AMA House of Delegates had enthusiastically endorsed the organization at the Denver Clinical Meeting and had urged each state medical society to take the necessary action to participate in AMPAC's activities, and assist the organization in attaining its goals.

Briefly, these goals consist of:

(1) Educating and stimulating physicians and others to the end that they may effectively engage in political activities.

(2) To accept funds from medical associations to be used in educational activities.

(3) To solicit funds from individual physicians and auxiliary members to elect or defeat candidates for national office.

It was pointed out that AMPAC will function autonomously and independently of all medical organizations, although the AMPAC Board of Directors is appointed by the AMA Board of Trustees.

2. Mr. Charles Cornelius, TSMA legal counsel, discussed the legal aspects of the establishment of an AMPAC-type organization in Tennessee. Mr. Cornelius made the following points:

9 1 0 7 0 1 1 3

(1) There is nothing in the federal law (Corrupt Practices Act or Hatch Act) which prohibits TSMA or any similar organization from initiating and supporting the organization of a body which would implement AMPAC's program in Tennessee. There are no state laws which relate to such activity. Thus, neither TSMA's tax exempt status nor the tax deductible feature of individual membership dues would be affected.

(2) The TSMA Board of Trustees could, if it so desired, appoint the initial committee, or board of directors, of a Tennessee AMPAC-type organization.

(3) The TSMA Board of Trustees could legally support the organization with financial assistance to be used for organizational purposes. However, any funds so appropriated by TSMA could not be used for political action, i.e., as campaign funds for any candidate.

(4) The committee, having been appointed, would then operate as an autonomous organization, separate and apart from TSMA, in the conduct of its activities in all areas, including solicitation of funds through obtaining membership of individual physicians throughout the state.

The Committee recommends that:

(1) The TSMA Board of Trustees endorse the activities and goals of the American Medical Political Action Committee.

(2) The TSMA Board of Trustees initiate the creation of a Tennessee AMPAC-type organization.

FEC
DOCUMENT
SEPARATOR

780

Ex. # 90, p. 1.

THE ARIZONA MEDICAL ASSOCIATION, INC.

BOARD OF DIRECTORS

Meeting of the Board of Directors of the Arizona Medical Association, Inc., held Sunday, May 27, 1962, in the French Quarter of the Safari Hotel, Scottsdale, Arizona, convened at 10:15 A.M., Clarence E. Yount, Jr., M.D., President, Acting Chairman, presiding.

ROLL CALL

PRESENT: Drs. Baldwin, Earl R.
Dudley, Jr., Arthur V.
Dysterheft, Arnold H.
Finke, Howard W.
Hamer, Jesse D.
Henderson, Charles E., Secretary
Jarrett, Paul B.
Jensen, Thomas W.
McNally, Joseph P.
Drs. Price, Robert A.
Rhu, Hermann S.
Smith, Leslie B.
Smith, Noel G.
Steen, William B.
Taylor, Ashton B.
Tuveson, Leo L.
Yount, Jr., Clarence E., President

Messrs. Boykin, Paul R., Assistant Executive Secretary
Carpenter, Robert, Executive Secretary
Gundlach, John W., Executive Assistant

GUEST: Doctor John R. Schwartzmann, Chairman - Ad hoc Committee for Liaison with the Arizona State Insurance Council.

EXCUSED: Drs. Barker, Jr., Clyde J.
Beaton, Lindsay E.
Brewer, W. Albert
Drs. Eisenbeiss, John A.
Neubauer, Darwin W.
O'Hare, James E.

BOARD ORGANIZATION

Doctor Yount welcomed and introduced the newly-elected members of the Board of Directors: Doctors Howard W. Finke, (Superior), Southwestern District Director, Charles E. Henderson, Secretary (Phoenix), Thomas W. Jensen (Safford), Southeastern District Director, Robert A. Price (Phoenix), Central District Director, Hermann S. Rhu, (Tucson), Southern District Director, and Ashton B. Taylor, (Phoenix), Central District Director.

Doctor Steen nominated Doctor W. Albert Brewer, Vice President, to serve as Chairman of the Board for the ensuing year.

It was moved by Doctor Hamer, seconded by Doctor Steen, and unanimously carried that nominations be closed, Doctor Yount declaring Doctor Brewer unanimously elected Chairman of the Board for the ensuing year. Because of Doctor Brewer's absence, Doctor Yount continued to serve as Acting Chairman for this meeting.

MINUTES

It was regularly moved, seconded, and unanimously carried, that the minutes of the meeting of the Board of Directors held April 25, 1962, be approved as prepared and circulated among the members.

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Arizona Hospital Association - Correlation of Outpatient Charges with Industrial Commission

Letter dated May 23, 1962, from Roland W. Wilpitz, President, Arizona Hospital Association, states The Arizona Hospital Association's desire to correlate their request for increase in outpatient charges to the Industrial Commission with the Arizona Medical Association. Also, they would appreciate notification of any contemplated change or requests that may go to the Commission from this organization in the near future.

It was moved by Doctor Jarrett, seconded by Doctor Tuveson, and unanimously carried, that the Board refer this matter to the Industrial Relations Committee for review and report.

Arizona Zoological Society - Zoological Park

Mrs. Robert E. Maytag, President, Arizona Zoological Society, in letter dated May 22, 1962, thanked the Association for considering the plans for the zoological park now under construction, expressing her disappointment at the lack of support or endorsement by this Association; she stated, further, that another year may provide "proof of the pudding" as to the worthiness of her organization's cause. Received.

OTHER BUSINESS

AMA 1962 Annual Meeting - Designation Arizona Representation

As previously authorized, it was determined that the Association's two Delegates to the AMA, the Constitutional Secretary, the President-Elect, and the Executive Secretary attend the 1962 Annual Meeting of AMA, representing this Association at its expense.

Arizona AMPAC - Organization

The structure of the National AMPAC was discussed, with suggestions and recommendations emanating from the National AMPAC's headquarters as to desirable methods of forming an Arizona AMPAC. Three names were suggested as possibilities to serve as President, and Secretary-Treasurer, the two principal officers of a proposed State group; they are as follows: Doctors Derrill B. Manley, W. Shaw McDaniel, and William E. Ragsdale, Jr.

It was moved by Doctor Leslie B. Smith, seconded by Doctor Jarrett, and unanimously carried, that the Board approve appointment of any of the three doctors suggested at the discretion of and appointment by our President.

It was moved by Doctor Leslie B. Smith that the Arizona Medical Association, Inc., offer a loan of $500.00 to the proposed Arizona AMPAC to help it defray initial expenses, said loan to be for a period of six (6) months, subject to reconsideration at that time. The motion was seconded by Doctor Rhu, and carried.

Board of Directors Meetings - Luncheon Menu - Beverages

Due to budgetary economy restrictions, the subject of the cost of luncheons atten

THE ARIZONA MEDICAL ASSOCIATION, INC.

BOARD OF DIRECTORS

Meeting of the Board of Directors of The Arizona Medical Association, Inc., held Sunday, February 10, 1963, in the French Quarter of the Safari Hotel, Scottsdale, Arizona, convened at 10:00 A. M., W. Albert Brewer, M. D., Vice President and Chairman, presiding.

ROLL CALL

PRESENT: Drs. Baldwin, Earl R.
Barker, Jr., Clyde J.
Beaton, Lindsay E.
Brewer, W. Albert, Chairman
Dudley, Jr., Arthur V., Treasurer
Dysterheft, Arnold H.
Finke, Howard W.
Hamer, Jesse D.
Henderson, Charles E., Secretary
Jarrett, Paul B.
Jensen, Thomas W.
McNally, Joseph P.
O'Hare, James E.
Price, Robert A.
Rhu, Hermann S.
Smith, Leslie B.
Steen, William B., President-Elect
Taylor, Ashton B.
Tuveson, Leo L.
Yount, Jr., Clarence E., President

Jacobson, Mr. Edward, Counsel

STAFF: Boykin, Mr. Paul R., Assistant Executive Secretary
Carpenter, Mr. Robert, Executive Secretary
Ledwidge, Mr. Joseph A., Executive Assistant

GUESTS: Grand, Mr. Richard, Counsel, Pima County Medical Society
Pompelli, Mr. John, AMA Field Representative

EXCUSED: Drs. Eisenbeiss, John A.
Neubauer, Darwin W.
Smith, Noel G.

MINUTES

It was moved by Dr. Rhu, seconded by Dr. Dudley, Jr., and unanimously carried that the minutes of the meeting of the Board of Directors held October 28, 1962 be approved as prepared and circulated among the members.

(Louisville), a candidate to succeed Hugh H. Hussey, M. D. (Washington, D.C.), resigned, as a member of the Board of Trustees of the American Medical Association.

AMA President-Elect

Massachusetts Medical Society reports support of the candidacy of Norman A. Welch, M. D., Speaker, as President-Elect of the American Medical Association.

Maricopa County Medical Society

It was moved by Dr. Jarrett, seconded by Dr. O'Hare, and unanimously carried that the report of the Maricopa Society and recommendation dealing with membership status be tabled.

Regarding resolutions adopted dealing with AMPAC and ARMPAC, action postponed pending outcome of discussion of the subject, a part of the agenda under other business.

Insurance - Elderly

AMA Council on Medical Service concurs in enactment of legislation permitting private insurers to jointly underwrite, on a non-profit basis, hospital, medical, surgical and major medical expense insurance on persons sixty-five years of age and over, recommending that constituent medical associations cooperate with other organizations to promote legislation which would permit pooling of risks making such coverage more readily available. Referred to Medical Economics Committee.

Group Life Insurance

California-Western States Life Insurance Co., underwriters of the Association sponsored Professional Franchise Life Insurance Program, offers an "open period" to members not presently covered in such program. Evidence of insurability will be waived for all members under age fifty applying for the basic $10,000.00 coverage if at least one hundred applications are received. Liberal underwriting will be used when considering applications for members from age 50 to 80. Proposal supported.

OTHER BUSINESS

Counsel briefly reviewed the content of an opinion previously rendered referable to Arizona law as pertains or relates to the organization and operation of a political action committee. The Secretary read a letter dated January 29, 1963 received from John W. Moon, M. D., Chairman of the Steering Committee on ARMPAC, setting forth certain recommendations as pertains to suggested membership to constitute a Board of Directors.

It was regularly moved and unanimously carried that Walter E. Ahrens, M. D. (Pima), Walter D. Anderson, M. D. (Yuma), Walter Brazie, M. D. (Mohave), Mrs. Albert O. Daniels (Yavapai), William F. Holsey, M. D. (Pima), John William Moon, M. D. (Maricopa), Maxwell R. Palmer, M. D. (Pima), William G. Payne, M. D. (Maricopa), Mrs. Richard Timmons (Maricopa), and John F. Westfall, M. D. (Maricopa), be appointed members of the Board of Directors of ARMPAC for a term of one year or until such

time as their successors are appointed and have accepted the office.

Correspondence received from Gunnar Gunderson, M. D., Chairman of the AMPAC program and membership drive, was directed referred to the Board of Directors of ARMPAC for its information and attention.

Western Council for Higher Education in Nursing

The matter of request for participation in the Western Council for Higher Education in Nursing Program was given consideration. No action taken.

MEETING ADJOURNED AT 4:15 P. M.

Charles E. Henderson

Charles E. Henderson, M D.
Secretary

AMPAC

American Medical Political Action Committee

520 NORTH MICHIGAN AVENUE - CHICAGO 11, ILLINOIS

Suite 612

Ex. #92

AMPAC

GUNNAR GUNDERSEN, M.D., *La Crosse, Wis.*
chairman

MILTON DAVIS, M.D., *Dallas, Texas*
secretary-treasurer

FRANCIS COLEMAN, M.D., *Des Moines, Iowa*
JOHN B. FARLEY, M.D., *Pueblo, Colo.*
MILFORD B. HATCHER, M.D., *Macon, Ga.*
GEORGE LAWRENCE, JR., M.D., *Flushing, N. Y.*
J. J. MONFORT, M.D., *Batesville, Ark.*
MRS. EARL W. ROLES, *Prospect, Ky.*
MALCOLM C. TODD, M.D., *Long Beach, Calif.*
DONALD E. WOOD, M.D., *Indianapolis, Ind.*

JOE D. MILLER *Executive Director*

May 16, 1962

Lee Eisenberg Associates
179 Allyn Street
Suite 305
Hartford, Connecticut

Dear Mr. Eisenberg: Lee

We are sending you under separate cover a copy of the filmstrip "Wisconsin Story" and some material which we hope will be of value to you. We would appreciate having the film returned to this office following its use. As other state PAC activities come to our attention, we will keep you in mind.

I hope that you plan to be in Chicago for our program on Sunday, June 24. More information will be sent to you regarding this activity within the next few days.

I am sorry that I will not be in Chicago next Monday. However, I hope that you will stop by our office and visit with David Baldwin, who is the Assistant Director for AMPAC.

Let us know if we can be of assistance at any time. It seems to me that you have an outstanding program in the making, and we would like to have a resume of same, plus sample copies of materials, etc. that you may use.

Sincerely yours,

Joe D. Miller
Executive Director

JDM/mdc

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Ex. #93

June 7, 1962

Albert J. Robinson, M.D.
Senior Vice President
Connecticut General Life Insurance Company
Cottage Grove Road
Bloomfield, Connecticut

Re: COMPAC

Dear Dr. Robinson:

As you requested during our telephone conversation this morning, we are enclosing some background information on COMPAC. As suspected, we had only two file copies of the COMPAC Constitution. However, we have enclosed a model constitution prepared by AMPAC, which, in intent, is very similar to the COMPAC one.

We hope this information will be of value to you, and will be looking forward to meeting with you next week to plan a meeting of the insurance industry physicians.

If you have any questions, please feel free to call us.

Sincerely,

Arthur N. Schuman

ANS:dkr
cc: Kenneth F. Brandon, M.D.

000314

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CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE

STAFF REPORT

SEPTEMBER 12, 1962

REPORT ON MEMBERSHIP STATUS

Total COMPAC membership to date is 561. This is made up of 456 paid members and 105 pledged. This reflects an increase of 170 paid members since the last report.

AMPAC RELATIONSHIP

Staff personnel conferred with Mrs. Elliot, Assistant Director of AMPAC during the State Auxiliary Leadership Workshop. We suggested that she recommend to Mr. Miller that he consult with Dr. Brandon, Dr. Satti and Dr. Richards on the amount of adjusted AMPAC payment this year and then a firm arrangement could be budgeted in advance for next year.

REPORT ON FUTURE MEMBERSHIP ACTIVITIES

August was a particularly difficult period to get meetings arranged. Now that the summer is over, we envision a definite pick-up in COMPAC membership. Twenty-one meetings are already scheduled in the next four weeks or twenty working days and we are looking to double this figure with Board and Advisory Council assistance. In addition, we are arranging to tie-in COMPAC presentations with the County and City society meetings. Also, an enrollment program has been developed for the women's auxiliary.

The other areas of membership enrollment which will be undertaken include: solicitation of $1.00 supporting members by local COMPAC groups, if the Board approves; direct mail to specialty groups and alumni clubs; and combined meetings of husbands and wives.

IMPLEMENTATION OF POLITICAL EDUCATION PROGRAM

We are now arranging to train 7 staff people to present a 1-1/2 hour political education course which we are patterning after the Chamber of Commerce course and the action programs of both parties. These existing programs range from 4 to 18 hours and have to be cut down to their irreducible minimum. The course, to be presented to over 30 local groups, outlines ways that local physicians and their family members will be able to assist candidates for office. COMPAC members in an area will be asked to help staff personnel obtain numbers of voluntary campaign workers who will be signed up for work at the course and will be channeled to candidate campaign managers and local party chairmen.

ORGANIZATION OF LOCAL CHAPTER ORGANIZATIONS

000336

The development of local chapter COMPAC groups will be tied in directly with the presentation of the political education course in each area.

REPORT ON INTERVIEWS WITH CANDIDATES

To date, interviews have been held with the following: Ribicoff, Seely-Brown, Giaimo, Reinhardsen, Lennon, Sibal, Rand, Savin, Collins and Lupton. Interviews have also been scheduled with Monagan for 9/14 and St. Onge for 9/19. Daddario communicated with COMPAC stating that he was tied-up with Congressional matters, but would be happy to meet with the committee as soon as he returns to the state to formally start campaigning. Efforts are now being made to finalize arrangements with Grabowski, who, by the way, has been quite difficult to corner.

Ex. # 95, p. 1

September 14, 1962

Mr. Joseph Miller
Executive Director
American Medical Political Action Committee
535 North Dearborn Street
Chicago 10, Illinois

Dear Joe:

John Pompelli, the AMA representative who attended our Board meeting Wednesday evening thought that if you did not have any conflicting plans you might be able to join us at a leadership meeting with Dr. Annis at the Rosewood Restaurant, Simsbury, Wednesday, September 19th at 3:00 p.m.

Immediately following this meeting at 4:00 p.m., a subcommittee would like to sit down with you and work out the financial details of our present and future affiliation. Some of our problems here in Connecticut were briefly explained to Mrs. Elliott, who, incidentally, provided an outstanding presentation for her auxiliary audience. We feel that the details of this arrangement could be worked out by a small group and then could be finalized at our Board meeting which will be held at 5 p.m. that same afternoon at Old Farms Inn.

As you probably know, Dr. Annis is scheduled as the luncheon speaker at the Council of State Chambers of Commerce Convention at the Statler-Hilton, Hartford on the 19th at 1:15 p.m. We originally planned to meet with Dr. Annis at the Statler immediately following his luncheon speech. However, the AMA felt that such a meeting with COMPAC leaders would only add fuel to the flames of current Ribicoff charges that Annis and other AMA leaders are coming to Connecticut to organize a campaign to beat him.

000204

Therefore, the change to the Rosewood Restaurant site. We suggest meeting at the Statler at approximately 2 p.m. - earlier if you like - and we could then drive you to the restaurant for our 3 o'clock meeting, with Dr. Annis and our COMPAC leaders.

Concerning the Ribicoff charges, they first appeared in press reports of his speech before the State Labor Convention, which was held soon after the official announcement of Dr. Annis' talk this past week in Greenwich.

In my conversations with Mrs. Elliott she mentioned that she would appreciate receiving the confidential candidates' evaluation report prepared for COMPAC by two leading political analysts in the state who were specifically retained for that purpose. We have enclosed two copies of the report, and ask that you forward one to Mrs. Elliott.

It might interest you to know that at this particular time COMPAC has endorsed Seely-Brown (although not publicly as yet). This decision was reached even though there were some very strong initial objections from several COMPAC leaders. The Board felt that if elected Ribicoff would not only vote for K-A type legislation, but would be its champion and lead the fight for its passage in the senate. As far as Seely-Brown is concerned, we have no guarantee at all that he will not vote for federal financing through Social Security. However, we are quite certain that he will not contribute to leadership efforts to push this bill through.

Also, a defeat of Ribicoff would certainly hurt the prestige of the administration and would indicate that local support of K-A type legislation is not as great as wome people believe. Therefore, we feel we have very little choice. Although Seely-Brown is at this point a rather weak, indecisive candidtate as far as the issues are concerned, he is certainly, "the lesser of two evils."

Present indications are that COMPAC will endorse and strongly support the re-election campaign of Congressman Abner Sibal. We, in Connecticut, feel that Mr. Sibal is a true friend of medicine. The Board has also endorsed the candidacy of Daniel Reinhardsen, republican candidate for the 3rd Congressional District. However, a decision on the amount of actual support he will receive has not been made. Concerning the first, second and fifth Congressional Districts, as well as the congressman-at-large race, no final decision on endorsement has been made. This, however, will all be resolved by the 19th.

000292

Naturally, we hope you can meet with us on the 19th, although we recognize that this is pretty short notice. If your schedule will not permit you to be in Hartford, then, please advise us when the next earliest available date would be. We would suggest that our meeting should take place prior to October 1.

Sincerely,

Lee Isenberg
Public Relations Council.

LI:jb

P.S. Your wire just arrived. If you plan to stay overnight, we would be delighted to make any necessary arrangements. Please advise.

COPY

000222

Ex # 96 p 1

AMPAC
American Medical Political Action Committee

520 NORTH MICHIGAN AVENUE - CHICAGO 11, ILLINOIS

Suite 1224

AMPAC

GUNNAR GUNDERSEN, M.D., *La Crosse, Wis.*
chairman
MILTON V. DAVIS, M.D., *Dallas, Texas*
secretary-treasurer

FRANK C. COLEMAN, M.D., *Des Moines, Iowa*
JOHN B. FARLEY, M.D., *Pueblo, Colo.*
MILFORD B. HATCHER, M.D., *Macon, Ga.*
GEORGE J. LAWRENCE, JR., M.D., *Flushing, N. Y.*
J. J. MONFORT, M.D., *Batesville, Ark.*
MRS. EARL W. ROLES, *Prospect, Ky.*
MALCOLM C. TODD, M.D., *Long Beach, Calif.*
DONALD E. WOOD, M.D., *Indianapolis, Ind.*

JOE D. MILLER, *Executive Director*

September 29, 1962

Campaign Contrib.

Mr. Lee Eisenberg
179 Allyn Street
Suite 305
Hartford, Connecticut

Dear Lee:

I hope that you have received both the materials and funds which were allocated according to our agreement. If there is any question about either please let me know immediately.

Attached you will find a supply of AMPAC membership reporting forms and I would appreciate your efforts to have this report brought up to date immediately and returned to us with a check in the appropriate amount, also according to our agreement.

If you have already sent this membership information to our office as per your conversation with Mrs. Lipner, please ignore the above paragraph except for future reference in preparing membership reports.

Please keep us posted.

Sincerely yours,

Joe

Joe D. Miller
Executive Director

JDM:el

000281

AMPAC CONTRIBUTION FORM

Batch No. p.2

FOR OFFICE USE ONLY		AMOUNT OF CONTRIBUTION**	FOR IBM USE ONLY
	Name* Address City Zone State		
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*Should be in alphabetical order.

**Check or draft from state PAC payable to AMPAC, must be attached for the total amount.

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CHAIRMAN'S AGENDA
ANNUAL MEETING
CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE
STATLER HILTON - HARTFORD - 1:30 P.M.
THURSDAY, MAY 2, 1968

000557

I. DR. SATTI CALLS MEETING TO ORDER - "On behalf of the Board of Directors of COMPAC it is my sincere pleasure to welcome you to this, our first Annual Meeting. We are indebted to the Connecticut State Medical Society for allowing us to use these meeting facilities. In this way, the Society has made it as easy as possible for physicians who belong to both the Medical Society and COMPAC to attend the Annual Meetings of both these organizations without being away from their practices on two separate occasions. Since our time is somewhat limited this afternoon, let us get right on with the business to be covered at today's meeting".

II. DR. SATTI INTRODUCES DR. BEARD - "The establishment of a new organization is an unusually difficult undertaking. If the members of your Board of Directors did not realize this when they accepted their positions one year ago, I am sure that they do now. I can tell you that a great deal was accomplished in the past twelve months and your Board of Directors is confident that the future of COMPAC is indeed a bright one. To enumerate on some of the activities of the past year, I would like to ask Dr. William J. Beard of Waterbury, the member of the Board of Directors from New Haven County, to outline, as briefly as possible, some of the more important events. By the way, a copy of the complete report of the Board of Directors will be distributed to those of you here today as well as mailed to the entire membership of COMPAC so that you will be able to review these activities at your leisure. Therefore, I am going to turn the meeting over for the next few minutes to Dr. Beard who will review for you the activities of COMPAC during its first year."

III. DR. BEARD READS HIGHLIGHTS OF THE BOARD OF DIRECTORS REPORT TO THE MEMBERSHIP

IV. DR. SATTI ASKS FOR A VOTE OF CONFIDENCE - " Thank you Dr. Beard. I'm sure that the COMPAC members here today have a clearer understanding of the successes and problems encountered during the past year as a result of your brief report. I think it would be in order for the membership present today to go on record as approving the activities of the Board of Directors and if this is the wish of the membership, I would ask that a motion to this effect be made so that your feelings may become an official part of the minutes of our First Annual Meeting. Do I hear a motion? Is there a second? Is there any discussion? All those in favor signify by saying "yes" and all opposed "no".

V. DR. SATTI CALLS ON DR. BRANDON FOR FINANCIAL REPORT - "One of the more difficult assignments which must be handled by a member of the Board of Directors is the control of the finances of this political action committee.

COMPAC was fortunate indeed to have as Treasurer, Dr. Kenneth F. Brandon. I would like to ask Dr. Brandon at this time to make a brief summary report to you on the financial condition of COMPAC at the end of the first year of operation. Dr. Brandon".

VI. DR. BRANDON PRESENTS BRIEF FINANCIAL REPORT

VII. DR. SATTI CALLS FOR APPROVAL OF FINANCIAL REPORT - "Thank you Ken. Yours has certainly been a very difficult assignment and you have carried it out most efficiently. Certainly your fellow-directors and, I am sure, the entire membership appreciates your hard work and dedication as well as the excellent job you have done. Do I hear a motion to accept the report of the Treasurer as presented? Is there a second? All those in favor say "yes" - all against say "no".

VIII. DR. SATTI CALLS ON DR. GALLO FOR A NOMINATING COMMITTEE REPORT - "Next on the agenda will be a report of the Nominating Committee presented by Dr. Francis Gallo, the COMPAC Board Member from Litchfield County - Dr. Gallo".

IX. DR. GALLO PRESENTS THE NOMINATING COMMITTEE REPORT - "Thank you Dr. Satti. To bring you up to date, one year ago five members of your Board of Directors were elected for two year terms and five members of your Board were elected for one year. The Nominating Committee, which was made of a special committee of the Board of Directors, feels quite strongly that in the interest of continuity those directors whowere elected for one year should be re-elected at this time. The thinking is based on the simple fact that any new organization experiences considerable difficulty in getting off the ground and establishing a smooth-running operation. The members of your Board of Directors worked diligently to achieve this end result and are well familiar with the many problems encountered and the various possible solutions. For this reason, we would recommend that the membership re-elect the following:

Drs. William E. Gatlin, representing Middlesex County; Brae Rafferty, representing Windham County; Edward A. Palomba, representing Tolland County; C. John Satti, representing New London County; and Mrs. Gilbert W. Heublein, one of the two physician's wives represented on the Board of Directors. By the way, this year and every succeeding year directors will be elected for a term of two years each to comply with the provisions of our Constitution. The directors who were elected for a 2 year term last year and, therefore, will continue to serve on the Board for the coming year are: Drs. Kenneth F. Brandon, representing Hartford County; William J. Beard, representing New Haven County; Mrs. Philip Cornwell, the other physician's wife on our Board of Directors; and yours truly. The other director who was elected for two years was

000559

Dr. E. Lloyd Dawe, representing Fairfield County. Dr. Dawe submitted a resignation as a director approximately six months ago and your Board of Directors appointed Dr. Ellwood C. Weise of Bridgeport as a replacement. The Board would like the general membership to confirm this appointment of Dr. Weise to complete the unexpired two-year term of Dr. Dawe".

X. DR. SATTI CALLS FOR A VOTE - "If there are no additional nominations from the floor, I would entertain a motion for the Secretary to cast one ballot for the re-election of the five Directors to a two-year term. Do I hear a motion? A second? All in favor say "yes". So moved. And now, I would also request that the membership authorize the Board of Directors to appoint an Advisory Council to COMPAC similar to the one which was appointed one year ago and which served the organization so well. These Advisory Members represented the various counties of the state and are active in medical affairs. Their support and dedicated assistance proved invaluable to your Board of Directors. Therefore, I would entertain a motion at this time to authorize the Board of Directors to appoint an Advisory Council to assist the Board of Directors for the coming year. Is there a second? All those in favor signify by saying "yes" - all against "no".

XI. DR. SATTI INTRODUCES GUEST SPEAKER - "Now to the highlight of our meeting today. We have with us one of the outstanding leaders of the medical political action movement in the United States. He is Secretary-Treasurer of the American Medical Political Action Committee and also Board Chairman of the Empire State Political Action Committee. In addition, our guest speaker is the President of the Queens County, New York, Medical Society, a Councilor of the Medical Society of the State of New York and a delegate to the American Medical Association. This is certainly a great pleasure for me to introduce to you Dr. George J. Lawrence, Jr. of Bayside, New York. - Dr. Lawrence".

XII. DR. LAWRENCE MAKES ADDRESS

XIII. DR. SATTI THANKS DR. LAWRENCE - "Thanks very much, Dr. Lawrence for your very illuminating and informative talk. I'm sure we are all more familiar with the purposes, aims and objectives of AMPAC and on behalf of the membership of COMPAC I would like to extend my sincere thanks to you for taking the time to participate in our First Annual Meeting. Needless to say, you have a standing invitation to come back to Connecticut whenever your busy schedule permits

XIV. DR. SATTI CLOSES MEETING - "Since one of the sections of the State Medical Society is to meet in this room very shortly, I would entertain a motion to close this Annual Meeting. Before doing so, I would like to urge your continuing support for the coming year for we have much to do and any accomplishments which have been realized are actually the result of a united effort of the Board and each member of COMPAC. Now if there is a motion to adjourn, the Chair so accepts

Ex. #97 B

MINUTES, FIRST ANNUAL MEETING
CONNECTICUT MEDICAL POLITICAL ACTION
COMMITTEE
THURSDAY, MAY 2, 1964
STATLER HILTON, HARTFORD, CONNECTICUT

FIRST ANNUAL MEETING OF COMPAC was called to order by Dr. C. John Satti, Chairman of the Board of Directors at 1:30 P.M.

REVIEW OF COMPAC ACTIVITIES during its organizational year was presented by Dr. Williams J. Beard, Board member from New Haven County. He outlined the highlights of the year and projected a program for 1963-64.

VOTED: To give the COMPAC Board of Directors a vote of confidance in light of the accomplishments of the past year - - passed unanimously.

FINANCIAL REPORT was presented by the treasurer, Dr. Brandon. He announced that the regular COMPAC account showed a balance on hand of $401.69, while the Education Account had a balance of $367.80.

VOTED: To accept the report of the treasurer as presented.

VOTED: To authorize the board of directors to appoint an advisory council to assist the board in its work and to act in an advisory capacity.

NOMINATING COMMITTEE REPORT was presented by Dr. Gallo. The following directors were nominated for re-election to a full two year term: Drs. William Gatlin, Middlesex County; Edward N. Palomba, Tolland County; C. John Satti, New London County; Brae Rafferty, Windham County; and Mrs. Gilbert W. Heublein, one of two physicians wives to serve on the Board.

VOTED: To accept the nominating committee report as presented -- passed unanimously.

FEATURE ADDRESS was made by Dr. George J. Lawrence, Jr., of Bayside, New York, the secretary-treasurer of AMPAC, who reviewed the activities of AMPAC during its organizational year.

MEETING ADJOURNED at 2:35 P.M.

RESPECTFULLY SUBMITTED,

MRS. GILBERT W. HEUBLEIN,
SECRETARY

Ex. 97 C, p. 1.

CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE
YEAR-END BOARD OF DIRECTORS REPORT
Submitted to the General Membership at the First Annual Meeting
May 2, 1963 - Statler Hilton, Hartford, Connecticut

History was made in Connecticut during the past year. For the first time, the medical profession entered the political arena on an organized basis. Over the course of the twelve months, hundreds and hundreds of physicians supported the COMPAC movement. All told, a great deal of effort and money went into the establishment of a political action committee for the medical profession of this State. A natural question is, of course, was the effort worth it? Your Board of Directors is pleased to report to you that the answer to this question is a strong and affirmative "yes". We feel that the foundation for a long-term, effective organization has been carefully built during the past year.

Unfortunately, much of the effort put forth during this organizational period of COMPAC was of a non-glamorous nature and, therefore, might not have been apparent to many members. In this report your Board of Directors will attempt to review for you the areas of COMPAC activities during the past year as well as a glimpse of contemplated programs for the coming twelve months.

MEMBERSHIP ENROLLMENT REACHES 1300!

Naturally, the organization's initial effort was in the area of membership enrollment, for without the backing of the medical profession of Connecticut, COMPAC would be nothing more than a loud echo. To obtain this support, COMPAC held over 100 membership organization meetings throughout the entire State of Connecticut. Some of these were in conjunction with city society meetings, others were held in public meeting places and still others were held in the homes of COMPAC members. As a result, there are, today, approximately 1300 members enrolled in COMPAC, the majority of which are physicians.

COURSES IN PRACTICAL POLITICS PRESENTED

During the month of September and October COMPAC presented over thirty courses on political orientation for doctors and their wives. The purpose of these programs was to prepare representatives of the medical profession for the 1962 Election Campaigns. In all, over 1000 physicians and their wives attended these programs, and, as a result, approximately 600 of them volunteered their services during the pre-election campaign and on election day on behalf of the candidates of their choice. In addition, over 51,000 pieces of literature were distributed at these meetings as well as in doctor's offices so that the physician's own patients might have a clearer understanding of the medical profession's views on pending health legislation.

CANDIDATES FOR PUBLIC OFFICE INTERVIEWED

Also during October, teams of COMPAC members personally interviewed candidates running for national office on both the Democrat and Republican tickets during the 1962 state elections. The purpose of these interviews was to determine the candidate's views on important medical and public health issues. A summary of the information obtained from these interviews was disseminated to the entire membership of COMPAC prior to the election.

- over -

Similarly, a ten-part questionnaire on medical-political issues was mailed to the 650 candidates running for the Connecticut Legislature during the 1962 campaign. A surprisingly large number were completed and returned to our Executive Office in Hartford. The questionnaires not only afforded COMPAC the opportunity to evaluate the views of those candidates who ran for the General Assembly and Senate, but also served as a reminder to those who were elected that a medical political action committee will be following their activities during their present term on Capitol Hill.

COMPAC ACTIVE AT LEGISLATIVE HEARINGS

Starting in January, COMPAC contributed to a strong legislative program on behalf of the medical profession by handling the political aspects connected with key legislative bills such as: Kerr-Mills liberalizations; Animal Research; Good Samaritan Laws; Lay control of the CMS Board of Directors; and several dozen more. At the start of the legislative session COMPAC researched all the proposed bills which affected the medical profession and prepared a listing of the bills, their sponsors and the committees which would be hearing testimony concerning the proposed legislation and disseminated the twelve-page report to members of the State and National Legislative Committee of the Connecticut State Medical Society as well as the officers and councilors of the State Society. Furthermore, COMPAC backed all legislative presentations of the State Society by providing COMPAC members as supporting speakers lending political strength to the official Society position.

POLITICAL ACTION FOR MEDICAL-DENTAL SCHOOL

One of the most controversial issues to come out of the 1963 General Assembly concerned the approval of a Medical-Dental School for Connecticut. Convinced of the increasing need for such an educational facility, the Board of Directors of COMPAC answered the request of the Citizen's Committee for a Medical-Dental School for assistance in preparing sufficient documentation outlining the necessity for such a school to both the legislators and the general public. In addition, COMPAC strongly supported the testimony of the Citizen's Committee at six legislative hearings concerning various aspects of the Medical-Dental School controversy.

BEHIND-THE-SCENES CONTACT ACTIVITY PROVES VALUABLE

Several months ago, COMPAC asked each of its members to complete a short questionnaire indicating which members of the Connecticut General Assembly they knew personally. From the information received a very valuable personal contact file has been developed. As an example of how such behind-the-scenes political contact can be used effectively, we would like to report to you the significant contribution which COMPAC made to the eventual passage of the Animal Research Bill. As you may recall, the House of Representatives approved an amendment to the original Animal Research Bill which, in essence, would have referred the bill back to the Senate for additional Committee investigation and "killed the bill" for this session.

From COMPAC's presentation at the original legislative hearings on this proposed legislation various key members of the House were aware of our interest in this

(more)

legislation and felt that a behind-the-scenes effort by COMPAC was one of the few hopes left of saving the bill. At the request of several of these lawmakers, COMPAC accepted this challenge. First, we obtained a list of those legislators who voted for the amendment - and therefore against the bill - and instituted a last-minute state-wide effort that evening to have COMPAC members and other physicians contact their specific legislators urging that they change their vote on this amendment.

The very next day a request for reconsideration of the approved amendment was presented to the House of Representatives and it was approved by the House. Following this, a vote on the original Animal Research Bill as approved out of Committee was taken and approved overwhelmingly, thereby indicating that the local level contact by COMPAC members paid off, for in a matter of 18 to 24 hours enough legislators changed their minds to save the Animal Research Bill.

COMPAC SPEAKERS BUREAU DEVELOPED

One of our aims during the past year was to present medicine's views on pending legislation both on the national and state level in a positive manner to as many people as possible. As a result, COMPAC members have spoken to over 200 groups through the medium of COMPAC's Speakers Bureau. In addition, thousands of pieces of informative literature were distributed at these speaking engagements which also helped to present a clear picture of the profession's viewpoint on key issues. This program of public speaking has been growing steadily over the past few months, and we have every reason to hope and believe that it will continue to grow in scope and become one of the most important COMPAC programs.

WHAT ABOUT THE FUTURE?

Before we can talk about the future, it is important to recognize the weaknesses of the past. AMPAC and each of the state PAC groups, which, of course, includes COMPAC, did not achieve their full membership potential during 1962. Much work must still be done so that by the time the '64 election campaign rolls around COMPAC will accurately reflect the views of an overwhelming majority of the medical profession. If this is to be achieved, there are a few problems which must be solved.

THE PROBLEM OF THE "SOFA SYNDROME"

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For instance, there is the problem which AMPAC has called the "Sofa Syndrome". This refers to the COMPAC member who devoted time and money to the 1962 elections and, as a result, is burned out. Furthermore, he intends to spend his spare time during the coming year resting up. Also, there is the physician who asks, "why not take it easy because there is nothing doing this year?"

We hope that there are not too many of these views prevalent in Connecticut for there is much to be done during the coming year. You can bet your life that the professional politicians are not resting, for whether they won or lost on November 6, 1962, these individuals are already hard at work preparing for the next election campaign. We would think that it would stand COMPAC and AMPAC in good stead if we prepared in advance for this campaign because effective political action almost always results from good organization.

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P. 4

WE MUST KEEP OUR FORWARD MOMENTUM TO PRESERVE OUR POLITICAL EFFECTIVENESS.

Remember - just as political parties cannot turn their election machinery on and off like a faucet between elections, neither can political action groups such as COMPAC. They function effectively only if the flow is uninterrupted. In this way, elected officials and candidates for state and national office will become fully aware of the existence of COMPAC and, thereby, permit COMPAC to become that much more effective in the next election campaign.

DON'T RELAX IN '63

Therefore, your Board cautions that we must not relax in '63 and for two good reasons; first, we still have to educate the public on the dangers of various types of pending legislation which will be considered this year by the United States Congress; and second we have to prepare for '64! Of course, such preparation still takes an organization and money, and, therefore, it is your Board of Directors sincere hope that the present members of COMPAC will renew their membership when they receive their statement for their second year dues. We consider our present membership the bedrock on which COMPAC will continue to build. Certainly, the Board of Directors is grateful for the loyal support of its Founder Member group, the wise counsel of its Advisory Board, the unstinting cooperation of State Society officials, and the enthusiasm of the many individual COMPAC members who contributed their time and energy as well as their financial help. In conclusion, we wish to acknowledge the invaluable assistance of AMPAC in our organization year.

Respectfully submitted.

THE COMPAC BOARD OF DIRECTORS

000000

C. John Satti, M.D.
Kenneth F. Brandon, M.D.
William J. Beard, M.D.
Mrs. Gilbert W. Heublein
Mrs. Philip M. Cornwell
Ellwood C. Weise, M.D.
Francis Gallo, M.D.
William E. Gatlin, M.D.
Edward A. Palomba, M.D.
Brae Rafferty, M.D.

Ex. # 98, p. 1

July 17, 1964

Francis Gallo, M. D.
Medical Arts Building
Winsted, Connecticut

Re: Connecticut Medical Political Action Committee (COMPAC)

Dear Doctor Gallo:

On behalf of the AMPAC Board of Directors, I am writing you with some suggestions to strengthen your own organization, COMPAC, and at the same time, remove areas of apparent confusion with respect to working arrangements between our two groups.

Hopefully, a review of the services available through AMPAC to your state PAC will clarify the existing problems and will go far toward producing a meaningful relationship in the future.

It is in this spirit, then, that these suggestions are submitted for your approval.

As you know, AMPAC has provided COMPAC in the past with certain films and promotional materials to assist in the political education of physicians and others. It is our intention to continue this same type of service in the future. Such films and material not only are intended to assist in the political education of your present membership, but will be useful in obtaining memberships from those individuals not presently enrolled in COMPAC.

In addition, AMPAC has provided staff to work with COMPAC's organization to assist in planning education and membership solicitation programs. It is our intent to continue this same arrangement, and you may be assured that staff personnel will be available to work in your state just as often as can be conveniently arranged within the limit of our resources and other commitments.

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The benefits of AMPAC membership include the receipt of an AMPAC membership card, a pin, and an annual subscription to Political Stethoscope. In order for individuals to receive these items, at least $10 and their name and address should be remitted to the AMPAC central office.

You will recall that the first part of my letter indicated I had one or two suggestions for continuing and strengthening this relationship. For the next couple of minutes, then, here are some thoughts with respect to the COMPAC organization which I should like to present to you.

First of all, the copy of the COMPAC Constitution and Bylaws which was transmitted to AMPAC by letter on March 5, 1962, contained some language which might well be removed. Specifically, the heading of the Constitution and Bylaws indicates "An Affiliate of AMPAC," and also, in Article I of the Constitution, there is the following language: "...an affiliate of AMPAC..." It is my strong recommendation that this language be removed to prevent any misunderstanding with respect to the true status of your organization. As you may know, the Federal Corrupt Practices Act of 1925 has statutory language which applies to committees operating in any state when such a committee is a "branch or subsidiary of a national committee, association, or organization."

The fact is that COMPAC is an independent and autonomous group, not connected with the national committee.

It is my further suggestion that membership solicitation of doctors and others in Connecticut clearly show that joint membership in COMPAC and AMPAC is requested. Specifically, we recommend that of the total contribution requested, the following amounts are being collected for AMPAC:

1.	Sustaining Members	$99 or more
2.	Regular Members	$10 - $99
3.	Students, Interns, and Residents	$5 - $9

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This type of arrangement is quite common in other states, and it clearly indicates to a potential member that part of his contribution will be used to further the cause of political action in other states as well as his own.

And finally, Doctor Gallo, it would be appreciated if membership contributions collected in behalf of AMPAC were transmitted to AMPAC's central office in the form indicated by the enclosed Contribution Form. Such transmittal should occur promptly after receipt of the memberships, so that the individual contributors may be identified immediately as AMPAC contributors and can be placed on our membership rolls to receive AMPAC membership benefits. Otherwise, the individual is not likely to obtain any indication that he is a member of AMPAC, and we would like to eliminate this type of situation to the extent possible.

Nothing in this letter or in any other correspondence or negotiation is intended to be construed as placing COMPAC in the capacity of a "branch or subsidiary of a national committee, association, or organization" as previously referred to in the Federal Corrupt Practices Act of 1925.

It would be appreciated if this whole matter were discussed at your next organized Board meeting, and that you and your organization would endorse its contents. AMPAC, its resources, and its personnel stand ready to assist in any way possible.

Yours truly,

Donald E Wood

Donald E. Wood, M. D.
Chairman, American Medical Political
Action Committee

Accepted by _____ Date _____
Francis Gallo, M. D.
Chairman, Connecticut Medical Political
Action Committee

DEW/mdc
cc: Edward M. Donelan
Attachment

AMPAC CONTRIBUTION FORM

Batch No. p. 1.
OFFICE USE ONLY

To State PAC Treasurer: It would be most helpful if you would use the following procedure for reporting AMPAC memberships. 1) Report all members in alphabetical order. 2) On the address line, indicate the member's Congressional district. 3) Indicate in the last category if the member is an M.D., physician's wife, or member of any other profession listed. 4) In the amount column, please show only the amount being forwarded to AMPAC.

FOR OFFICE USE ONLY		AMOUNT OF CONTRIBUTION	FOR IBM USE ONLY
0 ☐ 5 ☐ 1 ☐ 6 ☐ 2 ☐ 7 ☐ 3 ☐ 8 ☐ 4 ☐ 9 ☐	NAME M ☐ F ☐ ADDRESS C. D. CITY ZONE STATE CLASSIFICATION: M.D. ☐ 1 M.D.'s wife ☐ 2 Dentist ☐ 3 Pharmacist ☐ 4 Veterinarian ☐ 5 Other ☐ SPECIFY		
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American Medical Association

535 NORTH DEARBORN STREET • CHICAGO 10, ILLINOIS

AREA CODE 312
527-1500

F. J. L. BLASINGAME, M.D.
executive vice president

ERNEST B. HOWARD, M.D.
assistant
executive vice president

PRESIDENT

EDWARD R. ANNIS, M.D.
2121 Biscayne Boulevard
Miami 37, Florida

Ex. # 99 A

September 28, 1963

Mr. W. Harold Parham
Florida Medical Association
P. O. Box 2411
735 Riverside Avenue
Jacksonville 3, Florida

Dear Harold:

I understand that there has been some problem in Florida because of the corporate status of the Florida Medical Committee for better government. I presume that steps have been taken to change any questionable status so that we can have an active state committee. I have sent my 1963 sustaining membership check for $100.00 directly to AMPAC because I feel very strongly that physicians serving in official and executive capacities should give both moral and tangible support to the AMPAC movement.

I have been out of the state all but a few days of the past three months, but I am looking forward to a brief visit in Jacksonville on October 11 and perhaps we can discuss this and other matters at that time. With warmest personal regards, I am

Yours sincerely,

Ed. A.

ERA:bs

Edward R. Annis, M. D.

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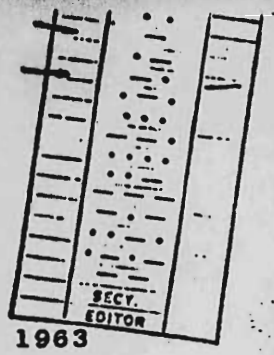
Ex # 99B



October 3, 1963

Edward R. Annis, M.D., President
American Medical Association
2121 Biscayne Blvd.
Miami, Florida 33137

Dear Dr. Annis:

This is to acknowledge receipt of your letter regarding the difficulties encountered by the Florida Medical Committee for Better Government in the formation of our new FLAMPAC corporation. 7

The attached letter just written to Jack Drake of the field service of AMPAC should bring you up to date. It is the desire of the current officers of the Florida Medical Committee for Better Government that the new organization be formed and operating within the next thirty days, if possible.

If you are going to have any time at all when you arrive in Jacksonville on October 11, before or after your commitments to the Academy of Medicine, please let me know. I would certainly like to visit with you a few minutes.

With best wishes and kindest personal regards.

Sincerely,

W. Harold Parham
Executive Director

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Encl.

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Ex. 100, p. 1.

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HISTORY OF IMPAC

The Illinois Medical Political Action Committee

BY

J. Ernest Breed, M.D.
&
A. E. Steer, M.D.

Since IMPAC has proven to be a very effective mechanism for the physicians of Illinois to have some influence in electing their representatives in government, it has been deemed essential that its beginning years be recorded.

The first five chapters of this record have been written by the first Secretary-Treasurer, Dr. J. Ernest Breed, and covers the years 1957 through 1965. The balance of this record has been written and compiled by Dr. A. E. Steer.

HISTORY OF IMPAC

Chapter I - 1960

BY

J. Ernest Breed, M.D.

In the year 1960, considerable pressure was building up for socialized medicine and physicians throughout the nation were awakened to the importance of politics. At the July meeting of the Board of Trustees of the Illinois State Medical Society, Dr. Joseph T. O'Neil, President, emphasized the importance of organizing an independent political body of Illinois physicians and members of the other health professions. He appointed an Executive Committee composed of Illinois physicians and their wives to head the new organization which was to be called IMPAC for Illinois Medical Political Action Committee. The following were appointed members of the Executive Committee:

Joseph T. O'Neill, M.D.
W. P. Siegel, M.D.
Ralph H. Redmond, M.D.
Richard J. Bennett, M.D.
Jacob E. Nelson, M.D.
J. Ernest Breed, M.D.
Mrs. Charles V. Stigum, M.D.
Mrs. Herbert Sturm
Mrs. Charles L. Munson

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Dr. O'Neill served as President and Dr. Breed as Secretary-Treasurer. An attorney, Mr. Walter Oblinger legal advisor for ISMS, also served IMPAC in the same capacity.

In all ways, it was to be completely separated from the Illinois State Medical Society. Mr. Robert Richards, Executive Director of ISMS who was experienced in Public Relations through an office in the U.S. Chamber of Commerce, gave us invaluable advice but it was deemed advisable not to publicize his name.

On September 13, 1960, the Springfield Newsletter of the ISMS published the following article:

> "At long last the physicians of Illinois have awakened to the threat to their freedoms which has arisen in our legislative halls and have organized for political action. On August 20 and 21 a group of physicians met in Chicago and constituted themselves an organizing committee to form an organization for political action. The group decided to call the new organization ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE (IMPAC). As presently constituted JOSEPH T. O'NEILL, M.D., Ottawa, is Chairman R. C. OLMSTEAD, M.D., Oak Park, Vice-Chairman, and J. ERNEST BREED, M.D., Chicago, is Secretary-Treasurer. The executive committee consists of V. P. SIEGEL, M.D., East St. Louis, JOHN H. MATTIS, M.D., Peoria, J. E. REISCH, M.D., Springfield, H. CLOSE MISSELWITZ, M.D., Chicago, RALPH H. BELLTOWN, M.D., Sterling, RICHARD J. BENNETT, M.D.,

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Chicago, MRS. CHARLES L. WUNSCH, Aurora, MRS. CHARLES W. STIGLER, Chicago, MRS. HERBERT SWARTZ, Kankakee, and MRS. JOHN VERMEREN, Skokie.

"The organization is a voluntary, non-partisan, unincorporated association of physicians banded together for purposes of political action. It will depend entirely upon dues and voluntary contributions. As initially set up it will operate state-wide and it is expected that component committees will be formed in each county downstate and on a branch level in Cook County.

"In announcing the new organization, DR. O'NEILL stated, 'Our experience in Congress and in the state legislature has pointed up the necessity for a political action committee... For the past twelve years and longer we have witnessed a concerted effort on the part of those who would socialize America and supplant our free enterprise system with the welfare state.'

"DR. O'NEILL predicted a renewal of the battle in Congress to compel the government to provide free medical care to the aged without regard to need through the mechanism of the social security system. He charged that this would lead to full nationalization of the medical profession and said accordingly it was necessary for the profession to become organized to meet this threat... It is necessary to assume our responsibility as good citizens--to offer leadership in the selection of good, qualified men and women to serve in our legislative halls and to aid them if we are to preserve true representative government.

"IMPAC has been formed to support candidates for public office who believe in the free enterprise system regardless of their party affiliation. IMPAC expects to participate in the November 8 election on a limited scale. It will be a permanent organization and will build for the future. Charter membership are now being accepted at $25.00 and upward. DR. J. ERNEST WIRD, 55 East Washington Street, Suite 637, Chicago, Illinois is the Treasurer."

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Several thousand copies of this article were printed and sent to the members of the ISMS. Physicians from all over the State began to send in their checks and applications for membership to the Secretary-Treasurer, Dr. Breed. A small office was rented adjacent to his office at 55 E. Washington Street, an extension of IMPAC's phone was put into his office and his secretary, Miss Frances Virgo, also served as Secretary to IMPAC.

An Executive Secretary was employed, Mr. Larry Dexter, of Western Springs who came to work about the middle of September. By September 26, seventy-one charter memberships had been received and $1,055.00 collected. One month later (October 26, 1960), our income had increased to $11,210.00. Since we were bi-partisan and most of the members of the Executive Committee were Republicans, it was decided to add several Democrats. They included Dr. Paul Dailey of Carrollton, Dr. Ernest L. Zeeler of Chicago, and Dr. F. Carl Norbury of Jacksonville.

There was considerable concern for Mr. Dan Mason who was running for re-election as a Congressman from Lasalle County. His request for assistance was granted and consisted not only of financial support but also in

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the organization of a doctors committee in each of the counties of his district. A letter written on November 14, 1960 by his campaign manager after his re-election states:

> "My congratulations to you and to IMPAC for the outstanding and effective part you played in our efforts to successfully re-elect Congressman Mason."

An indirect off-shoot of IMPAC's activities in providing the beginning of medical support for a new aspirant for Congress in the 4th District was accomplished in the following way. Dr. Breed, as Chairman of the Chicago Medical Society's Legislative Information Committee, had a member in each of the fifteen branches of the Society. When the request for assistance for Mr. Edward Derwinski came in, Dr. Breed asked his members who were in the 4th District to get together with some local physicians and try to set up some support for Mr. Derwinski. A meeting was called and our Executive Secretary, Mr. Dexter, spoke at this meeting. Under the following vigorous leadership of Mr. Phil Thomson, Mr. Derwinski received very strong district-wide assistance from the local physicians conference and he credits his election to this group of

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physicians. Even today, he considers them his most potent supporters.

It was decided that since we were a fledgling organization and had little power, we would confine our efforts to the national offices and the Governor of the State. Soon, however, requests were made to give assistance to the State legislators, but very little was done for them in our first year.

At the Executive Committee Meeting on October 26, 1960, Mr. Oblinger reported that the AMA was interested in the development of IPAC. The President, Dr. O'Neill, appointed Mrs. Charles L. Wunsch Chairman of the Committee on the Constitution and By-Laws. Dr. Raleigh C. Oldfield and Dr. H. Close Hesseltine were also appointed members of that Committee. After many revisions, the Constitution and By-Laws were finally adopted the following year. In the Preamble, it states that:

> "We members of the allied medical professions, our wives and associates do hereby band together to exert our collective influence for better government through political action and education."

Article III, Section 1 states:

> "This organization shall be a voluntary, non-profit, unincorporated association of individual physicians, dentists, pharmacists, and others

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> as provided in Article V of the Constitution and their spouses who are residents of the State of Illinois."

Our invitations to the dental society and the pharmaceutical associations to join with us were finally turned down, but until then we had one dentist, Dr. Siedenton, on our Executive Committee. When the dental profession decided not to join with us, he resigned.

At the last Executive Committee Meeting of the year held on December 28, 1960, much of the meeting was concerned with changes in the proposed Constitution and By-Laws and in the financial report. The Secretary-Treasurer, Dr. Freed, disclosed that at that time we had collected $15,229.60, had spent $8,553.78 leaving a balance in the bank of $6,775.82. $2,199.00 had been given as assistance to candidates, salaries were $2,771.98, and printing, stationery, postage and so forth including rent used up the additional $3,500.00.

Much concern was felt over the relationship of IMPAC with the ISMS and the new ISMS President-Elect, Dr. H. Close Hesseltine, thought that officers of IMPAC should not be members of the Board of Trustees of the ISMS. For this reason, Dr. J. Ernest Freed resigned as Secretary-Treasurer and Dr. A. E. Steer of 701 N. Walnut, Springfield, Illinois

COPY

was made Secretary-Treasurer. He served in this capacity for the following ten years.

At this time in looking forward to 1961, the anticipation was that we would have roughly 1,600 members with an income of $40,000.00. The budget anticipated that salaries would account for $12,200.00, rent $1,800.00, assistance to candidates $6,000.00 and other expenses, postage, telephone, meetings, etc., would take up the balance.

Up to this point, we had had no brochures explaining what IMPAC was all about except for the reprints from Walter Oblinger quoted above. With much effort, we finally got together a brochure on bright yellow paper which when folded over would fit into a pocket. The brochure gave the objectives, the program, membership qualifications, the purpose and something of the organization of IMPAC. It was widely publicized and I think very well received. (See sample of brochure).

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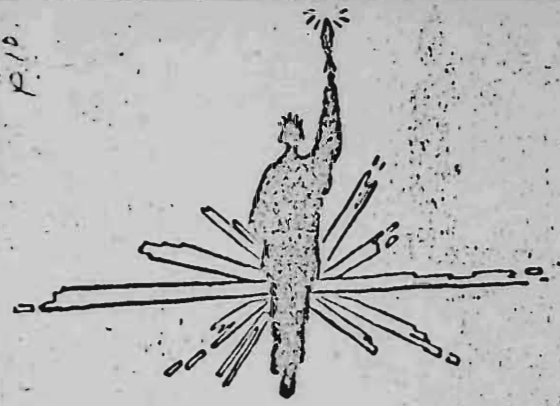
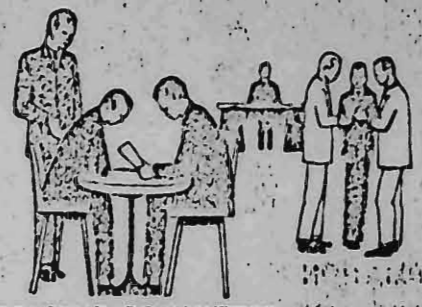


PURPOSE

A voluntary, non-partisan association dedicated to the stimulation of our citizens in civic and political affairs to safeguard and improve our great democracy.

ORGANIZATION



EXECUTIVE COMMITTEE

The Executive Committee consists of the Officers*, the Immediate Past Chairman, and the Chairman of the Committee on Finance.

COUNCIL

The Council consists of the Executive Committee and fifteen (15) representatives to be chosen proportionately from the participating professions.

CHAPTERS

Local Chapters of IMPAC throughout the State may be created with the approval of the Council.

*The officers shall be a Chairman, a Vice-Chairman from each of the participating professions, a Secretary, and a Treasurer.

All officers and members of the Council will be elected annually at the Annual Meeting and their term of office shall be for one year.

For Additional Information, Write To

IMPAC

515 East Washington Street
Chicago 2, Illinois

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

PROGRAM

OBJECTIVES

- To Stimulate and encourage members of the medical sciences professions and their spouses to develop a keen political awareness and to take a more active part in civic and political affairs.
- To Inform members on current political issues and candidates for elective office and to conduct other affairs of an informational nature to make the voice of Medical Sciences a more important factor in both national and state government.
- To Create closer liaison between the medical arts professions and others through programs on citizenship responsibility.
- To Strive for a complete program of health for all people, consistent with the highest standards of quality medical care in the practice of the healing arts.

INFORMATION

Through a newsletter, "Point Of Impac," the membership will be kept informed on vital political and legislative matters and given up-to-date news on the activities and growth of IMPAC. Pertinent releases from many sources will be distributed periodically.

POLITICAL EDUCATION

Courses in practical politics, with the cooperation of the Chamber of Commerce, will be offered to members and friends. These will be for small, local groups with excellent leadership.

POLITICAL ACTION

Campaigns in support of good legislation—and against bad legislation will be instigated and coordinated at the grass roots level.

IMPAC will interview and evaluate a number of aspirants (non-partisan basis) to public office on the state and national levels. Vigorous support will be given those endorsed during election campaigns.

CITIZENSHIP RESPONSIBILITY

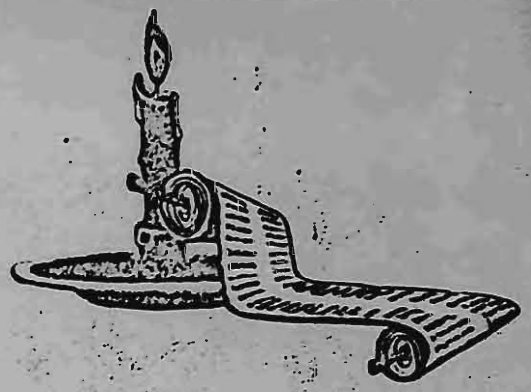
Chartered local Chapters of IMPAC may sponsor forums on citizenship responsibility in cooperation with civic and business groups.

SPEAKERS BUREAU

Excellent speakers from the participating professions, staff personnel and prominent laymen will be available to speak anywhere in the state. Members are urged to arrange opportunities for our speakers to appear before their local organizations, professional or otherwise.

PUBLIC RELATIONS

IMPAC will build good will for its participating professions through its contacts with state and national legislators and through cooperative programs with civic and business organizations.



MEMBERSHIP

SUSTAINING OR REGULAR MEMBER

Any physician, dentist, or registered pharmacist, licensed to practice his or her profession in the State of Illinois, and a member in good standing in his or her professional organization, and spouse, may become either a Sustaining or Regular member according to individual choice.

ASSOCIATE MEMBER

Any person associated with the professions of the Medical Sciences, but not qualifying for Sustaining or Regular membership, may become an Associate member upon recommendation of his or her employer and payment of dues.

SPECIAL MEMBER

All other persons associated with the professions of Medical Sciences, but not working directly with them, may become Special members at the discretion of the Council. Such people as students and individuals associated with the manufacture and production of pharmaceuticals, medical equipment and supplies are included.

DUES

The annual dues for each membership are:

Sustaining	$100 minimum
Regular	$25 minimum
Associate	$5 minimum
Special	Determined by the Council.

HISTORY OF IMPAC

Chapter II - 1961

BY

J. Ernest Breed, M.D.

The First Annual Meeting of IMPAC was held on February 2, 1961 at the Sheraton Towers Hotel, Chicago, Illinois with the following members of the Executive Committee present:

Richard J. Bennett, M.D.
J. Ernest Breed, M.D.
Frank H. Fowler, M.D.
H. Close Hesseltine, M.D.
Ralph H. Redmond, M.D.
Jacob E. Reisch, M.D.
V. R. Siegel, M.D.
Mrs. Herbert Swartz
Mrs. Charles W. Seigman
Mrs. Charles L. Wunsch

Also present were Mr. Harry Darter, Executive Secretary, and Mr. Walter Oblinger, the legal consultant, and in addition there were about twenty other members of IMPAC. The Chairman and Vice-Chairman of the Executive Committee were both absent so Dr. Breed, the Secretary-Treasurer, called the meeting to order and asked for a nomination for Chairman Pro-tem. Richard J. Bennett, M.D. was asked to serve. The Treasurer pointed out that in the Fall of 1960

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From September to December 31 $15,229.00 had been collected. Most of this due to a general mailing to all physicians in Illinois during the month of October and just before the November elections. He also pointed out that the year in January, 1961 was very discouraging as the income only amounted to $225.00 while our expenses were $1,495.00. In March, all the books and finances were turned over to Dr. Steer of Springfield.

The next meeting of the Executive Committee was held on April 18, 1961 and held in the Hotel Leeland in Springfield, Illinois. The President, Dr. Joseph T. O'Neill, had passed away and Dr. John H. Mathis became the new President. Between March 15 and April 15 a total of $8,820.00 was collected and during this time our expenses were $1,405.00. Mr. Porter, our Executive Secretary, was receiving invitations to speak in various areas of the State and he stated in his reports that his talks were well received. He requested that the office be moved to Western Springs near his home maintaining that he could be more efficient if he did not have to travel to the city. A Committee was appointed consisted of Mrs. Bennett, Brisler, Masseltine, Reisch, Siegel, and Mrs. Wunsch to consider

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had been chartered in this area. However, the funds were gratefully received and IMPAC membership accredited to different names submitted by the local group.

The next meeting of the Council was held at the Hotel Sherman in Chicago in May, 1951. At this meeting, the official office of IMPAC was moved to Western Springs. It was announced that Mrs. Charles V. Stigman had passed away suddenly after the death of her husband. Much concern was expressed over the failure to obtain new members but it was realized that this was an off year and interest in politics was at a low ebb.

As of June 29, 1951, there were 329 regular members, five sustaining members, eight associate members and one special member who paid their dues. The total membership of that date was 340 indicating that 297 were carried on their books as members but had not paid their dues.

The next meeting of the Council was on October 28 and held at the Sheraton-Chicago Hotel. Dr. Joan H. Mathis, who was Chairman, was not present. His resignation was received, read at the meeting and accepted with regret. Dr. John A. Hoskirk was appointed Chairman by the Executive Committee to fill out the unexpired term of Dr. Mathis.

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A proposal from the American Medical Political Action Committee (AMPAC) was presented for consideration. AMPAC was started at about the same time as IMPAC but I think IMPAC was started first. The proposal requested that IMPAC join with AMPAC in a cooperative fund raising project. Since IMPAC had neither asked for nor received official recognition from the ISMS, it was agreed that we were not in a position to enter into a joint membership solicitation at that time.

Our new Chairman, Dr. Newkirk, got out a Newsletter entitled "The Point of IMPAC" in which he explained the purpose of IMPAC and reviewed some of our successes of the Fall of 1960. He also announced that the Illinois State Medical Society endorsed IMPAC for political education purposes. Following the example of COPE (Committee on Political Education), the educational arm of the AFL-CIO, the State Society learned that monies could be contributed for educational purposes. Political action, of course, would have to be financed by members of IMPAC through their membership dues.

It was decided that the Annual Meeting of IMPAC would be held on January 27, 1962 at the Sheraton-Chicago Hotel at

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approximately 4:00 P.M. It was also announced that an amendment to change the annual meeting of IMPAC from January to coincide with the ISMS Annual Meeting would be proposed at this meeting.

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HISTORY OF DMPAC

Chapter III - 1962-63

BY

J. Ernest Breed, M.D.

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Our Executive Secretary, Mr. Harry Detter, resigned late in 1962 and Richard Lockhart and Associates, a political service organization, were employed to serve as our advisors.

The Council Meeting of September 11, 1962 was held in the Sheraton-Chicago Hotel. Present were:

John A. Hawkins, M.D.
Richard L. Verbic, D.D.S.
Andrew J. Drislen, M.D.
A. E. Steer, M.D.
G. Williams Amends, M.D.
J. Ernest Breed, M.D.
Frank H. Fowler, M.D.
Maurice M. Moeltgen, M.D.
V. P. Shegel, M.D.
Andrew J. Sullivan, M.D.
Philip G. Thomsen, M.D.
Mrs. Charles L. Wunsch
Mr. Walter Oblinger (Legal Counsel).

In addition the field representative of the AMA, Charlie Johnson, and our newly appointed Staff Co-ordinator, Richard Lockhart, and his assistants, Joan Fleming and

Suzette Sunwall, were all present. Dr. Hendirk, the Chairman, introduced a new brochure for IMPAC and our Secretary-Treasurer, Dr. Steer, reported that $6,601.00 was in the Educational Fund and $11,790.00 was in the Political Action Fund, $4,000.00 which had been presented to IMPAC by AMPAC with certain recommendations as to its allocation. At this meeting, the Executive Committee were empowered to allocate funds for the use of Congressional Committees and Campaigns. An effort was made to get the IMPAC Council to endorse a judicial article amendment. It was determined, however, that IMPAC should concern itself only with the selection and election of candidates.

The last meeting of the IMPAC Council in 1962 was held in December 29. It is evident from reading the minutes that the Executive Committee was still hopeful the dentists and paramedics would join with us. Mr. David W. Ward, R.Ph. of Springfield, who was then President of the Illinois Pharmaceutical Association, was appointed to the Executive Committee of IMPAC as a Vice-Chairman.

In anticipation that the annual meeting of the member-

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ship would be held at the same time as the State Medical Society Annual Meeting, Mr. Albert Boech who handled the arrangements for the Annual State Society Meeting, was requested to find a room and a time for our IMPAC meeting.

In a progress report submitted at the next Annual Meeting (Spring of 1963), it was pointed out that the campaign activities in 1962 were very effective and that the membership increased from around 400 to 1,350 during the year. Also, the idea of separate Chapters was pursued and Chapters were formed in the 4th, 9th, 10th, 11th, 13th, 14th, 15th, 19th, 20th, 23rd, and 24th Congressional Districts.

The Annual Meeting in the Spring of 1963 was a dinner meeting held on May 13. At the Speakers Table were:

John A. Newkirk, M.D., Chairman
A. E. Steer, M.D., Secretary-Treasurer
Mrs. Wendell F. Roller, Immediate Past-President of the ISMS Women's Auxilliary
Mr. Edward F. Terner, Executive Secretary of the Republican Congressional Campaign Committee (Guest Speaker)
Marian English, M.D., newly elected President of ISMS (Moderator of Program)
Honorable Frank Thompson, Jr., Democratic Congressman from New Jersey (Second Guest Speaker).

Dr. James Rogers, the Chairman of the Nominating Committee, presented the nominees for the new Council which were:

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HISTORY OF IMPAC
Chapter III - 1962-63

John A. Newkirk, M.D., Chairman
Andrew J. Brislen, M.D., Vice-Chairman
Richard L. Verbic, D.D.S., Vice-Chairman
A. E. Steer, M.D., Secretary-Treasurer

Council Members:
J. Ernest Freed, M.D. (Chicago)
Newton DuPuy, M.D. (Quincy)
Mrs. Fred Andress (Peoria)
Justine Fleischman, M.D. (Palatine)
Frank H. Fowler, M.D. (Chicago)
H. Close Hesseltine, M.D. (Chicago)
Maurice M. Hoeltgen, M.D. (Chicago)
John W. Ovitz, Jr., M.D. (Sycamore)
Jacob Reisch, M.D. (Springfield)
James Rogers, M.D. (Joliet)
Mrs. Wendell F. Holler (Mammoth)
V. P. Siegel, M.D. (East St. Louis)
Andrew J. Sullivan, M.D. (Chicago)
E. W. Telford, M.D. (DeKalb)
Philip G. Thomsen, M.D. (Dolton)

In the Secretary-Treasurer's report it was disclosed between May 13, 1962 and May 13, 1963 $53,897.40 had been collected for Political Action and $13,423.45 for Political Education. At this time it was announced that the State Medical Society and other organizations could contribute money for Political Education.

On July 11, 1963, the IMPAC Executive Committee met and they met again on Thursday, September 5, 1963. The minutes from these meetings disclose that IMPAC was very much alive and on the go. Committees were appointed and membership drives were conducted throughout the State.

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A COPE Tape (Committee on Political Education---AFL-CIO) was played. It recorded a talk of a labor leader before a union, lambasting the doctors and demanded funds from the union members to fight the physicians efforts to defeat the King Anderson (socialized medicine) Bill. The tape stirred up the IMPAC members so that they went out to solicit new members with a vengeance. You may recall that later this tape was denounced by COPE and under threat of a suit it was withdrawn from circulation.

The committees appointed at this meeting were an Annual Meeting Committee, a Membership Committee, a Candidate Approval Committee, and a Constitution Revisions Committee. A Program Committee made plans to set up IMPAC meetings throughout the State and to utilize well known speakers.

In a letter sent by Dr. John A. Newkirk to Dr. Steer on December 14, 1963, it is pointed out that the Public Affairs Committee of the Illinois State Medical Society could legally take over the educational part of IMPAC's activities. This then made it possible to dispense with the services of Dick Lockhart and his associates except

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for special events. He had been employed as advisor and co-ordinator for IMPAC after the resignation of our former Executive Secretary, Harry Dexter.

It was anticipated that the Public Affairs Committee of the Illinois State Medical Society would take over the political education portion of IMPAC's activities. Dr. Newkirk was proposed as the Public Affairs Committee Chairman. In order for him to accept this assignment, he would first have to resign as a member of IMPAC so Dr. Newkirk submitted his resignation at the meeting of December 20, 1963.

The plan for the Public Affairs Committee was outlined in an article entitled "Proposed Public Affairs Committee and Activities" which stated:

> "As proposed, the ISMS public affairs activities would encompass all of the educational activities currently recommended for IMPAC, including membership promotion. IMPAC would retain its function of endorsing and supporting candidates with all monies from IMPAC memberships available for use in support of candidates except the actual costs involved in collecting and disbursing the money. ISMS secretarial staff could be made available upon request from IMPAC for this service on a detached basis. The cost would be paid by IMPAC in compliance with the law."

COPY

Political Action Savings Account	$17,836.00
Political Action Checking Account	1,046.75
Political Education Checking Account	1,072.69
TOTAL	$19,954.44

A change in policy was voted and that was that it was agreed IMPAC may endorse and support candidates in the primaries in accordance with established election policies. On further motion, it was agreed that candidates in primary contest could be supported with approval of 2/3 of the Council members voting.

In the May 18th meeting of the IMPAC Council, the Treasurer reported income between May 13, 1963 and May 13, 1964 of $54,903.00 and disbursements of $44,936.63. At the same meeting, progress in the selection of candidates was reported. A candidate introduction or screening committee was advocated to select candidates for endorsement. A local physicians committee was organized for most of the selected candidates to aid in their campaigns. IMPAC also established MIRAC which was a Residents and Interns Political Action Committee and set up numerous educational sessions for them.

ISMS established the Public Affairs Committee in February, 1964 which in addition to political education arranged for many Illinois physicians to go to Washington

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for the Annual Meeting of the Public Affairs Conference of the United States Chamber of Commerce.

Many candidates were assisted in the 1964 election. Philip Thomsen urged ISMS to bill for membership of IMPAC when the annual statements were sent out. He pointed out that IMPAC had only 700 members and, since at that time the State Medical Society had about 10,000 members, it was not a very good representation. Several members loaned IMPAC $1,000.00 so that more assistance could be given to selected candidates.

Final tabulation of members disclosed that on the average about 20% of the Medical Society membership in most counties had joined IMPAC. However, in Cook County only 5% had joined. All in all 1964 was an active and productive year for the fledgling IMPAC. At the Annual Meeting of the Medical Society the newly formed Public Affairs Committee hosted a dinner on Monday night at which the Honorable Mr. Walter Judd, a former Congressman from Minnesota, spoke.

The Candidates Selection Committee and the Executive Committee of IMPAC who designated the amounts to be given to each supported candidate were all busy during the Summer and Fall of 1964. Most of the activity was taken

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to support national congressmen who would be friendly to medicine. Local doctor committees were also arranged for most supported candidates and all physicians in the area were urged to work actively for the candidates.

At this time, active support was begun for the members of the State Assembly. All were given a token sum but those we felt would embrace our principles were aided more fully.

The election that year was on November 3rd. Fifteen congressmen in the State were given active support, eleven of the fifteen won. In the 11th District (the Northwest side of Chicago), Dr. Chester Podgorski, a member of the Chicago Medical Society ran for Congress and was strongly supported. He lost, however, receiving only 43% of the votes. The candidates for the State Senate who were given active support only two of six won. Of those given token support, eleven of fourteen won. In general, the Council of IMPAC felt quite good about the results in the November Elections.

The 1964 House of Delegates voted that a voluntary contribution for IMPAC be billed with the ISMS Dues and that the amount would be $20.00, $5.00 going to the

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Benevolence Fund, $5.00 to Public Affairs and $10.00 to IMPAC (See Sample). The 1965 House of Delegates voted that the "voluntary" amount be made $25.00 with $10.00 going to AMPAC and $15.00 to IMPAC. Those who paid the assessment would be given a membership in both IMPAC and AMPAC. A "Sustaining Membership" was evolved which was identified by a lapel pin entitled the "199 Club." This signified the wearer had given $100.00 to IMPAC and $99.00 to AMPAC.

1965 being an "off" election year, the Council and membership spent considerable time in reviewing the Constitution and By-Laws and making big plans for the following years since it was evident that the new billing method was going to produce considerable money with which to work. At the Annual Meeting of the AMA in Miami, IMPAC was one of ten State organizations to win the AMPAC Award for success which had been recently established.

The IMPAC Council met during the Illinois State Medical Society Annual Meeting at the Sherman Hotel on May 17, 1965. The Nominating Committee reported their nominees for IMPAC offices which were Philip G. Thomsen, M.D. for Chairman,

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p.27

ANNUAL DUES STATEMENT — 1965

FOR MEMBERSHIP IN YOUR COUNTY MEDICAL SOCIETY

THE ILLINOIS STATE MEDICAL SOCIETY • THE AMERICAN MEDICAL ASSOCIATION

FROM

1965 MEMBERSHIP DUES ARE NOW PAYABLE TO MAINTAIN YOUR MEMBERSHIP IN YOUR COUNTY MEDICAL SOCIETY, THE ILLINOIS STATE MEDICAL SOCIETY, AND THE AMERICAN MEDICAL ASSOCIATION.

PLEASE MAKE YOUR CHECK PAYABLE TO: YOUR COUNTY MEDICAL SOCIETY
TO INSURE PROPER CREDIT RETURN THIS STATEMENT WITH YOUR REMITTANCE

PLEASE SUPPLY IMPORTANT INFORMATION REQUESTED ON REVERSE SIDE

THE ELEMENTS OF YOUR 1965 DUES ARE AS FOLLO

DUES

COUNTY MEDICAL SOCIETY

IL STATE MEDICAL SOCIETY $80.00(a)

AMERICAN MEDICAL ASS'N $45.00

TOTAL DUES

THE HOUSE OF DELEGATES OF THE ILLINOIS STATE MEDICAL SOCIETY ALSO AUTHORIZED THE FOLLOWING AT ITS ANNUAL MEETING IN MAY OF 1964:

VOLUNTARY CONTRIBUTION $20.00(b)

TOTAL DUES AND CONTRIBUTION.

(a) (b) SEE OTHER SIDE

PAPER PRINTED BY N. C. B. CO. DIVISION OF MOORE BUSINESS FORMS INC. 34

EXPLANATORY NOTES

(a) Only $58.00 of this item go into State Society operating funds. $2.00 are allocated to the Medical Benevolence Fund and $20.00 are transmitted to the American Medical Association-Education and Research Foundation to support our medical schools. If you wish to designate a specific medical school to receive your contribution, please do so below.

(b) Because this item is a voluntary contribution, it is not deductible for income tax purposes. Of this $20.00, $5.00 will be used to strengthen the State Society's Medical Benevolence Fund; $5.00 will be used to support the State Society's Public Affairs Program; and $10.00 will be received by the State Society for transmittal to IMPAC and AMPAC.

Please Complete the Following

1. My AMA-ERF contribution is to be allocated to the following Medical School:

PRINT NAME OF SCHOOL

2. Postal regulations now require that you request annually the AMA Specialty Journal you wish to receive. Please designate below: (ONE ONLY)

- ☐ American Journal of Diseases of Children
- ☐ Archives of Dermatology
- ☐ Archives of Environmental Health
- ☐ Archives of General Psychiatry
- ☐ Archives of Internal Medicine
- ☐ Archives of Neurology
- ☐ Archives of Ophthalmology
- ☐ Archives of Otolaryngology
- ☐ Archives of Pathology
- ☐ Archives of Surgery

Frank H. Fowler, M.D. for Vice-Chairman and Mrs. Fred C. Endress as Vice-Chairman, and Dr. A. E. Steer was retained as Secretary-Treasurer. After a rather short meeting in which the Constitution and By-Laws was revised, the members adjourned to attend the Public Affairs Dinner that evening at which Edward R. Annis, M.D., Past President of the American Medical Association, spoke. Total receipts as reported by the Treasurer up to May 1st was $102,639.39. At this time in addition to the officers, the Council numbers fifteen members and those elected were:

William W. Boswell, M.D. (Rockford)
J. Ernest Breed, M.D. (Chicago)
Morris Brookings, M.D. (Urbana)
Leo Brown, M.D. (Carbondale)
Newton DuPuy, M.D. (Quincy)
Justine Fleischman, M.D. (Palatine)
Theodore Greaves, M.D. (Rock Island)
Maurice M. Moeltgen, M.D. (Chicago)
John W. Ovitz, M.D. (Sycamore)
James Rogers, M.D. (Joliet)
Mrs. Wendell M. Roller (Mamoth)
Peter Rumore, M.D. (Effingham)
Donald Schleifer, M.D. (Elgin)
W. P. Siegel, M.D. (East St. Louis)
Charles Wiegel, M.D. (Oak Park).

The local committees to interview candidates were given not only procedural instructions but a report form to aid in evaluating the candidates. The general tone of the

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Council members at this meeting was one of satisfaction with our progress to date but one of determination to do better. Plans were made to assist certain candidates that would run in 1966.

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FEC
DOCUMENT
SEPARATOR

IOWA PHYSICIANS POLITICAL LEAGUE
January 21, 1960

Exhibit 1-C

Ex.# 101

A meeting of the Iowa Physicians Political League was held Thursday, January 21,1960, at 3:00 p.m. Present were: League members Drs. Fred Sternagel, President, G. E. McFarland, Jr., and J. H. Sunderbruch. Guests were: H. E. Wichern, M. D., Robert Throckmorton and Eldon Huston.

A report on the meeting held December 14 was read and approved. It was reported that the originally approved name of "Physicians for Political Action" had been changed to "Iowa Physicians Political League." The League members concurred in this change of names.

Discussion was held on the advisability of recording minutes of IPPL meetings. It was agreed that formal minutes shall be kept.

Mr. Robert Throckmorton outlined the legal problems to be considered in the formation of the League. Excerpts from legal opinion compiled by the AMA Legal Staff were read. After a thorough discussion, the following actions were approved:

1. Iowa Physicians Political League, 529 36th Street, Des Moines 12, Iowa, shall be the address of the League.

2. A reimbursement formula of salaries plus 15% overhead cost for actual staff time and the use of ISMS equipment and space.

3. Approved a stationery letterhead listing the League members and the city in which they practice.

4. Accepted the proposed agency agreement outlining the service arrangement between the Iowa State Medical Society and IPPL.

5. Authorized the purchase of a Liability Bond for those handling League finances.

6. Approved the printing of a card to be used for acknowledgment of voluntary contributions. This card will be sent to each person making a contribution along with a receipt.

7. Replacement of League members shall be on a voluntary basis and no formal arrangement for the continuity of League members will be made.

The suggested letter to be sent to all Iowa physicians regarding the functions and purposes of IPPL was discussed. It was the concensus of opinion that the first letter be on a personal basis simply outlining the purposes for which the League was organized. This letter should be sent the first part of February.

Dr. McFarland raised the possibility of obtaining a booth at the ISMS 1960 Annual Meeting. This booth would enable the League members to answer questions and also accept voluntary contributions from any physicians in attendance who may wish to contribute. It was agreed that such a booth should be set up if arrangements can be made.

Letters from L. W. Swanson, M. D., and R. S. Jaggard, M. D., were read to those present for their information.

Discussion on a possible date for the next meeting was held. No definite date was established but it was agreed that a meeting would need to be held prior to the June primaries. The meeting adjourned at 5:10 p.m.

Fred Sternagel, M. D.
President

EEH/rs

Exhibit 1-G

Ex. 102, p. 11

RECEIVED
SEP 1965
Iowa Medical Society

Omaha Field Office
Room 15
7701 Pacific Building
Omaha, Nebraska 68114

September 8, 1965

Otis D. Wolfe, M.D., Chairman
IPPL
309 E. Church
Marshalltown, Iowa

Dear Dr. Wolfe:

I am reminded that I promised Don and Eldon that I would send you a list of suggested ideas which you might wish to include in your presentation at the Iowa PAC State-wide Workshop at Des Moines on September 26th.

I sincerely hope that it was your wish that I take the liberty of sending you some suggested ideas for your presentation. Please understand that there is absolutely no pride of authorship connected with these suggestions. Therefore, please feel free to amend, revise, delete or totally disregard them.

I have every confidence that most of the following ideas have already occurred to you and that you will present them in a manner most appropriate and palatable to the State of Iowa. Therefore, I will endeavor to include only the general sense of the ideas here.

For whatever they may be worth here are some areas you may wish to cover:

1. You may wish to set the historical background on the basis that Iowa was one of the pioneers in the PAC movement. As you know, this is actually the case and IPPL operated for a number of years before AMPAC came into being. Therefore, former IPPL leaders and physicians in the State who have contributed to IPPL over the years are deserving of recognition for their activity and effectiveness in the past. It can probably also be said that the effectiveness and experiences of Iowa and other states which had actually pioneered the PAC movement had some measure of effect as AMPAC came into being.

p 2.

2. With the above background you may wish to point out the increased opportunities for momentum and effectiveness by an individual state PAC as a result of the fact that there are now 50 active, operating state PACs. These opportunities would include such items as:

   (a) State PAC leaders across the country now have the opportunity to compare notes on successful procedures, activities and programs. In other words, we copy success wherever we can find it.

   (b) Through the activities of other state PACS and AMPAC we are now in a position to research Congressional Districts, candidates and significant political information, including information on the activities of both our allies and our opposition.

   (c) A given state PAC gains "multiplication" of allies, resources and money as a result of the fact that the PAC movement is now recognized as a going concern across the country. In other words, the PAC movement is now at the place where it is not just operating in a few states or Congressional Districts. It is a recognized program across the country.

   (d) In view of the above points you might even wish to point out that there are instances wherein (based on the importance of a current political situation) it may be possible that more PAC dollars are contributed to political candidates within a state than are raised by that particular state.

3. In terms of the current situation and future outlook relative to the Iowa PAC you may wish to make these points:

   (a) The cooperation and support being provided by the Iowa Medical Society.

   (b) State PAC officers and board are appointed by IMS leadership.

   (c) In general terms, Educational Funds provided by IMS.

   (d) The State PAC Board is a state-wide board organized on a Congressional District basis.

   (e) The importance of a truly bi-partisan PAC operation in Iowa. In view of the above you may want to find some way to point out that even

though the State PAC Board is appointed by IMS leadership this definitely does not mean that the State PAC Board is controlled by IMS. In other words, when the State PAC leadership and Board has been appointed, that body then operates the State PAC in accordance with its best independent judgment.

4. If you refer to the current political situation and outlook you may want to:

   (a) Point out the recent change in the political setting in Iowa, including the U. S. House of Representatives. (The recent changes in this setting point out the importance of a bi-partisan State PAC movement).

   (b) Insofar as the Congress of the United States is concerned future opportunities for improvement of our cause reside in the U. S. House of Representatives. This is a transition from just a few years ago when our hope resided in the U. S. Senate.

   (c) The PAC movement is a full-time operation. For example, 1965 is the time to be analyzing Congressional Districts and locating and grooming candidates for 1966.

   (d) Finally, the PAC operation is a political operation with legislative activity being reserved for the state medical society and AMA. We are now interested in the 90th Congress. As practical politicians we recognize that "losers don't legislate".

I am sure that I have tried to incorporate far too many ideas here. Again, I am sure that you will be able to improve upon any which are worthwhile.

Be assured that I am looking forward to seeing you at the Workshop on September 26th.

Sincerely yours,

Wm. K. Alexander
Field Representative

wka/b

Ex. #103, p.1.

MINUTES OF

KaMPAC ORGANIZATIONAL MEETING

TIME AND PLACE: Sunday, August 26, 1962 at 10:00 a. m.
Broadview Hotel, Emporia, Kansas

CHAIRMAN: L. S. Nelson, Sr., M. D.

ATTENDANCE:

L. S. Nelson, Sr., M. D., Chairman
C. H. Benage, M. D.
C. V. Black, M. D.
T. P. Butcher, M. D.
O. W. Davidson, M. D.
N. L. Francis, M. D.
D. B. McKee, M. D.
J. W. Manley, M. D.
G. R. Maser, M. D.
R. T. Parmley, M. D.
C. Pokorny, M. D.
M. E. Schulz, M. D.
B. G. Smith, M. D.
L. Speer, M. D.
J. R. Twinem, M. D.
J. W. Warren, M. D.
J. W. Welch, M. D.

Woman's Auxiliary Members present:

Mrs. V. E. Brown
Mrs. O. W. Davidson
Mrs. F. J. Eckdall

Guests present:

Mrs. Lee Ann Elliott, representing the American Medical Political Action Committee
Mr. A. M. Edwards, A. M. A. Field Representative
Mr. Kirke W. Dale, Attorney for the Kansas Medical Society.

Also present were Mr. Oliver E. Ebel and Mr. James S. Imboden

Dr. L. S. Nelson, Chairman, called the meeting to order and introduced himself to those present. He then asked each person present to introduce himself or herself. Doctor Nelson stated the purpose of the meeting: if it be the wish of those present, to establish a state political action committee to cooperate with the American Medical Political Action Committee.

The Chairman then introduced Mrs. Lee Ann Elliott, Assistant Director of AMPAC. Mrs. Elliott spoke briefly on the history and development of AMPAC and described its method of operation. She stated three basic principles necessary for the success of a State-PAC:

1. State medical society approval
2. A firm belief on the part of the State-PAC Board of Directors in personal contact
3. Actual personal contact of professional people by members of the State-PAC Board

Following Mrs. Elliott's remarks, the Chairman introduced Mr. A. M. Edwards, field representative for the A.M.A. Mr. Edwards distributed literature published by Labor's Committee On Political Education, commonly referred to as COPE. Mr. Edwards informed the Committee that COPE is planning an all-out campaign, prior to the general election in November, in Congressional Districts 1, 3, 4 and 5. He explained that these are considered, in political jargon, to be "marginal" congressional districts where the incumbents were elected by less than 5% majority of the votes. He explained that Congressman Avery, of the second district, was not a target of COPE since his victory in the primary was not marginal.

The Chairman introduced Dr. Bruce Smith, President of the Kansas Committee of the Association of American Physicians and Surgeons, asking if there were any remarks he might wish to make at this time. Doctor Smith told those present how the Kansas Committee of AAPS was the first state committee to become organized. He listed three areas of primary interest to the AAPS:

1. Political education
2. Medical economics
3. Public relations

He called attention to the next meeting of the Kansas Committee of AAPS at the Schimmel Inn, Wichita, Kansas, on September 30, 1962. Doctor Smith concluded his remarks by stating his belief that every physician should belong to AAPS and every member of AAPS should belong to AMPAC.

Mr. Edwards reiterated how AAPS and AMPAC complement each other.

In answer to a question from Mr. Dale, Mrs. Elliott explained that AMPAC has two distinct and separate funds - one educational; one political.

Mr. Edwards quoted from the speech by Mr. C. Joseph Stetler, attorney for A.M.A., an example of AMPAC educational activity and political activity.

Doctor Schulz asked for an explanation of the basic difference between COPE and AMPAC. Mrs. Elliott replied that there are a number of differences in basic philosophy but that one of the chief differences is that COPE uses corporate funds for political activity, whereas AMPAC does not. These corporate funds or contributions are not found in the congressional records. She went on to explain that it is common knowledge these corporate funds, though not registered by COPE, are being used to support individual candidates in their political campaigns

The question was raised as to whether or not contributions to AMPAC are deductible. The answer is that they are not. Contributions to AAPS are deductible.

The Chairman, at this point, said that he would entertain a motion that a Kansas political action committee be formed. Dr. C. Pokorny moved that a Kansas Chapter of AMPAC be organized. Dr. M. E. Schulz

seconded the motion. Considerable discussion followed. Doctor Schulz pointed out the political activity of the opponents of the medical profession, stating that because of this political activity the medical profession faces an urgent need for greater political education and political activity, both on the part of individual physicians and the medical profession as a whole.

Dr. N. L. Francis reviewed the action of the Council authorizing him as President of the Kansas Medical Society to appoint the group here assembled. Mr. Edwards pointed out that the medical profession is engaged in a war and each effort of the opposition to bring about socialized medicine is only one battle with the war going on constantly. He brought out the fact that the problem is far greater than the political issue of Medical Care for the Aged; that it reaches into our very way of life and that the over-all aim of the opposition is to continuously increase centralized government.

Mrs. F. J. Eckdall commented on the lack of communication between the Kansas Medical Society and the Woman's Auxiliary in matters pertaining to legislation of interest to the Medical profession. Mrs. Eckdall read an editorial which she prepared for publication in the Auxiliary News, urging increased Auxiliary interest and action in legislative affairs. She stated that the creation of a state medical political action committee might be the means for better communication between the Medical Society and the Auxiliary on legislative matters.

Doctor Pokorny's motion to organize a state medical political action committee was unanimously passed.

Mrs. Elliott produced a model copy of constitution and by-laws for the consideration of those present. She suggested that the group at this time alter this model copy to fit the specific needs of Kansas. Each of the nine articles and the sections within individual articles were discussed and modified in order. (A copy of this revised constitution and by-laws is attached.)

Dr. L. S. Nelson called for nominations from the floor for chairman. Dr. T. P. Butcher moved the nomination of L. S. Nelson, Sr., M.D. Dr. C. Pokorny gave his second to this motion. Dr. J. R. Twinem moved the nominations be closed. Doctor Butcher called for the question and Doctor Nelson was unanimously elected chairman.

Dr. L. S. Nelson, Chairman, appointed Drs. C. H. Benage and T. P. Butcher members-at-large of the Board of Directors.

The Board of Directors of KaMPAC is composed of the following persons:

Chairman -	L. S. Nelson, Sr., M. D., Salina
Auxiliary -	Mrs. F. J. Eckdall, Emporia
Congressional District #1	C. V. Black, M. D., Pratt M. E. Schulz, M. D., Russell

Congressional District #2	J. A. McClure, M. D., Topeka E. D. Yoder, M. D., Denton
#3	O. W. Davidson, M. D., Kansas City G. R. Maser, M. D., Mission
#4	C. Pokorny, M. D., Halstead J. W. Warren, Jr., M. D., Wichita
#5	D. B. McKee, M. D., Pittsburg B. G. Smith, M. D., Arkansas City
Members At Large -	C. H. Benage, M. D., Pittsburg T. P. Butcher, M. D., Emporia

Dr. Cyril Black moved that the Board of Directors be impowered to elect a representative from the Board to attend the annual meeting of the American Medical Political Action Committee. Dr. J. W. Warren seconded the motion which passed unanimously.

Doctor Nelson called for nominations for the office of secretary-treasurer. Doctor Smith nominated Dr. James A. McClure, of Topeka, for this office. Doctor Blake gave his second to the motion and moved the nominations cease. Doctor McClure was unanimously elected Secretary-Treasurer.

Mrs. Eckdall suggested that the wives of those members of the Board of Directors who represent individual congressional districts be utilized to head up the solicitation of Auxiliary members for membership in KaMPAC. Those present agreed that this would be wise.

Dr. George Maser asked what the Committee now should do in the time remaining before the general election in November. Mr. Edwards and Mrs. Elliott spoke to this question listing numerous activities in which physicians and Auxiliary members should engage themselves. It was decided that further information listing many of these ideas should be forwarded to the Board of Directors in the immediate future. Members of the Board of Directors representing each of the five congressional districts reported on candidates from each of those districts. The doctor speaking for each district reported the stand of each candidate in regard to legislation of interest to the medical profession. Considerable discussion followed these reports. Much of this discussion centered on what should be done to mobilize physicians to support the candidate of their choice.

There being no further business to come before the meeting, the meeting was turned over to the Public Relations Committee.

Respectfully submitted,

Charles Pokorny, MD.

Charles Pokorny, M. D.,
Acting Secretary

JSI:vb

DRAFT

Maryland Medical Political Action Committee
Maryland Club
Monday, October 1, 1962
6:30 p.m.

Ex # 104, p. 1

The first meeting of the MMPAC Executive Committee was called to order following dinner. Present were: Drs. Howard F. Kinnamon, George G. Finney, Sr., William T. Layman, William B. VandeGrift and Amos R. Koontz, Adam Dock, D.D.S., Mr. Walter N. Kirkman, and Mr. John Sargeant.

NAME OF COMMITTEE

After some discussion, the following motion was adopted:

Motion: That "Maryland Medical Political Action Committee" will be the offical name of the medical political action group in this state.

INCORPORATION

After examining material gathered from the Maryland election laws, (see attached) it was found that corporations are forbidden to contribute money to candidates. This eliminates the possibility of incorporation. It was agreed that Dr. Layman, the treasurer, would be bonded, and that some protection would be secured to protect the members of the Executive Committee from liability. Dr. Finney will consult Mr. G. C. A. Anderson, an attorney, concerning this.

LEGAL COUNSEL

Dr. Finney will ask Mr. Anderson to represent the MMPAC on a retainer basis.

SUPPORT OF CANDIDATES

After some discussion, the following motion was adopted:

Motion: That the Maryland Medical Political Action Committee will support the following candidates in the November, 1962, elections:

Rogers C. B. Morton - First District

Fife Symington, Jr. - Second District

Joseph M. Baker, Jr. - Fifth District

Charles McC. Mathias, Jr. - Sixth District

Newton I. Steers, Jr. - Congressman-At-Large

Edward T. Miller - Senator

STATIONERY

The Executive Committee authorized the Secretary to order stationery and the material necessary for a membership solicitation. The stationery will have the Executive Committee listed in the heading.

MEMBERSHIP

It was agreed that membership in the MMPAC should be open to "medicine and the allied professions", including dentists, veterinarians, pharmacists, and nurses. Dr. Dock will represent the dentist on the Executive Committee (?)

It was also agreed that invitations should be extended to the Maryland State Dental Association, its component societies, and individual dentists to join MMPAC.

ADOPTION OF BYLAWS

It was agreed that MMPAC would use the model bylaws supplied with the AMPAC organizational manual with the following exceptions:

1. An Executive Committee would be included, and it will have the power to act for the Board of Directors between meetings of the Board.
2. The Board of Directors will include two representatives from each associated health group.

The "purposes" of the Committee were adopted verbatim.

SPOKESMAN

George G. Finney, Sr., Co-Chairman, will act as spokesman for MMPAC. The press policies suggested by AMPAC were also adopted.

MPAC ORGANIZATION

After some discussion, it was agreed that MPAC should be organized according to Congressional Districts and also individual counties. County chairman will report to district chairman, who will report to the Executive Committee.

MEMBERSHIP CATEGORIES AND DUES

The following categories of membership and dues structure were adopted:

Associates (Relatives, friends, nurses)	- $10.00
Active	- $25.00
Sustaining	- $99.00

A mailing requesting contributions and membership in MPAC was also authorized to be directed to all physicians in Maryland.

CONTRIBUTIONS TO CANDIDATES

The following motion was adopted:

Motion: That the Treasurer is directed to transmit letters of support and the following contributions to the candidates listed:

Edward T. Miller	$1500.00
Newton I. Steers, Jr.	$ 500.00
Charles McC. Mathias, Jr.	$ 500.00
Rogers C. B. Morton	$ 500.00

The Secretary is authorized to direct letters of support to Mr. Symington and Mr. Baker, but no financial support will be made at this time.

DISTRICT REPRESENTATIVES

This item was discussed briefly and deferred until the next meeting.

There being no further business, the meeting was adjourned at 11 p.m.

William B. VandeGrift, M.D.
Secretary
Attachment

Ex # 105

MISSISSIPPI MEDICAL POLITICAL ACTION COMMITTEE
Jackson

Date: April 3, 1967

To: Board of Trustess

From: Mississippi Medical Political Action Committee

Subject: Annual Report for 1966-67

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1. Organization. Your Mississippi Medical Political Action Committee is organized under an action of the House of Delegates voted at the 95th Annual Session in 1963. MPAC is a voluntary, nonprofit, unincorporated political action committee under the provisions of Section 302 and 610 of the Federal Corrupt Practices Act, as are the identical state medical political action committees in each of the other state medical associations. Although separate and autonomous, each PAC is affiliated with AMPAC. The MPAC Board of Directors consists of 10 members, a physician from each of the nine association districts and a representative of the Woman's Auxiliary.

2. Reactivation of MPAC Program. In 1965, MPAC became inactive. Following reappointment of its Board of Directors by the Board of Trustees in 1966, the program was reactivated. Literature was produced, and a membership campaign was initiated by the directors.

In consultation with AMPAC officials during a regular meeting of the Board of MPAC, the decision was made to recommend joint billing of PAC dues with regular membership dues. At least two component medical societies adopted this procedure which is also recommended by the AMA House of Delegates and AMPAC. These were the Delta and East Mississippi Medical Societies where a majority of our members are located. The results of this pilot program were encouraging, and we recommend that the practice be universally adopted by each component medical society. Each joint billing should make it clear that MPAC and AMPAC dues are voluntary and not deductible for tax purposes.

3. Political Activities. MPAC is active only in congressional campaigns in Mississippi. It has not been and does not contemplate being active in state and local campaigns. Of the four candidates supported with contributions, all were successful. A fifth candidate received MPAC endorsement but required no contributions. We took no position on a sixth campaign.

4. Luncheon Meeting. To furnish a better understanding and communication of the PAC program, MPAC proposes a joint luncheon meeting with the Board of Trustees at the 99th Annual Session on Tuesday, May 16. There will also be present a member of the AMPAC Board of Directors and our regional representative for the southeastern states.

Ex #100

March '61

Printed Minutes

PMS - Lecy. p.o.
Exhibits - 252 P.
Minutes - 35 P.
(Except - 25 P.?)

PENNSYLVANIA MEDICAL SOCIETY

Minutes of Board of Trustees

March 1-2, 1961

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MOTION MADE AND CARRIED that Dr. W. Benson Harer be renamed as delegate and Dr. James D. Weaver as alternate to represent the Society on the Pennsylvania Health Council.

The Council also requested a list of qualified physicians to serve as committee members for the Council.

MOTION MADE AND CARRIED that the list of chairmen of the committees, commissions, and councils to which Pennsylvania Health Council memberships have been assigned be sent to the Council in compliance with their request for a list of qualified physicians to serve as committee members.

Nominations for AMA Legislative Key Man: The following were nominated for the position of Legislative Key Man for Pennsylvania, the names to be submitted to the AMA: Drs. John S. Donaldson, James D. Weaver, Paul Friedman.

MOTION MADE AND CARRIED that the nominations be closed.

Chairman Roth stated that the names of the three nominees would be submitted to the AMA Council on Legislative Activity.

Letter from Dr. Blasingame, AMA: Dr. Blasingame called attention to a meeting to be held in Chicago on March 18-19, to discuss the national legislative campaign. The AMA will pay the expenses of three representatives from the State Society and the Society was urged to send additional representatives, at their own expense, who are concerned with this problem.

The following were nominated: Drs. John S. Donaldson, Daniel H. Bee, and John H. Harris; a legislative key man (whoever he may be),

and two staff representatives. Mr. Stewart and Mr. Craig were suggested as the staff representatives.

MOTION MADE AND CARRIED that the Board approve submitting the foregoing names as the Society's representatives. If the AMA pays expenses for the M.D. nominees, the State Society will underwrite sending the staff members.

Letter re Air Pollution from Commonwealth of Pennsylvania: The Air Pollution Control Commission of the Department of Health has informed the Society about hearings to be held from March 13 to March 22, 1961, regarding various forms of air pollution. Representatives of local county societies were invited. A copy of this letter had been sent to all county medical societies and no Board action was required.

Medic-Alert Foundation: Mr. Watson discussed this proposed program, whose fundamental purpose is to provide individuals with an identification bracelet calling attention to their particular medical problem. Information about the program was sought from nearby state societies and the AMA. The AMA advised that it has not officially endorsed this procedure.

MOTION MADE AND CARRIED that this problem be referred to the Council on Scientific Advancement for further study.

Pennsylvania Medical Committee for Better Government: Dr. Stephen J. Deichelmann discussed this problem, which also had been discussed with legal counsel and with the AMA. It is the problem of interesting members of county societies regarding political

activities without interfering with the restriction of election laws. It emphasizes the activities of individual members, but divorces activities from the Medical Society, as such.

Dr. Deichelmann stated that with the development of this activity, a basic problem was to recruit members on a mailing basis and send out membership solicitations. The activities of this committee will make it necessary to request that the services of Pennsylvania Medical Society employees and facilities at 230 State Street be made available to the Pennsylvania Medical Committee for Better Government at such times as the Executive Director of the PMS determines would not jeopardize the activities of said society, the Pennsylvania Medical Committee agreeing to remit to the Society an amount which will reasonably compensate it for the expense so incurred. Furthermore, while the services and facilities of the Society are being used by the Committee, in no event shall the activities of this committee be considered the activities of the Pennsylvania Medical Society.

Following discussion, Chairman Roth clarified the proposition as follows: "We have received from Dr. Deichelmann, Chairman of the Pennsylvania Medical Committee for Better Government, a request for the development of a contractual relationship between this committee and the State Society to the end that certain facilities and personnel services shall be provided to this committee, with the understanding that the purposes of this organization are restricted to a stimulation and encouragement of physicians to take a more active part in civic and political affairs, to inform members of the medical

profession on current political issues and candidates for elective office and to conduct other activities of an informational nature to make the voice of medicine a more important factor in both national and state government."

MOTION MADE AND SECONDED that so long as the activities of this new organization are restricted to this scope, the request be granted.

The suggestion was made that the Pennsylvania Medical Committee for Better Government should give a post office box address rather than use the 230 State Street address.

SUBSTITUTE MOTION MADE AND CARRIED that action on this matter be deferred until the May meeting of the Board, by which time these necessary changes can be made; and then a definite proposal based on a new letter to the Board can be given consideration, with the advice of legal counsel.

ADJOURNMENT

The meeting adjourned at 11:00 a.m.

Russell B. Roth, M.D.
Chairman

Harold B. Gardner, M.D.
Secretary

4/15/61:J

Ex #107, p.1

MINUTES OF THIRD QUARTER MEEEING OF THE BOARD OF TRUSTEES, TENNESSEE STATE MEDICAL ASSOCIATION - BELLEMEADE COUNTRY CLUB - NASHVILLE, TENNESSEE
July 8, 1962

The regular quarterly meeting of the Board of Trustees of the Tennessee State Medical Association convened at 9:30 A.M. on Sunday, July 8, 1962, at the Bellemeade Country Club in Nashville.

Members of the Board present were:

Robert M. Finks, M.D., Chairman, Nashville
J. Malcolm Aste, M.D., Memphis
G. H. Berryhill, M.D., Jackson
John H. Burkhart, M.D., Knoxville
Bland W. Cannon, M.D., Memphis
Carl C. Gardner, Jr., M.D., Columbia
Henry B. Gotten, M.D., Memphis
Joseph W. Johnson, Jr., M.D., Chattanooga
R. H. Kampmeier, M.D., Nashville
Wm. J. Sheridan, M.D., Chattanooga
W. O. Vaughan, M.D., Nashville

Others present were:

Chas. C. Smeltzer, M.D., Knoxville, Delegate to AMA
B. F. Byrd, Sr., M.D., Nashville, Chairman, Insurance Committee, TSMA
J. E. Ballentine, Executive Director, TSMA
Jack Drake, Public Service Director, TSMA
C. P. Maguire, Administrative Assistant, TSMA

The meeting of the Board of Trustees was called to order at 9:30 A.M. by Dr. R. M. Finks, Chairman. The Board approved the minutes of the Trustees meeting conducted on April 11, 1962, as mailed to members of the Board.

OLD BUSINESS

1. The Board confirmed the mail ballot from the Trustees for an advertisement that appeared in the anniversary edition of the Nashville Tennessean on April 29, 1962. The cost of the ad was $237 and since a mail ballot was taken, this action of the Board was to confirm the cost of the ad. The motion to approve was made by Dr. Vaughan, seconded by Dr. Burkhart, and the motion was adopted.

Motion: A motion was made by Dr. Johnson, seconded by Dr. Burkhart, that $500 be added to the President's expense budget. The motion was adopted.

Dr. Gotten discussed the amount of reserves and cash on hand in the TSMA treasury, and pointed out that the Association should not continue to acquire money for holding purposes. He said that funds should be spent for the Association's needs, and if necessary, the dues should be reduced if more than adequate income continued to accrue.

7. Dr. Wm. J. Sheridan reviewed the organization activities of the State Committee dealing with political action. He reviewed the situation in Hamilton County, particularly the policital situation in the third congressional district. He stated that the AMA considers the Third District the most important congressional race in the nation. He reported on the preliminary state level meeting, wherein representatives from each congressional district were invited to attend an organizational meeting to form a political action committee in Tennessee. It was further pointed out by Dr. Sheridan that it was his belief that the Board of Trustees should appoint the directors of the State Committee and that he had recommendations for appointment to make for the Board. They were as follows:

First District - E. L. Caudill, Jr., M.D., Elizabethton
Second District - Walter H. Benedict, M.D., Knoxville
Third District - Harry A. Stone, M.D., Chattanooga
Fourth District - James T. Callis, M.D., Crossville
Fifth District - Robert N. Sadler, M.D., Nashville
Sixth District - George R. Mayfield, Jr., M.D., Columbia
Seventh District - Oliver H. Graves, M.D., Jackson
Eighth District - J. Kelley Avery, M.D., Union City
Ninth District - Roland H. Myers, M.D., Memphis

The tenth member of the state committee will be a representative from the Woman's Auxiliary, Mrs. Hoyt Crenshaw of Memphis.

Motion: A motion was made by Dr. Sheridan recommending appointment of the above persons to serve as the Board of Directors for an appropriate committee for political activities. The motion was seconded by Dr. Burkhart and the motion was adopted.

The Board of Trustees suggested that the Committee meet to formalize and activate a political action program on the state level. It was also the Board's opinion that the group should select its permanent chairman, but that the President may designate a temporary chairman.

There was considerable discussion about the activity of TSMA employees in conducting activities and performing duties for the political action organization in the state. The Board stated positively that employees in TSMA can engage in educational activities, but not in political action in the name of TSMA. This matter was discussed in detail and the Board was emphatic in its feelings on this matter.

8. Dr. Smeltzer, Chairman of the AMA Delegation from Tennessee, requested the Board to consider sending alternate delegates to meetings of the American Medical Association's House of Delegates. He recommended that the alternate delegates be sent at TSMA's expense. It was the opinion of the Board that this was a matter to be studied by the Planning Committee of the Board and it was referred to the Planning Committee, Dr. John H. Burkhart, Chairman.

9. The Board considered the request by the Department of Public Health for TSMA approving the Medical Self-Help Program in Tennessee. Following study and discussion, the Board of Trustees endorsed the Medical Self-Help Training Program which in brief is a new program to teach American families how to

Ex. # 108 A, p. 1

The Organization of a

Tennessee Medical Political Action Committee

Sunday, June 10, 1962
9:30 A.M.
TSMA Headquarters Building
Nashville, Tennessee

Present:

William J. Sheridan, M.D., President, TSMA, Chattanooga
E. L. Caudill, Jr., M.D., Elizabethton
Harry A. Stone, M.D., Chattanooga
James T. Callis, M.D., Crossville
Robert N. Sadler, M.D., Nashville
Ralph Kustoff, M.D., Columbia
Oliver Graves, M.D., Jackson
J. Kelley Avery, M.D., Union City
John C. Beard, Jr., M.D., Memphis
Mr. Joe Miller, Executive Director, AMPAC, Chicago
Mr. William Ramsey, AMA, Chicago
Mr. Charles Cornelius, Sr., TSMA Legal Counsel, Nashville
Mr. Jack Ballentine, TSMA Executive Director
Mr. Jack Drake, TSMA Public Service Director

I. Dr. Sheridan called the meeting to order and expressed his appreciation to those present for attending the meeting at his personal request. He outlined the purpose of the meeting: to discuss the organization of a Tennessee Medical Political Action Committee.

Dr. Sheridan reviewed the action of the Board of Trustees and the House of Delegates with respect to its endorsement of AMPAC and encouragement of a similar group being organized in Tennessee as a voluntary effort. Dr. Sheridan stressed that a medical political action committee in Tennessee could not be a function of nor financially supported by the Tennessee State Medical Association.

II. Mr. Miller explained the organization and operation of AMPAC, the American Medical Political Action Committee. The AMPAC Board of Trustees was appointed by the Board of Trustees of AMA. AMPAC now has working agreements with state-level political action committees in 45 states, Mr. Miller said.

Mr. Miller stated that the state political action committees are not component groups of AMPAC and suggested that state and county committees not incorporate the term "AMPAC" in their name. He further stated that so long as they confine their activities intra-state the funds collected for political action activities need not be reported under the Corrupt Practices Act.

Mr. Miller then reviewed the extent to which the AMA staff can legally participate in AMPAC activities. He stated that the AMA staff members, under the law, can discuss the organization of political action committees with state associations, and with other medical groups and that they can encourage doctors of medicine to organize for political action. Mr. Miller emphasized that the AMA staff members cannot solicit nor can they collect funds for use in AMPAC or state political action committee activities.

He reviewed the organization and operations of political action committees in several other states.

Mr. Miller said that initially the program of the state Political Action Committee is that of fund raising. Dues contributed to medical political action committees are not tax deductable, he said.

III. At Dr. Sheridan's request Mr. Drake explained a suggested table of organization for a state-wide political action committee. The suggested organization was discussed and it was agreed that several changes should be made initially. These changes were to the effect that the members of the State Committee's Board of Directors should be appointed by the Board of Trustees of TSMA and that the local political action group should be organized at the congressional district level rather than at the county level. And further, that the wording relative to the district committees retaining a percentage of the funds collected be deleted in order that the district committees could establish their own dues.

Dr. Sheridan stressed the importance of the time element and the need for moving rapidly toward organization if a Tennessee Medical Political Action Committee were to be effective in this year's congressional campaigns. He requested and received assurance from the physicians attending the meeting that they would confer with their colleagues in their local districts and supply him with the names of physicians to be considered for appointment to the State Committee's Board of Directors.

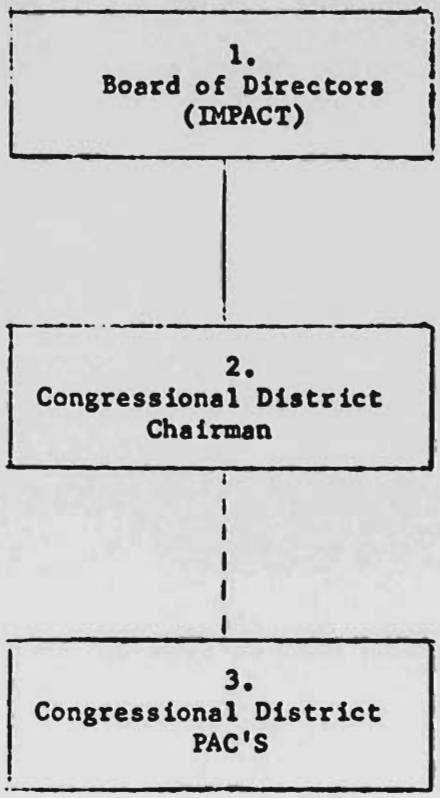
It was also agreed that the suggested Table of Organization for the State Committee, reflecting the changes in the structure agreed upon, be sent to each physician attending the meeting. Dr. Sheridan requested that the physicians review the suggested organization structure and make any changes or recommendations which they might see fit.

The meeting was adjourned at 1:00 p.m.

Ex #108 B, p.1

SUGGESTED TABLE OF ORGANIZATION FOR IMPACT

(INDEPENDENT MEDICINE'S POLITICAL ACTION COMMITTEE - TENNESSEE)



COMMENTS:

1. <u>State Committee</u>

The State Committee would be known as the Independent Medicine's Political Action Committee - Tennessee. It would be composed of Tennessee physicians, members of their immediate families, and others who would hold membership by virtue of their having paid dues according to the category of their memberships.

2. Board of Directors

The membership of the Board of Directors would consist of ten persons, appointed by the Board of Trustees of the Tennessee State Medical Association. Nine would be Doctors of Medicine and would be appointed from each of the nine congressional districts. The other member would be appointed from the Woman's Auxiliary to T.S.M.A. The Board of Directors would be a non-partisan body and representative of both major political parties.

The Board would be the governing body of the Committee and would be vested with authority to: (a) establish categories of membership and the amount of dues for each category; (b) allocate and distribute all funds obtained from membership dues and other sources; (c) plan political information and education programs for the membership of the Committee; and, (d) prepare and disseminate informational and educational materials to the membership.

The duties of the member of the Woman's Auxiliary would be to inform the State Auxiliary of the objectives and activities of the State and National Committees, stimulate membership in the State Committee, encourage participation in the Committee's political action committee on the part of the membership of the State Auxiliary,

and to serve as liaison and coordinator between the Board of Directors and the State Auxiliary.

The activites of the Committee would be financed through membership dues and any contributions which might be received.

3. Congressional District Chairmen

Each physician member of the Board of Directors would serve as Congressional District Chairman for his district. He would organize a political action committee in his district. He would serve as coordinator and liaison between the State Committee's Board of Directors and his district committee. He would assist the Board of Directors in analyzing the political situation in his district.

4. District Political Action Committee

The District Committee would carry out political action campaigns in coordination with the State Committee. The District Committee would conduct a membership campaign to secure memberships in the District, State, and National Committees.

The District Committee would establish its categories of membership and the amount of its membership dues.

5. <u>Disposition of Membership Dues</u>

The District Committee would collect from its members dues for membership in the District Committee, I.M.P.A.C.T., and A.M.P.A.C. The District Committee would remit to the Treasurer of I.M.P.A.C.T. the dues for I.M.P.A.C.T. and A.M.P.A.C. The Treasurer of I.M.P.A.C.T. would remit to A.M.P.A.C. the dues for A.M.P.A.C.

Ex. #108 C

1. Enclosed, please find copies of documents and materials relating to the establishment of Independent Medicine's Political Action Committee Tennessee. (Hereinafter IMPACT) The proposed organizational structure which was submitted by AMPAC was not adopted.

3 1 7 1 0 2 7 0 2 3 2

DRAFT

Maryland Medical Political Action Committee
Organization Meeting
September 25, 1962
5:00 p. m.
The Maryland Club

Ex. #109, p. 1

The business meeting was called to order at 7:20 p. m., by Ames R. Koontz, M. D., Acting Chairman. Dinner and cocktails were served prior to the business session.

Present were: (See attendance list previously forwarded.)

Opening Remarks

Dr. Koontz explained his interest in the formation of a political action committee and stated that he had sponsored this meeting in an effort to establish such an organization in Maryland. Several other states now have political action committees, and Dr. Koontz added that such an organization was needed here.

Dr. Koontz also mentioned that he had polled the candidates for Federal office on their stand on eight major issues, and that he had been receiving replies. These replies will be published and circulated in the near future.

AMPAC

Mr. Joe Miller, Executive Director of AMPAC, extended greetings from the national organization and explained its function. AMPAC is patterned after the Committee on Political Education of the AFL-CIO and is the second major political action group to be formed in this country. AMPAC is bipartisan, and is designed to function as a permanent committee.

The American Medical Association is associated with AMPAC in that the AMA's Board of Trustees appoints the AMPAC National Committee and that AMA contributes financially to AMPAC's educational activities.

AMPAC's work is divided into two main areas; Educational and Political. The educational work consists of voter registration campaigns, circulating information on campaign issues and voting records, and similar activities designed to increase public understanding of the political processes of our nation. The political effort consists of giving support to candidates who support ideals in keeping with our national

concept of free enterprise. AMPAC is presently financing campaigns to a greater extent than either national political committee, and candidates are aware of these efforts. All states will have engaged in this type of activity by the end of the year.

Mr. Miller explained that AMPAC is concentrating its effort in those areas where the incumbent has won previously by a 5% margin of votes or less. It doesn't wish to enter any area where it cannot work with the local people in supporting candidates, and this underlines the importance of activity at the local level. The national committee merely serves as a coordinating body for the state PAC groups.

AMPAC raises money through its dues, and many dues appeals are made in conjunction with the local PAC group. The AMPAC dues structure is as follows:

Active..... $10.00 or more

Sustaining..... $99.00 or more

Associate..... $10.00 or more

Student..... $ 5.00 or more

Local PAC groups may set their own dues structure. Any contribution of $100 or more to either the local PAC or AMPAC must be reported to the Clerk of the House of Representatives. Local PAC groups may also determine their own categories of membership.

NOMINATION OF OFFICERS

The following slate of officers was presented by Charles F. O'Donnell, M. D., and was approved unanimously by those present:

Co-Chairman

Howard F. Kinnamon, M. D.

George Finney, Sr., M. D.

Secretary

William B. VandeGrift, M. D.

Treasurer

William T. Layman, M. D.

Member-At-Large

Amos R. Koontz, M. D.

Drs. Kinnamon and Finney accepted their election as co-chairmen and expressed the hope that the Maryland PAC would be an effective organization. Mr. Miller then presented the Co-Chairmen with a check to be used in local activities. Dr. Keenus then explained that the Board of Directors would meet in the near future to formulate policy for the Maryland Medical Political Action Committee, and requested comments from the audience.

Comments - DR. LAYMAN

William T. Layman, M. D., of Hagerstown, Maryland, made the following comments:

1. Political activities should also include precinct work by individuals at the county level, in addition to the raising of funds.
2. The possibility of incorporation should be explored.
3. A resident agent or executive should be appointed.
4. Groups must be organized on a legislative district and county level.
5. A newsletter must be published and distributed.
6. A budget and a statement of aims must be developed.

Several physicians also commented that the phrase "political action committee" has a bad connotation and should not be included in the organizational name. The Board of Directors will consider this.

MEETING EXPENSES

It was moved and seconded:

MOTION:

That the expenses of the meeting be defrayed from contributions received by the Maryland Medical Political Action Committee.

ADDITIONAL COMMENTS

Mr. Pompelli suggested that some effort be given to encouraging physicians to register and vote.

Ex. #110, p. 1.

real question the voters and their Congressman are concerned with.

Last year in his talk to this House, our then retiring President, Ray Muether, said, and I want to quote him through two paragraphs:

"I believe sincerely that the greatest single stumbling block to good public relations at this time is the matter of physicians' fees. I think it is high time that we determine some mechanism whereby the patient can truly budget for his medical cost. Make no mistake—the public will do so whether it pleases us or not.

"With all the scientific advances, with all the miracle drugs, with all the wonders of medicine and science at our command, we still have not developed a mutually agreeable mechanism for the least important—so we have always said—aspect of our relationship with patients, namely, the money."

I want to say I agree with Ray. I think we must now, in Missouri and in the nation, come to grips with this issue, the real heart of the great national debate on health care. If we can satisfy the people of the nation that they can predictably and surely budget their own health care on a sensible and realistic voluntary basis, we may win. If we fail to provide such a mechanism, we shall certainly lose.

In conclusion, then, it seems to me to boil down to this. If the great debate is to be settled on a basis consistent with the continued freedom of the medical profession, we have two jobs to do—two fights to win.

First, we have got to put every ounce of effort we can muster into defeating the current administration proposal to establish the Social Security approach to financing health care. If the Social Security idea should once be implemented, it will be simply a matter of time until it is extended, step by step, into a full-fledged system of socialized medicine. We must defeat this idea and defeat it now. That will mean an expanded Association program of education. It will mean wide individual support for the American Medical Political Action Committee and our own new MMPAC. It will mean more personal work for each of us.

The second fight we have got to win is, I submit, a contest among ourselves. We have got to find our way to agreement on a program that will enable the people of our state and nation to budget on a sensible and workable and predictable basis the costs of their own health care. How we shall do this is the overriding question before this session of the House of Delegates. I do not presume to suggest to you the right answer. But I do urge upon you the importance of defining an answer and of agreeing upon it now.

The time is late. Ours is a fight on two fronts. We must win on both fronts if we are to win at all.

The Speaker referred the President's Message to the Reference Committee on Reports of Officers.

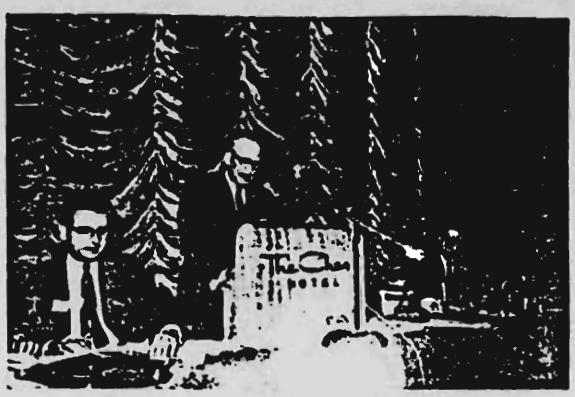
Donald M. Dowell, M.D., Chillicothe, presented the Recommendations of the President-Elect.

RECOMMENDATIONS OF THE PRESIDENT-ELECT

Mr. Speaker, Members of the House of Delegates:

First, let me say what I believe all of you would like to have the opportunity to say at this moment:

The Missouri State Medical Association and the medical profession in Missouri owes Dr. Jake Summers a great deal for his leadership during this past difficult year. Most of us have had a chance to see him on our own home grounds as he has toured the state talking to local medical societies about the problems medicine



Dr. Dowell presented the President-Elect's Recommendations.

faces. He has given us an effective program and an effective voice in our struggle against those who seek a controlled system of health care. He, with the Council, has built a foundation for the year to come that I personally am most grateful to inherit.

In this year to come, as I see it, the medical profession and its patients will continue to have one overriding problem. The issue is not "medical care" versus no medical care for the elderly, as some editorial writers and political exponents would have the public believe. The issue is to prevent a compulsory, destructive, and unnecessary federal social security medical program from being imposed on the American people.

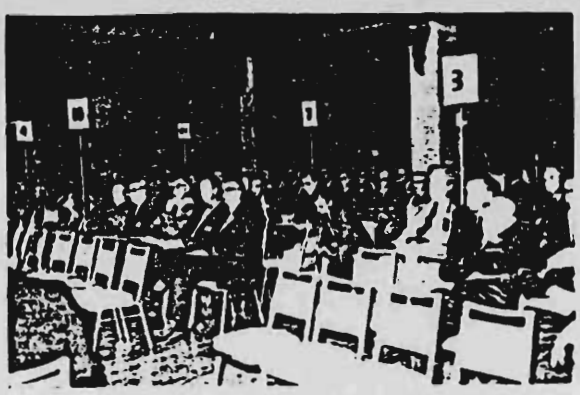
To stop this is going to take time and effort and money. Fundamentally, that means the time and effort and money of every individual physician in the state.

In this situation, the American Medical Association and the Missouri State Medical Association can show the way—but they cannot do the job by themselves. Only when the county medical societies, their members, and their friends are mobilized and active can we count on success. MSMA has been furnishing the tools, and will continue to do so. It is up to the local societies and the individual doctor to pick them up and use them.

I would like for a moment to examine a few of the elements of our program—the tools we have at hand. Since most of these things are covered at some length in your Delegates Handbook or other reports, I shall try to be brief here.

The cornerstone of our effort, of course, is the Public Service program begun some years ago to provide information to the public and the profession on problems facing medicine, and to stimulate local medical societies and individual physicians to take effective action on those problems. It is through this program that we have sought to implement the Kerr-Mills law in Missouri, and it is under this program that we have concentrated our activities to let the public know the dangers of the King-Anderson proposals. Through the Public Service program we have given emphasis to medicine's positive programs in the public interest and lent assistance to county medical societies in identifying local health care problems and taking steps to solve them.

You will have before you at this Annual Session a proposal to reinforce the Public Service activity and make it a permanent part of the Association's program. I urge you to approve this recommendation and to give this program your full and active support, not only here at this meeting, but at home throughout the year. No opportunity should be lost in your daily contacts at home to point out the undesirable phases of King-An-



Delegates were seated by districts.

loan fund, with the remainder urgently needed for general Association operations.

As you know, individual contributions to the student loan fund have now been officially declared tax-deductible. It is my hope that the membership of MSMA will also give the Foundation substantial personal support, so that no Missouri resident in the future need be denied completion of his medical education because of lack of funds.

I have one last recommendation, which deals not with the official business of the House of Delegates but with our personal responsibilities as physicians and representatives of the medical profession.

As I said in the beginning, our success in preserving a free system of medicine will depend on the individual physician devoting time, effort and money to the task. Each of us must take the time to become aware of the political, economic and social forces at work today. Each of us must make the effort to activate and support programs which genuinely will help with public problems—while, at the same time, we must effectively oppose what we know will harm the public interest. Finally, we must be ever humble and appreciative of the tremendous responsibility and honor of being a practicing physician and we must be willing to help finance these efforts—through organized medicine at national, state and local levels, and through other organizations which have the same objectives.

I would urge, for example, that you join and support the American Medical Political Action Committee and the equivalent state group now being formed in Missouri. I would hope that you would maintain contact, personally and through letters, with your representatives in Congress and in the state legislature. But most of all, as delegates and officers of your local societies, it is essential that you enlist the efforts of colleagues and non-medical friends at home to inform the public of the dangers of social security medicine, so that the people in turn will let their legislators know that such programs are not needed and not wanted in America.

I am most grateful for the high honor you have paid me in selecting me as your President for the coming year. I am mindful of the responsibilities you have placed upon me, and I pledge my best efforts in carrying them out. With your united support, and that of the physicians of Missouri, I am confident that medicine can successfully meet the serious problems we face.

The Speaker referred the Recommendations of the President-Elect to the Reference Committee on Reports of Officers.

Mrs. Frederick E. Wade, Kansas City, President of the Woman's Auxiliary to the Missouri State Medical Association, presented the following report to the House of Delegates.

REPORT OF THE WOMAN'S AUXILIARY

Mr. Speaker, Dr. Summers, Officers and Members of the House of Delegates:

It is an honor to be invited to report to you today. Our Auxiliary objective is to extend the aims of your Medical Association, and to work at all times under your leadership and direction. We have a membership of 1,805 women in all areas of the state.

To appreciate your Auxiliary potential, I would like to take you back 40 years to May 22, 1922, to another meeting of doctors' wives, right here in St. Louis. At this meeting of 24 women, the Woman's Auxiliary to the American Medical Association was founded, and today we have a membership of almost 90,000 women in all 50 states of the Union. The AMEF program illustrates the strength of our unity. Individually, last year, we averaged $2.33; our state, $4,093.00; and nationally all doctors' wives gave $196,577.00 to the nation's medical schools.

That is only one facet of our program. We realize, in these perilous days for the medical profession, we can only be an asset to you, if we have an intelligent and informed membership. For this reason, our program centers on education and community service. Our information for programs ranges from the grass roots, up to your parent body, the American Medical Association. In all matters of general policy, the Auxiliary is governed by the most immediate medical advisory group. Each level of authority can only speak for itself. There are times, when one affiliate may take action, not endorsed at another level.

Last fall, when the State Mental Health program ran into difficulties, I was asked for our policy on the situation, as the State Medical Association, and our Auxiliary, had endorsed it in principal. I referred the matter to your Executive Council for consideration and advice. I explained to our members, we could only speak as individuals, pending your decision. Where the local county medical society had taken official action, the county Auxiliary members, were of course, free to endorse their county medical society policy as county Auxiliary members, but in their capacity as members of our state Auxiliary, we could only endorse action taken by the State Medical Association. We are an auxiliary, not an autonomous organization, and our general policies are determined by you. We deeply appreciate being advised of your official actions, in matters that relate to the Auxiliary field of interest.

Auxiliary leaders are briefed and trained for their responsibilities by the National Auxiliary, as well as the officers and staff of the American Medical Association. Special instruction and briefing at National Convention, is followed by a Conference of State Presidents in Chicago, each October. Lines of communication are constant by mail. Our state Auxiliary has the responsibility for passing the information on to the county auxiliaries, and our members-at-large. If your early morning breakfast and that frequently delayed dinner, are not being served to you, by a member of our Auxiliary, I would like to suggest the best investment you can make today

July, 1962 p.3.

100 mg. tablets in bottles of 1,000. Isoniazid (INH) 50 mg. tablets in bottles of 1,000.

Sodium para-aminosalicylic acid (NaPAS) 500 mg. tablets in bottles of 1,000. Calcium para-aminosalicylic acid (CaPAS) 500 mg. tablets in bottles of 1,000. Potassium para-aminosalicylic acid (KPAS) 500 mg. tablets in bottles of 1,000.

"2. No restriction is placed on financial status of patient receiving drugs.

"3. The patient must be discharged from a tuberculosis hospital and under the medical care of a local physician.

"The discharge need not necessarily be medical but patients discharged A.M.A. should be encouraged to return to the hospital.

"4. A prescription from the patient's doctor should be presented for *each* supply of drugs issued. Prescriptions should be kept on file in the health office dispensing the drugs.

"5. A 60-day supply is recommended issue at one time, but *no more* than a 90-day supply may be issued at one time.

"This requires the patient to visit the doctor at least every 3 months to secure a new prescription and be rechecked.

"6. If the patient continues on drugs longer than one year the health office should request a statement from the patient's physician, confirming the need of future drug treatment.

"A drug book may be set up in each district and local office to keep a record of drugs dispensed, to whom dispensed, and the amount.

"The cost of tuberculosis drugs is very high. It is hoped that each office dispensing drugs will use discretion in the amounts and to whom dispensed, even though there are no official restrictions placed on this program.

"Addition: In regard to prophylactic treatment, it was suggested that the following should be added to present policy:

"Drugs for the treatment of tuberculosis are provided to make it possible for the indigent and medically indigent to continue the chemotherapy started in the sanatorium.

"It is possible to discharge patients earlier from expensive hospital care where there is assurance that definitive tuberculosis therapy can be continued in the home.

"INH is not expensive—10 cents per day is about the average cost of this drug. The group suggested this fact should be made known to physicians.

"Drugs will be provided to all household contacts to a known active case of tuberculosis who are under three years of age.

"Recent converters to tuberculin and other household contacts of known active cases particularly individuals with large reactions to the tuberculin test may be supplied with tuberculosis chemotherapy on the request and prescription of the attending physician.

"All reported and proven active cases of tuberculosis on prescription of the attending physician will be supplied with tuberculosis chemotherapy."

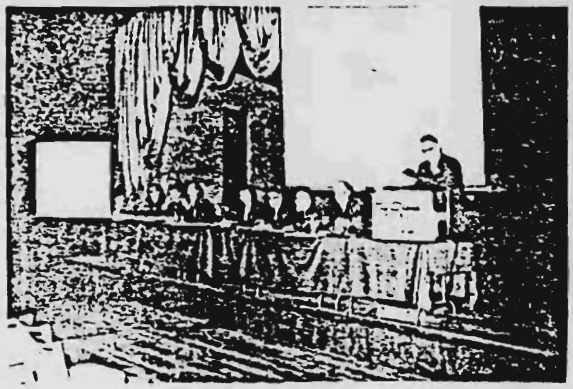
Following discussion, on motion of Dr. Fisher, duly seconded, the report was accepted.

MEMBERSHIP

The problem of state association membership of physicians living or having offices in other states (particularly Jackson County and counties in Kansas) was discussed. It was decided that the Chairman should appoint a committee to work with members of the Council of the Kansas State Medical Society to try and work out the problem and that if that failed, it should be referred to the AMA Judicial Council.

INSURANCE

It was announced that two insurance companies wished to make accident and sickness insurance available to physicians and their employees. On motion of Dr. Dowell, duly seconded, the Executive Secretary was



The handicapped child in Missouri was discussed during the meeting.

asked to advise the America Fore Group that their proposal to provide weekly sickness and accident benefits to the employees of Missouri physicians is accepted.

The second proposal to provide accidental death benefits in large limits for members and their spouses was considered. On motion of Dr. Dowell duly seconded, the Secretary was instructed to examine the differences in two separate proposals and to obtain the one which offers the best buy for the members.

AMA CLINICAL SESSION

Dr. Hollweg said that Kansas City and the Jackson County Medical Society would like to invite the AMA to hold a clinical session in Kansas City, and on motion of Dr. Wheeler, duly seconded, it was voted that the Association write the A.M.A. on their behalf.

A.M.P.A.C.

A.M.P.A.C., The American Medical Political Action Committee, an organization totally separate from the AMA and organized for political action was discussed. The Chairman appointed Drs. Summers, Dowell and Farlow to make further study and report to the Council.

NEXT MEETING

It was decided that the next meeting of the Council would be held January 20 and 21, 1962, in St. Louis.

KENNETH C. HOLLWEG, M.D., *Chairman*

The speaker referred the report of the Council, with the exception of matters relating to the Missouri State Medical Foundation, Public Service, Dues Increase, AMA Group 65 Plan and St. Louis Blue Shield to the Reference Committee on Reports of Officers, the mat-

COMMITTEE ON MATERNAL WELFARE

Dr. Truebblood presented the report of the Committee on Maternal Welfare. (The report appears in the Reports of Officers and Committees. See page 592.)

On motion of Dr. Fisher, duly seconded, the report was accepted with revision of the last paragraph concerning confidentiality legislation, to include "if and when feasible."

TREASURER'S REPORT

Dr. Doyle presented the Treasurer's report and pointed out that the need for more funds was clearly shown by the report.

On motion of Dr. Furlow, duly seconded, the report was accepted.

COMMITTEE ON MEDICAL ECONOMICS

It was announced that the report of the Committee on Medical Economics will appear in the Delegate's Handbook. It was reported that data on costs of care of the "needy" and "near needy," which the Committee was to obtain, had not been made available as yet but would be soon.

On motion of Dr. Furlow, duly seconded, the inclusion of the report in the Delegate's Handbook was approved.

CAMPAIGN AGAINST H.R. 4222

A letter from Dr. Blasingame asking that a campaign against H.R. 4222 be carried out in the state to obtain letters and resolutions was read, together with listings of organizations in the state and the stand they had taken on similar legislation. It was indicated in the material that the AMA would pay the expenses of such a campaign. It was decided that billing to the AMA should be on a cost basis as the campaign progressed rather than estimating any amount. It was announced that there would be a meeting on legislation at the AMA during the following week and it could be determined at that time if this financial arrangement would be satisfactory.

COUNCILOR DISTRICT SET-UP

It was called to the attention of the Council that the following amendment to the Constitution would come up for action at the coming meeting of the House of Delegates:

"Change Article VII, Section 1, after '. . . and a Vice Speaker of the House of Delegates and 10 Councilors selected as provided for.' to read 'and a Vice Speaker of the House of Delegates and 11 Councilors selected as provided for.'"

COMMITTEE ON PUBLIC SERVICE

The report of the Committee on Public Service was reviewed and approved for inclusion in the Handbook. Following discussion, on motion of Dr. Stuart, duly seconded, it was voted that an amendment to the By-Laws be submitted to the House to abolish the committees on Public Policy and Public Relations and on Health and Public Instruction and make the Committee on Public Service a standing committee. It was agreed that this proposed amendment should appear in the Delegate's Handbook.

HANDBOOK

The following items to appear in the Handbook were read:

1. General Section
2. Special Report—Student Loan Fund (Board of Trustees) including notification of Trustees election Monday afternoon
3. Report of the Public Service Committee (Council) including recommendation for change in By-Laws to establish Public Service Committee as permanent standing committee, absorbing the Committees on Public Policy and Public Relations and on Health and Public Instruction
4. Dues (Council)
5. Report of Committee on Medical Economics
6. AMA-National Blue Shield Over 65 Plan
7. St. Louis Blue Shield Full Coverage Proposal (Council)
8. Councilor Districts (Old Business)
9. Council Minutes—January 20-21 (Council)
10. Financial Statement

ANNUAL SESSION

Dr. Matthews reviewed the program for the Annual Session, giving additions which had been made since the Preliminary Program had been printed. He called special attention to the many specialty groups which were taking part in the program and having dinner meetings of their own.

COMMITTEE ON MENTAL HEALTH

The Council received the report of the Committee on Mental Health. (The report appears in the Reports of Officers and Committees. See page 590.)

On motion of Dr. Furlow, duly seconded, the report of the meeting on July 9 was accepted with the exception of the "Statement of Position and Recommendations of the American Psychiatric Association" since the Council did not feel that it was within its province to pass on such a specialized statement.

On motion of Dr. Stuart, duly seconded, the minutes of the meeting of November 5 were accepted.

AMPAC

The purposes and working of AMPAC were discussed. On motion of Dr. Fisher, duly seconded, a resolution regarding AMPAC was adopted, as follows:

RESOLUTION

WHEREAS, American medicine is faced today with ever increasing political activity directed toward establishing some form of a federally controlled medical program, and

WHEREAS, Local and state groups of physicians, separate in organization from their respective medical associations; banded together locally to resist that effort find themselves woefully inadequate to enlist effectively activity by all physicians and woefully inadequate to present their attitudes on a level competitive with the opposition, and

WHEREAS, It is recognized that even though the American Medical Association and several State Medical Associations are conducting accelerated public educational programs, the local instrumentation of political activity needs strengthening; therefore be it

Resolved, That the Missouri State Medical Association does hereby endorse and approve the formation af a Missouri State Political Action Committee and urges all physicians and their families in the State of Missouri to join, support, contribute to, and work toward the success of the organization and its objectives; and be it further

Resolved, That in view of the national and federal aspects of many political issues, political education, and effective political action, the Missouri State Medical Association does hereby endorse and approve the American Medical Political Action Committee and urges all physicians of this State to join, support, contribute to, and work toward the success of AMPAC and its objectives; and be it further

Resolved, That the Missouri State Medical Association does hereby urge the Missouri State group when formed, and the American Medical Political Action Committee to work together and to cooperate to the greatest extent possible so as to accomplish in the most effective manner, the political aims and objectives of the physicians of this state and of this country for the greater benefit of medicine, the public health and all our citizens.

grams is already in existence and that this resolution not only includes medical education but all types of education which is not justly within the province of the Missouri State Medical Association to render an opinion, that this resolution should not be adopted.

Mr. Speaker, I move the adoption of this portion of the report.

Following second, the motion that the resolution be not approved was discussed by Drs. R. D. Dwyer, James R. McVay Jr., Joseph C. Edwards, Joseph L. Fisher and Thomas Macdonnell.

Upon vote the recommendation of the Committee was defeated.

R. D. DWYER, M.D., North Kansas City: I move the adoption of the resolution as previously submitted.

The resolution was presented again, as follows:

WHEREAS, Federal subsidy for medical and dental school construction and expansion or for any federal aid to education would lead to federal control of medical education and all education in general, and

WHEREAS, The control of medical and dental education and all education in general is a right reserved to the States by the Constitution, and

WHEREAS, The medical profession is striving diligently and making good progress on its own to take care of the medical education needs, now therefore be it

Resolved, That the MSMA House of Delegates go on record as disapproving federal subsidies to medical and dental schools and any and all federal aid to education.

Following a second, the resolution was discussed by Drs. Roland P. Ladenson, Charles B. Wheeler, Fred L. Wommack, Joseph C. Edwards, Hector W. Benoit Jr., and Gerald L. Miller.

OSCAR P. HAMPTON, M.D., University City: I would like to propose an amendment to eliminate the clause in the last paragraph "any and all."

Following a second and discussion, on vote the amendment failed to pass.

On vote, the resolution was defeated.

The Committee reviewed the resolution regarding the American Hospital Association presented by Dr. Dwyer of Clay County. The Committee approves the resolution in principle, and recommends that the following substitute resolution be adopted:

WHEREAS, The American Hospital Association should be very closely aligned to the medical profession, and

WHEREAS, Legislation and social change affecting one, affects the other, and

WHEREAS, The medical profession is opposed to further interference in the practice of medicine especially that financed through Social Security coverage or any other federal government agency, and

WHEREAS, The AHA in special session in Chicago in January noted in essence that they favored a National Blue Cross Plan with governmental financing regardless of the tax source of the implementing monies, now therefore be it

Resolved, That the Missouri State Medical Association go on record as strongly disapproving this action by the AHA, and be it further

Resolved, That copies of this resolution be sent to the central office of AHA, AMA and the Missouri Delegates to the AHA.

Mr. Speaker, I move the adoption of this portion of the report.

On second, this portion of the report was adopted.

Mr. Speaker, I now move the adoption of this report *in toto*.

On second, the report *in toto* was adopted.

The Speaker asked Dr. Ralph Perry, Kansas City, to speak briefly on MMPAC.

RALPH PERRY, M.D., Kansas City: Mr. Speaker and members of the House of Delegates: In line with the inspiring remarks of Dr. Annis made to us last evening, I think it would be well and appropriate to call to your attention some of the things that we are doing in Missouri to implement the things that Dr. Annis was talking about. I want to advise you that just yesterday we formed a committee which is known as the Missouri Medical Political Action Committee (MMPAC). This committee has the endorsement of the State Medical Association.

It is patterned along the lines of the American Medical Political Action Committee. Its main purpose is to encourage physicians and their wives and their friends to become informed on political issues and also encourages support of the candidacies of people who believe and think as we do, through our supporting the American principles right down the line. Now, I have talked to my delegation about this and I am proud to inform you we have 100 per cent subscription from the delegation from Jackson County in becoming members of this organization. We have also had many checks from other delegations.

We have a table set up in the back of the room and I want to encourage all of you to stop, pick up a membership blank and become a member of this organization—we need your help and we need your support. Dr. Annis so aptly put it last night, if we doctors do not stick together in this fight, we are going to hang separately.

R. D. DWYER, M.D., North Kansas City: I have two separate telegrams that deal with the same thing:

"The resolution opposing H.R. 4222 which you requested I propose to our state association has, in essence, been unanimously adopted by the MPA in convention assembled. The final form was not drafted by our council, which was adjourned for the duration of the convention. It came from the resolutions committee which strongly favored the original text. Our secretary, Cora Cox, prevailed upon the Committee to soften the text in order to avoid the possibility of offending Senator Humphrey, who is a leader in the effort to obtain a federal fair trade law, and his cooperation is valued by the NARD. I concurred in order to assure passage of at least the substance of the resolution. Cora said she had discussed H.R. 4222 briefly with Mr. O'Brien, but no action had been anticipated at this time. Specified requests from Mr. O'Brien did not reach Cora in time to be acted upon during the convention, so your action in initiating the series of events culminating in our resolution was vital. It was a privilege to cooperate with you in such an important matter of mutual concern. Sincerely, Dick Smith."

"The resolution opposing H.R. 4222 which you requested I propose to our state association has, in essence, been unanimously adopted by the MPA in convention assembled. It was a privilege to cooperate with you in such an important matter of mutual concern. Sincerely, Dick Smith."

The only reason I read this is that this is an example of what our Political Action Committee and also our society or committee that has to do with public relations is supposed to be doing. This is something that we can all do on our local level and that is to get your civic groups, your other groups interested in our problem to approve a resolution opposing H.R. 4222 and also the other socialistic medical legislation. This is an organization which is statewide, it is an allied organization with the druggists, who are our mutual friends,

AMPAC

American Medical Political Action Committee

520 NORTH MICHIGAN AVENUE - CHICAGO 11, ILLINOIS

Suite 1224

AMPAC

GUNNAR GUNDERSEN, M.D., *La Crosse, Wis.*
chairman

MILTON V. DAVIS, M.D., *Dallas, Texas*
secretary-treasurer

FRANK C. COLEMAN, M.D., *Des Moines, Iowa*
JOHN B. FARLEY, M.D., *Pueblo, Colo.*
MILFORD B. HATCHER, M.D., *Macon, Ga.*
GEORGE J. LAWRENCE, Jr., M.D., *Flushing, N. Y.*
J. J. MONFORT, M.D., *Batesville, Ark.*
MRS. EARL W. ROLES, *Prospect, Ky.*
MALCOLM C. TODD, M.D., *Long Beach, Calif.*
DONALD E. WOOD, M.D., *Indianapolis, Ind.*

JOE D. MILLER, *Executive Director*

Ex. # 111

February 7, 1963

Mr. Lee Isenberg
179 Allyn Street
Suite 305
Hartford 3, Connecticut

Dear Lee:

I hope you will recall our conversation of several weeks ago, wherein you promised to send me an accounting of the $6,000.00 of educational funds sent to you by AMPAC on September 25, 1962. I had hoped to receive your report in time to make my report to the AMPAC Board of Directors. I have been specifically asked to follow-up on this and to make sure that such a report is forthcoming.

I would appreciate your prompt attention to this matter.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Assistant Director

LAE:dm

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Background on PaMPAC

Ex 112, p. 1.

Mr. Lester H. Perry
Executive Director

August 28, 1962

Pennsylvania Medical
Political Action Committee

Robert H. Craig, Jr.
Executive Assistant

You have asked for my thoughts on how the staff of the State Society can serve the Executive Committee of the Pennsylvania Medical Political Action Committee. It occurs to me that a little background, although not a necessity to answering this question, might be interesting to you.

The Pennsylvania Medical Committee for Better Government, the forerunner of PaMPAC, was founded in Philadelphia, August 4, 1960. Those invited to the meeting were as follows: (All, however, did not attend.)

Daniel H. Bee, M.D.	John H. Harris, M.D.
Allen W. Cowley, M.D.	Valentine R. Manning, Jr., M.D.
Stephen J. Deichelmann, M.D.	David S. Masland, M.D.
John S. Donaldson, M.D.	Edgar W. Meiser, M.D.

Stanley M. Stapinski, M.D.

The Constitution and Bylaws which were adopted at this meeting were drawn up by Mr. Arthur Clephane who, as you know, was probably philosophically opposed and legally suspicious of such a program. In all fairness to Art, I suspect that the Legal Department of the American Medical Association was equally concerned, although not perhaps so vehemently. At any rate, five physicians founded the organization and set about to solicit memberships through a mail campaign. I believe it was the intention of the committee, following this initial mail campaign, to follow up with a personal contact technique. The only place to my knowledge that a personal contact campaign was done was in Allegheny County through Dr. John Donaldson. Dr. John Harris did conduct a limited operation locally with some pretty decent results. I have never felt that any staff person could go out to the extent required and help to set up county organizations, until the legal points were cleared up.

A second mailing was tried within several months and again did not really produce the revenues which were hoped for. Of a total of 415 returns on both mailings, we received the sum of $7,810.00. Expenses of the mailing and bookkeeping, etc., amounted to $6,165.06. You can see from this that our expenses and revenues pretty nearly balanced out and at that rate we could not hope for success.

At about the point when these figures were made known to the committee, they decided that they could not hope to be successful unless the Board of Trustees of the State Medical Society supported them both philosophically and financially and, if my recollection serves me correctly, they decided not to do anything further which, I suppose, included abandoning the county-by-county follow-up. However, I continued to place before them the necessity for a so-called "county advisory committee," to be made up of representatives of each county, whose function it would be, among other things, to follow up

membership mailings, advise regarding county candidates, etc. I attach two memoranda, dated May 19, 1960, and August 13, 1962, that I wrote to the committee, and would call your attention to the second pages concerning the so-called "county advisory committee."

I can't give any reasons why these suggestions were never followed except perhaps the apathy of the officers, the dissapointment they had with the Board's delay and, generally, their expecting things to come too easily.

As you know, following the founding and the two unsuccessful fund raising attempts, the committee petitioned the Board of Trustees for support and did little until this time. During these months, the members have been interested and active mostly in candidate support and, in addition, made several changes in their Constitution, which the Board unofficially suggested be done. They changed the organization's name to the present "Pennsylvania Medical Political Action Committee;" made memberships available to the wives of physicians; adopted a suggestion from counsel to change the form and purposes; and wrote into the bylaws the creation of two separate funds.

Finally, the last page of the contemporary history was written just ~~last~~ recent week when the Board of Trustees, with certain reservations, approved financial support of PaMPAC. Certainly the launching of AMPAC had a great effect.

A little look at AMPAC also seems indicated at this point and so I am taking the liberty of quoting some paragraphs which are taken from a presentation made by Dr. Frank C. Coleman, a member of the Board of Directors of AMPAC, at the June 24 meeting in Chicago:

> "This fight against the Forand Bill did have two good results, besides the defeat of the legislation. First, it gave the medical profession a baptism of fire, which partially prepared it for what was to follow. Secondly, it awakened many individuals to the fact that they had to stand up to their political responsibilities--that they must lose their political amateur standing--that they must do their political homework, if they were to avoid one legislative fight after another for the preservation of the practice of medicine within the free enterprise system.
>
> "The first move toward the endorsement of this bi-partisan independent political action committee came within the AMA Council on Legislative Activities. The creation of such a committee was discussed at length--both pro and con--by this group until a firm recommendation could be made to the AMA Board of Trustees. The Board them discussed the recommendation, appointed a study committee, and after careful deliberation, authorized and approved the creation of AMPAC. This was June, 1961--just about a year ago. The first meeting of the AMPAC Board was in August of 1961, less than ten months ago.
>
> "In these last ten months, much has been accomplished. Forty-six states are now engaged in some sort of membership solicitation for the national committee. AMPAC has already

established a roster of members from coast to coast, participated in the support of Congressional candidates, and accumulated a professional staff. It sponsored a conference at the clinical meeting last November in Denver, and is today sponsoring AMPAC Day.

"Certainly it will be a force for better government. But we can't kid ourselves. We cannot win medicine's battles in the long run unless we select and elect lawmakers sympathetic to the viewpoint of medicine, the free enterprise system, and Constitutional government. We cannot change overnight a political problem that has been decades in the making. We have immediate problems to solve--long range problems to solve--and an indefinite period of watchdog duty, if potential problems are not to gain firm footholds."

[I am sorry to be so longwinded ~~in this memorandum~~, but] I ~~think~~ feel a certain amount of retrospect is necessary if we, like AMPAC, are to see our future. To sum it all up, our history ~~has been~~ can be a good teacher and I believe that the recent action taken by the Board of Trustees will, in the long run, have a salutary effect and I am in sympathy with what they have in mind.

Your responsibility to PaMPAC, as I understand it, is to provide reasonable staff assistance so that they will have the future that AMPAC sees. For this reason I strongly recommend that one member of the staff be made administratively responsible to you and to the Board of PaMPAC. I further recommend that this person have authority to consult with you from time to time regarding the pulling in of other PMS staff assistance. It is possible that those who had regional assignments in their task force work could be of great help. As to whom these persons should be, I suggested last week that a certain amount of Mr. Hughes and Mr. Price's time be made available to this effort at this time and that eventually Mr. Hughes be asked to serve as assistant to me in this and my other duties here at the Society. If you agree with this, we may begin to actively work with the physicians in the counties in setting up PaMPAC and encouraging these physicians to co-operate with the committees of the candidates that PaMPAC will support. As I believe I mentioned to you, I have already been asked to consult with physicians participating in several congressional district campaigns.

As to the program for PaMPAC, I would like to bring you up to date on several things which are currently in the works and will constitute our program between now and November 6.

1. At the meeting of the Board of Trustees they allocated a certain sum of money to PaMPAC for the purpose of carrying out an absentee voting procedure through physicians' offices. One of the provisions of the absentee voting law allows voters who will have to absent themselves from their polling places on election day because of illness or physical disability, and on the advice of their physicians, to apply for and receive absentee ballots. The absentee ballot campaign is to be carried on between October 8 and October 30 and, so, I feel that this program should proceed immediately.

Mr. Lester H. Perry August 28, 1962

This can be an excellent program. As you know, I have already asked for and received art work and the necessary material. However, at the present time I am getting competitive bids as the initial bid seemed to me to be out of line.

2. I believe that another membership drive should be readied. I have discussed this with Joe Miller and others and all are in agreement that it should be undertaken. One of the problems of the Pennsylvania Election Law is that membership monies may not be expended for candidate support, but Mr. White is of the opinion that membership monies received by AMPAC can, with little risk, be returned to our State for political support. It is the suggestion of Mr. Miller and myself that we conduct an AMPAC-PaMPAC fund raising campaign in Pennsylvania -- $25.00 to go to AMPAC and $5.00 to PaMPAC. However, the $5.00 that PaMPAC receives may only be used for administration and political education. The $25.00 which will go to AMPAC will be returned almost entirely to Pennsylvania for candidate support. As you may know, we have already received $2,000.00 from AMPAC for just such support. Of course, the mailing date should be determined by the new committee after the county organizations are established. The county organizing should be done at the first meeting and field organization contacts should begin.

3. I have been in touch with Sam White since the meeting of the Board of Trustees regarding an amendment to the Constitution and By-laws, providing for a larger committee. There are several minor questions regarding wording which need to be answered before we can go ahead with a final draft, but I am sure that these answers will be forthcoming and I will proceed.

4. Following the amending of the Constitution and Bylaws, I believe a meeting should be called and it is my understanding that elections are to be held. I talked with Dr. Deichelmann about this recently and he is quite willing to have this done. I will keep on this matter.

5. As you probably know, the bookkeeping for the organization is done in the offices of Hood, Light and Geise, Inc. We will be paying some office rent and the partial salary of a bookkeeper so that for all intents and purposes the organization does have its major office outside of the headquarters of the Pennsylvania Medical Society. In keeping with Mr. White's most recent advice and the latest amendment to the Constitution and Bylaws, we will set up two separate funds, and I will be in touch with Dr. Harris regarding this matter.

6. Finally, there are several other matters dealing with these projects that you should be acquainted with, but they do not lend themselves to this memorandum. Therefore, I would like to sit down with you at your earliest convenience and go over these other points so that you may be completely familiar with PaMPAC.

Thank you for this opportunity to discuss this subject with you.

Ex. # 113
signed original

CONFIDENTIAL

BEFORE THE FEDERAL ELECTION COMMISSION

IN THE MATTER OF:	)	
	)	MURs 253, et al.
THE AMERICAN MEDICAL POLITICAL	)	
ACTION COMMITTEE, et al.	)	

THE DEPOSITION of LEE ANN ELLIOTT, taken by the Federal Election Commission, pursuant to Agreement, before JAMES P. DOLAN, a Certified Shorthand Reporter and Notary Public of the State of Illinois, at 219 South Dearborn Street, Room 2568, Chicago, Illinois 60604, on Wednesday, February 14, 1979, commencing at 9:10 a.m.

PRESENT:

MR. DAVID S. BRANCH,
MR. SCOTT E. THOMAS,
MS. SUSAN PROPPER,
MS. ANNE CAUMAN
Office of General Counsel
Federal Election Commission,
1325 K Street
Washington, D.C. 20463

appeared on behalf of the Federal Election Commission;

MR. JOHN LEWIS SMITH III and
MR. WILLIAM H. SCHWEITZER,
Baker, Hostetler, Frost & Towers,
818 Connecticut Avenue, N.W.,
Washington, D.C. 20006,

appeared on behalf of the American Medical Political Action Committee and the Deponent.

ALSO PRESENT:

MR. DONALD P. WILCOX, Counsel
American Medical Political Action Committee,
535 North Dearborn Street
Chicago, Illinois 60610

MR. BRANCH: Swear the witness, please.

(Witness sworn.)

LEE ANN ELLIOTT,

called as a witness by the Federal Election Commission, having been first duly sworn, was examined and testified under oath as follows:

DIRECT EXAMINATION

BY MR. BRANCH:

Q Mrs. Elliott, at the outset, let me just say in regard to the questions I am going to ask, what we are interested in are the most accurate answers you can give, and if for any reason a question that I ask leaves you confused as to terminology or what I said, and makes it impossible for you to give what you consider an accurate answer, please let me know. Rather than answering the question, let me know so that we know there's a problem there, and we can do what is necessary.

A Thank you.

Q State your name for the record, please?

A Lee Ann Elliott.

Q And by whom are you employed?

A I am employed by the American Medical Political Action Committee.

Q How long have you been employed there?

A I have been employed at AMPAC since June of 1962.

Q What is your title presently at AMPAC?

A My title at AMPAC is Associate Executive Director and Assistant Treasurer.

Q And you held that title throughout the time you have been at AMPAC?

A No, I have not.

Q What was your title when you were hired -- excuse me, you referred to two titles. What title or titles did you have when you were hired?

A My title when I was hired in 1962 was Assistant Director.

Q When did your title change?

A About seven years ago my title changed to Associate Executive Director.

Q That would be sometime in 1972?

A About that, yes.

Q Did that change entail changes in responsibilities?

A Yes.

Q What changes took place when your title changed in your responsibilities on the job?

A My job description changed somewhat in the areas of increased responsibility at the absence of our Executive Director.

Q Could you give us your job description at the

point you were hired? Start there.

A Well, I was hired as an Assistant Director to do all things assigned by the Executive Director in any field of AMPAC activity.

Q And when you say in any field, does that mean that the Director might assign you, in other words, any range of activities carried on by AMPAC?

A Yes.

Q Now, did your job description stay the same from the time you were hired until you became Associate Director?

A As I recall, there was no document that changed.

Q Let me try to clarify that, and let's not talk about job descriptions. Did your responsibilities and duties change from the time that you began until you became Associate Director?

A Yes, they did, for the reason that AMPAC activities changed during that time. We added new programs and did different things than when we first started.

Q In other words, the range of things to which the Director might assign you altered over the years?

A Yes.

Q Now, going to the change to Associate Director in '72, you suggested there was some change in responsibility then; what was that?

A It was a formalization of the fact that in the Executive Director's absence, I would take over his responsibility.

Q When you say formalization, does that mean you had, in effect, been doing that prior to the change in title?

A No. I mean at that time -- that was said at the time of the change.

Q I see. It was a formal announcement, then?

A Yes.

Q You referred to being Assistant Treasurer.

A Yes.

Q When did you take on that position?

A In 19 -- shortly after the effective date of the 1974 amendments to the Federal Election Campaign Act.

Q Can you give us a general statement of what your responsibilities as Assistant Treasurer are?

A In the absence of the Treasurer, I would act in his stead.

Q Who is the Treasurer now?

A The Treasurer of AMPAC at this time is William Watson.

Q -- who is the Executive Director, is that correct?

A Yes, he is.

Q Has the Treasurer been the Executive Director throughout the time you have been Assistant Treasurer?

A Yes.

Q Now I would like to go back for just a minute to your employment before you came to AMPAC. By whom were you employed just before you came to AMPAC?

A The American Medical Association.

Q And in what position were you employed there?

A I was in the General Counsel's Office.

Q How long had you been there?

A I had been in the General Counsel's Office six years.

Q What position did you hold in the General Counsel's Office?

A It was an untitled position.

Q What kind of duties or responsibilities did you have?

A Oh, I did legal research, I edited a newletter, I wrote testimony, I followed issues of one sort and another.

Q Was it an attorney's position?

A No. I'm not an attorney.

Q Would the term "paralegal" as a description be accurate?

A No, I wouldn't think that would be the description.

Q The description was as you gave it?

A Yes.

Q You said six years. That would be approximately 1956 to 1962?

A Approximately.

Q Did you have any contact in your work with a division called the AMA Legal & Socio-Economic Division?

MR. SMITH: Can we establish that there is any such thing?

MR. BRANCH: Well, I will ask, yes.

BY MR. BRANCH:

Q Do you know --

MR. SMITH: You already have her having contact with something we don't know exists.

BY MR. BRANCH:

Q No, my question was did she have any contact, but I will ask, does this term mean anything to you, referring to the AMA, the Legal & Socio-Economic Division?

A I just don't recall. I just don't recall.

Q Let me show you a document where we picked up the term and just see if it has any particular significance.

I will mark this for our purposes here as Exhibit 1.

Just take a look at this. Now, this is a document which we received from production from the AMA, and we understand it to be minutes of the Council on Legislative Activities. The term to which I am referring shows up in the lower right-hand corner where it indicates, "Guests," and it indicates your attendance, and then there's "Legal & Socio-Economic Division Staff," above.

My question simply is, do you know what the term on this document refers to?

A I think there are two --

MR. SMITH: If this doesn't refresh your recollection, that's the end of it.

BY THE WITNESS:

A I don't know.

MR. BRANCH: Off the record just a second.

(There was a discussion off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q So the answer was that the document did not refresh your recollection, and the term does not mean anything to you today?

A No, it does not. I'm not at all sure it's one term.

Q Now, in regard to your work in the General Counsel's

Office, did any of your responsibilities there involve contacts with existing state political action committees?

MR. SMITH: Objection. Excuse me, Ms. Elliott. Again, Mr. Branch, we are talking about the period, as I understand it, prior to 1962 and after 1956?

MR. BRANCH: Yes.

MR. SMITH: And, as far as I know, we haven't established that any such thing as a state medical political action committee existed during that period.

MR. BRANCH: I understand.

MR. SMITH: Well, I would object to the question unless and until such is established.

BY MR. BRANCH:

Q Let's go back and ask the question. I have no problem with that.

Do you know, in the period we are just discussing, roughly 1956 to 1962, do you know if there were any state political action committees in existence?

MR. SMITH: You mean medical or any type?

MR. BRANCH: Medical, medical.

THE WITNESS: Did I know then, at that time, that they existed? Is that the question?

MR. BRANCH: Yes.

BY THE WITNESS:

A No, I did not know at that time, when I was a

member of the General Counsel staff whether they existed.

BY MR. BRANCH:

Q And, therefore, in your work there, you, therefore, had no contacts with any such committees?

A No, not that I recall.

Q Now, in your work at the time you were in the General Counsel's Office, did any of your responsibilities involve contacting state medical associations in regard to any political activities they may have had?

MR. SMITH: Well, here again, it may seem technical, but since we are in an area that I have great doubt about, as far as in-depth questioning being relevant, could we again establish whether there was such a thing as a state medical association, or society?

BY MR. BRANCH:

Q Do you know if there were state medical associations in existence during this time period, 1956 to --

A Yes.

Q While you were on the staff of the General Counsel, were you aware of any political activities carried on by those state medical associations?

A Could you --

MR. SMITH: Excuse me -- go ahead.

THE WITNESS: Could you tell me what you mean by "political activities"?

BY MR. BRANCH:

Q Okay, why don't I break it down: One, any lobbying activity carried on by the state medical associations?

A Did I know of lobbying activities?

Q Yes.

MR. SMITH: Ms. Elliott, for purposes of this question, I assume -- and correct me if I am wrong -- that this excludes any lobbying of a state legislature.

MR. BRANCH: Yes, that has no particular relevance. Why don't we just, for the record -- in case that doesn't get slipped in, in any particular question, we are interested in, and our jurisdiction only extends to, federal candidates, as you well know.

Now why don't we go back over the question again at this point.

THE WITNESS: Okay, ask it again.

BY MR. BRANCH:

Q Referring to the time you were on the General Counsel staff, what I am simply asking now is whether you were aware of any lobbying activities at the federal level carried on by the state medical associations?

A Not that I can recall.

Q Now, a minute ago I referred to a document that was minutes of the Council on Legislative Activities. This is not a question related to the document in particular, but my question is do you have any knowledge of what the Council on Legislative Activities was during the time you were on the General Counsel's staff?

A Yes, I do.

Q Can you tell us what it was?

A It was a Council of the Board of Trustees of the AMA composed of physician members that had as their responsibility the review of legislation of interest to physicians, and it was their role to recommend a legislative position on issues to the Board of Trustees of the AMA.

Q Has that Council continued to perform that function up to the present?

MR. SMITH: If you know. I'm not suggesting that you wouldn't know. It's just that I understand you went to work for AMPAC in 1962.

BY THE WITNESS:

A The entity that I have described does no longer exist by that title.

BY MR. BRANCH:

Q When did it, if you know, cease to exist by that title?

A. I don't remember.

Q. When you were at the General Counsel's Office, were any of your responsibilities related to activities of the Council on Legislative Activities?

A. Yes.

Q. What responsibilities were those?

A. As assigned by the General Counsel, I would say, if he assigned it, to prepare an agenda, keep records of activities in the Congress on certain bills --

Q. When you refer to an agenda, an agenda for what?

A. The Council on Legislative Activities.

Q. For meetings of the Council on Legislative Activities?

A. Occasionally.

MR. SMITH: Excuse me, Mr. Branch, I don't want to be unduly burdensome in this regard, but I don't represent the AMA, and you are talking to a then employee of its General Counsel's Office who, it would seem, inherently is involved in the relationship between attorney and client, and that direct relationship without regard to the involvement of outside parties. I am concerned with two points, that you may be beginning to inquire without my being able to evaluate whether, indeed, you are getting into a privileged relationship of either

attorney-client privilege, or possibly into the privileged nature of work product materials generated by the General Counsel's Office. I am here representing AMPAC and this witness in her capacity as an official of AMPAC. The AMA is not represented, although I am confident they would find any such inquiry objectionable if they were. I'm just trying to caution you in advance of the inquiry.

MR. BRANCH: I understand your point. The directio of my questions is intended to find out about Mrs. Elliott's experience and background, and my own perception, of course, not representing AMA, my own perception is I have not asked any questions that would impinge on any relationship.

MR. SMITH: I kind of feel that way, but I feel a bit insecure, not knowing how the AMA attorney-client relationship functions, and the fact that they are not represented here give me serious question. Though Mr. Wilcox is in attendance, he is distinctly not here in any capacity related to the AMA.

MR. BRANCH: Well, I think it's noted on the record there's nobody here from AMA, and to this point we have confined my questions --

MR. SMITH: Fine, I will just try to suggest to you that it is out of the ambit of what we are

really here about, and I certainly don't want to violate their privileges, and I am sure you don't.

MR. BRANCH: I don't agree it's outside the ambit. That's a general irrelevancy objection, I gather, and I don't agree with it, but that's not that important right now.

BY MR. BRANCH:

Q How often did the Council on Legislative Activities meet, if you know, during the time you were in the General Counsel's Office?

A I don't recall.

Q Did you ever attend meetings of the Council?

A Yes.

Q Are you able to give us any estimate of how often, let's say in a year's time, you would have attended a meeting?

A What particular year do you have in mind?

Q Let's take the last year you were there, which I believe to be about 1971 -- I'm sorry -- '61.

A I don't recall exactly.

Q Now, when you went to AMPAC, you said that was in June of '62?

A Right.

Q Do you know when AMPAC began its operations with a staff?

A. It is my recollection that AMPAC began in October of 1961.

Q. How big was the staff?

A. There was an Executive Director, one Assistant Director, a bookkeeper and a secretary.

Q. Who was the Executive Director?

A. The Executive Director in 1962 was Joe D. Miller.

Q. And the Assistant Director that you referred to, who was that?

A. His name was David Baldwin.

Q. And was Mr. Baldwin in the same kind of position as you were in terms of job responsibilities?

A. At that time?

Q. Yes.

A. Yes.

Q. Who hired you for the position?

A. Joe D. Miller.

Q. Now, before you came to AMPAC, when you were on the General Counsel's staff, did you participate in any way in planning or organization of -- strike "organization" -- just in planning of AMPAC?

MR. SMITH: Excuse me, Ms. Elliott.

Now, this does concern me, because, to the extent that the AMA formed the American Medical Political Action Committee, which some documents

which I have and we both know of may indicate, the activities involved in that formation would inevitably, in my opinion as a lawyer, without knowing the relationship, involve some legal considerations.

To the extent, again, that Ms.Elliott, as an employee of the General Counsel's Office, was involved with the transmission or discussion, or present at the transmission or discussion of such legal questions, that would certainly be within the privileged relationship.

I'm sure you, as a federal officer, want to avoid that, investigation of that relationship, outside of a person vested with the authority to make the proper objection.

So you will have to suggest to me how that question could avoid eliciting potentially privileged information.

MR. BRANCH: The question was simply whether or not she was involved. I haven't asked her what she did, and I haven't asked her any particular legal opinion or matter. I understand your objection, but I disagree that I have yet breached that. At this point the question --

MR. SMITH: I would continue to make my objection

and suggest that you answer that first question, Ms. Elliott.

MR. BRANCH: Which is -- we should go back to the question.

(Question read by reporter.)

MR. SMITH: I submit that's a different question than the one you suggested you had asked, Mr. Branch. If you want to revise that question to the one you indicated to me you intended to ask, I have no objection to the one you intended to ask. I do object to "participation in planning."

MR. BRANCH: As opposed to, "Were you involved?"

MR. SMITH: Or, "Did you have any contact?"

MR. BRANCH: Or, "Did you have any contact?"

BY MR. BRANCH:

Q I will ask it in that form. It's a more preliminar form, anyway.

Did you have any contact with the planning of AMPAC, the formation of AMPAC?

A I was present and listened to the discussion of the Council on Legislative Activities when they considered a political action committee recommendation to the Board of Trustees of the AMA.

Q I would like to refer you back to what was Exhibit 1 and ask you to just review that document for

a minute. This was a meeting of the Council on Legislative Activities, October 22nd, 1960, particularly to Pages 6 and 7. The minutes briefly describe a debate which took place, apparently, on the issue of whether or not a committee should be formed.

Do you recollect such a debate taking place?

A. Yes, I do.

Q. Can you tell us who the participants, particularly C. Joseph Stetler -- do you know him?

A. Yes. C. Joseph Stetler was the General Counsel of the American Medical Association.

Q. Who at that time was your employer?

A. Yes.

MR. SMITH: I would submit, to my mind, that his presentation could, therefore, be considered privileged, since I understand it was given to the House of Delegates, which is his client.

MR. BRANCH: The presentation that we are talking about has been supplied to us.

MR. SMITH: I'm not questioning that. I have to go by my likes, not by what you have. God knows where you got what you got.

BY MR. BRANCH:

Q. My question is, secondly, Mr. Paul R. M. Donelan, do you know who he is?

A. Yes, I do.

Q. Who was he?

A. He was also an employee of C. Joseph Stetler.

MR. SMITH: My same statement applies to Mr. Donelan.

BY MR. BRANCH:

Q. He was employed in the Legal Department, in other words?

A. Yes.

MR. SMITH: Point of clarification: He is also a lawyer?

THE WITNESS: Yes, he is an attorney.

BY MR. BRANCH:

Q. At the bottom on Page 7, the last sentence, it says:

"It was further recommended that a study of the political activities of physicians in the various states be made and that the state medical associations be polled concerning their attitude toward the creation of a National Medical Political Action Committee."

Do you know if such a study was made?

A. It is my recollection that such a study was made.

Q. Do you know by whom it was made?

A. It was made under the direction of C. Joseph Stetler.

Q. Now, can you recall attending -- that's all I have in regard to that document -- can you recall attending any meetings other than meetings of the Council on Legislative Activities at which the possible formation of a national political action committee was discussed?

A. I don't recall any.

Q. Do you have any knowledge of meetings, a series of meetings, entitled "Regional Political Action Conferences, scheduled in July and August of 1960?

A. Do you have anything that could refresh my memory?

Q. I believe if we go back to Exhibit 1, yes. Referring you back to Page 1 -- excuse me -- Exhibit 1, Page 2 -- at that meeting, it appears the Board received a report on Regional Political Action Conferences, as it states here, conducted in Salt Lake City, Utah, French Lick, Indiana, Hershey, Pennsylvania, in July and August of 1960.

A. Yes.

Q. Does that reference refresh your recollection?

A. Yes, it does.

Q. Do you have any knowledge of those meetings?

A. Those three meetings were held.

Q. Did you attend any of the three?

A. I attended one of them.

Q. Which one was that?

A. I attended the one in Salt Lake City, Utah.

Q. What did you understand the purpose of that meeting to be?

A. The purpose of that meeting was to learn from the professional what physicians and their families could do in the way of good government type activities, to be helpful in the electoral process.

Q. When you say from a professional, who was the professional you referred to at the meeting you attended?

A. The person that put on these programs, all three of them identically, I assume, since -- the questions and answers, perhaps -- his main presentation would be the same -- was a person by the name of Joe Ely.

Q. Do you know who employed Mr. Ely, if anyone?

A. He had his own business that did this kind of thing for people all over the country.

Q. He was in the category of a self-employed consultant, something like that?

A. Yes. I would say that that comes close to it.

Q. Do you have any knowledge of who sponsored these meetings?

A. The American Medical Association.

Q Do you have any knowledge of who was asked or invited to attend, what kind of groups, for example?

A What's a "kind of group"?

Q Well, I was thinking of state medical associations, state PAC, whatever.

A Physicians were invited.

Q Do you have any knowledge of how physicians who were invited were chosen?

A No, I don't.

Q At the meeting that you attended, there were individual physicians who attended also, is that correct?

A Yes.

Q Were there staff of state medical associations who attended?

MR. SMITH: If you know.

BY MR. BRANCH:

Q If you know.

A I don't recall.

Q In what capacity did you attend the meeting?

A An employee of the American Medical Association.

Q Do you recall whether there was any discussion at the meeting you attended in regard to the formation of any state medical political action committees?

A There was no discussion at any meeting that I

attended.

Q Is your answer in reference to the meeting we have been talking about, the regional meeting?

MR. SMITH: Well, you asked her if in any meetings she attended, and she answered in terms of the question.

BY MR. BRANCH:

Q Did I ask you in any meeting you attended?

MR. SMITH: Can you have it read back? I think you did.

BY MR. BRANCH:

Q At the regional conference you attended,was there any discussion that you know of concerning the formation of a state medical action committee?

A Not that I recall.

Q Did you have any involvement in drafting any proposed bylaws for AMPAC? I'm not referring to this document now.

A I did not draft bylaws.

Q The answer is you did not have any involvement in that. Do you have any knowledge of who did or may have drafted any bylaws for AMPAC?

A The General Counsel's staff of the American Medical Association drafted bylaws for AMPAC.

Q Do you have any knowledge as to where the

initial funding of AMPAC came from?

A The initial funding of AMPAC started with a grant from the American Medical Association, as I recall.

Q Do you have any knowledge as to the size or the amount of that grant?

A I don't recall.

Q It's been a long time.

A It sure has.

Q Do you have any knowledge as to when the grant you are referring to was made?

A No.

Q When you arrived at AMPAC, did you have any knowledge at that time how AMPAC was funded?

MR. SMITH: There may be some confusion in that question, Mr. Branch. Are you differentiating the funds that AMPAC had in any fashion, or do you just want to know where any and all funds that AMPAC had came from?

MR. BRANCH: My question was any and all funds, at this point.

THE WITNESS: Was the period you were inquiring about 1962, when I joined the staff?

MR. BRANCH: That's right.

BY THE WITNESS:

A From the American Medical Association.

BY MR. BRANCH:

Q Did AMPAC receive funds from any other sources at that time?

A Not that I recall.

Q Specifically, do you have any recollection whether AMPAC -- and now we are talking about 1962 --

A Yes.

Q -- whether AMPAC received any funds at that time from state medical associations?

A I have no recollection of AMPAC receiving anything from a state medical association in 1962.

Q Do you have any recollection of AMPAC receiving any funds from any state political action committee -- state medical political action committee in 1962?

A No.

Q Do you have any recollection if AMPAC received any funds from individual contributors in 1962?

A Yes, we did.

MR. SMITH: This is the confusion I was trying to clarify earlier.

MR. BRANCH: To what are you referring?

MR. SMITH: Well, obviously, the question and answer earlier stated are now wrong by virtue of that question and answer and I suggest that that result was inevitable from the way the question was

asked. That's why I tried to clarify it.

The first question implied tht the only source of funds was the AMA, and the answer.

BY MR. BRANCH:

Q The answer now in regard to contributors is that in 1962 AMPAC was receiving contributions from individuals, is that correct?

A Yes.

Q Did AMPAC solicit contributions of anyone?

A The membership contributions?

Q Yes.

A Yes.

Q How did AMPAC solicit the contributions? We are talking about 1962 still.

A Most contributions in 1962 were solicited by members of the AMPAC board asking their colleagues to join.

Q Now, to go back to the AMA funds, were the AMA funds that AMPAC received in 1962 earmarked for any particular purposes?

A Yes.

Q What were those purposes?

A They were to be used strictly for political education purposes only and in no way to be commingled with the voluntary membership contributions sent to us

by our members, which could be used for contributions to candidates.

Q In other words, the individual contributions and the AMA funds were kept separately?

A. They were kept separately.

MR. SMITH: Excuse me, you used a word "earmarked," which, like so many other words, has lost its normal meaning in the course of federal legislation. I assume you meant with a small "e," that is, what AMA intended to do, as a descriptive phrase?

MR. BRANCH: I don't believe there was any confusion.

MR. SMITH: Well, there's a confusion in my mind, and snould be in yours, because there's a technical term known as "Earmarking" now, and I would hope --

MR. BRANCH: I would hope that the record shows that in a small "e."

MR. SMITH: Let's do, because there's more than one word of that type. Although it may amuse you, it doesn't me, to be talking about different words than the witness is. It's an objection I will make frequently on other words.

If you want another example, "joint fund raising" would be another one.

MR. BRANCH: You mean the definitions have been corrupted.

MR. SMITH: I didn't indicate they were corrupted. They have taken on a term-of-art meaning. I think you know, as well as I do.

BY MR. BRANCH:

Q In regard to the money AMPAC received from AMA, what specifically was it spent on, if you know?

A Political education.

Q Was it spent at all on administrative expenses of AMPAC?

A I consider that political education.

Q Can you tell us what comes under the category of political education?

A Political education would include our brochures, any political education programs that we might hold, films, administrative expenses.

Q Under administrative expenses, would that include personnel salaries?

A Oh, yes.

Q And rent of the facilities?

A Yes.

Q Now, again referring to the time you first arrive at AMPAC -- the time frame -- do you have any knowledge whether at that time there were any state

political action committees in existence?

A Yes, there were.

Q Do you have any idea how many?

A I do not know precisely.

Q Could you estimate would it have been more or less than ten? Can you give an estimate like that?

A It would be less than ten.

Q Do you recall any particular states which had such committees at that time?

A No.

MR. SMITH: Excuse me just a second.

MR. BRANCH: Sure.

(Conference between deponent and Mr. Smith.)

MR. SMITH: Thank you.

BY MR. BRANCH:

Q I'm simply referring to the time when you arrived at AMPAC in 1962 and the early period. Did AMPAC make any efforts in the early years to encourage the formation of state medical political action committees?

A AMPAC, in 1962, shared its experiences, and, eventually, a certain amount of expertise, with not only state medical associations, but other groups, other professional groups of all types, in the formation of political action committees.

Q How did AMPAC share that knowledge?

A Sometimes it met informally with persons who were interested in forming such a committee, sometimes representatives of AMPAC were asked to make a presentation of some sort at a seminar of some type.

Q Did you participate in these kinds of activities?

A Occasionally.

Q Can you recall now any particular presentations that you gave?

A Yes.

Q What can you recall?

A I recall helping -- strike that word -- that is not the case -- I recall sharing the AMPAC experience with a group of businessmen interested in forming a business industry political action committee.

Q Can you recall attending or making any such presentation to a state medical association?

A Yes. I feel confident that I did. But I cannot think at this moment just what it might be.

Q Well, not asking you specifically to name any particular place, do you recall whether you did that more than -- that you made such presentations more than once?

A More than once, yes.

Q You mentioned other groups, the other groups being in addition to state medical political action committees;

what other kinds of groups did AMPAC share its information with?

A. Are you still exploring a particular time period?

Q. Yes, we are talking about the first couple of years, the first two years, specifically, that you were there.

A. I may not be precise in the name of the group, but it was something like "Steel Girder Association," something like that.

Q. Can you recall any other group?

A. I could not be specific in that time period for any other group.

Q. Let me mark an Exhibit 2 and show it to you. You may have to take the clip off the top to make any sense of this one. Now, what I have shown you is Exhibit No. 2.

A. Yes.

Q. It was produced to us by AMPAC on January 31st of this year.

MR. SMITH: Take your time and review it.

I am indicating to the witness she should take her time. This particular exhibit is many pages, maybe 30 or 40 or more.

BY MR. BRANCH:

Q. Right.

The gist of my question is what is it, so why don't you take your time and look at it now?

A All right.

Q Why don't I ask a question, and then you take your time in reviewing for an answer, and it might help us here --

(Conference between deponent and Mr. Smith.)

THE WITNESS: Okay.

BY MR. BRANCH:

Q My first question is simply do you recognize the document?

A Yes, I do.

Q And what is it?

A It is a compilation of materials that was used primarily by members of the AMPAC Board as they participated in political education programs.

Q Now, do you know who prepared it, put it together?

A Well, Abraham Lincoln wrote the first page. We took it from him.

Q The first page?

A Yes.

The second document here --

Q Well, is there a second document?

MR. SMITH: She is telling you -- she is going

to identify it. That was the question, wasn't it, to go through and identify it?

BY THE WITNESS:

A I'm not sure what this one is that's headed "Constitution and By-Laws."

BY MR. BRANCH:

Q Well, why don't we go back to the second page of the document, which is "Introductory Remarks" -- I think what we should do here, for the record, is identify --

MR. SMITH: Well, the document she has got, that wasn't the second page.

MR. BRANCH: No, no, I realize that -- oh, it wasn't?

MR. SMITH: Abe Lincoln was number one, and then she got this document, which she says she can't really tell you what it is.

MR. BRANCH: Let's go off the record a second.

(There was a discussion had off the record, followed by a brief recess, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Before the break we were referring to Exhibit 2, which has a title "MEDPAC Organizational Manual." I have it in what I believe is the order we received it, and I

believe both copies are in the same order now.

A Okay.

Q I refer you to what is the second page, unmarked, entitled, "Introductory Remarks."

A Yes.

Q Do you know if this package that I have handed you -- this second page refers to enclosures, and was, in effect, a table of contents?

A Yes.

Q Do you know if this manual was used by AMPAC in the form that you have in front of you, that is, as one complete document?

A It was used by AMPAC, but I'm not certain about Item No. 2. There is no date on the Constitution and Bylaws in this package. When eighteen years has elapsed, I cannot be sure that this is exactly intact as it was used back in 1962, and I do not know whether those Constitution and Bylaws there are the ones that were distributed.

Q When you refer to No. 2, that's "Suggested State Medical Pac Constitution and By-laws"? * Lee

A No, excuse me, number three, "~~MPAC~~ AMPAC Constitution and By-Laws."

Q ~~MPAC~~ AMPAC * Lee Constitution and By-Laws?

A Yes.

Q So your comment is that you are uncertain as

typographical error

to the date of that section in there?

A That's right.

Q Did you have any part in preparing -- in writing any section of this manual?

A I don't recall.

Q Do you know if any section of this manual was written or prepared by AMPAC staff people?

A Some of it was prepared by AMPAC staff people.

Q Can you identify what parts? Maybe you can refer to the Introductory Remarks. I don't mean to stop you from looking at it. I mean, just for the purposes of identifying parts, we could use the Table of Contents.

A The Fact Sheet --

Q Let me --

A Sorry, didn't mean to interrupt.

Q To what do you refer when you are referring to the Fact Sheet?

A This.

Q The "(State MPAC) Fact Sheet." Do you know who prepared that on the AMPAC staff?

A No, I don't.

Q Do you recollect if you prepared it?

A No, I do not recollect if I prepared it.

Q Is your answer that you are not sure, you simply

can't remember?

A That's correct.

Q There is the possibility that you prepared it?

A There is that possibility that I prepared it.

Q Are there further parts?

A I believe that Roman Numeral VII, "Suggested Copy for Joint Membership Campaign Conducted by (State) Medical Political Action Committee," was prepared by AMPAC staff.

Q Do you have any recollection of who on AMPAC staff might have prepared that?

A No, I don't.

Q Again, I ask, is it possible that you prepared that?

A It is possible.

Q And you simply don't recollect?

A It is possible.

I believe the page entitled "Charter Membership Contribution Certificate" was prepared by AMPAC staff.

Q Again, do you know who on the staff prepared that?

A No.

Q Again, is it possible that you prepared it?

A It is possible, yes.

Roman Numeral IX, entitled "American Medical

Political Action Committee Member Records System," was prepared by AMPAC staff.

Q Do you know who on AMPAC staff prepared that?

A No, I do not.

Q Is it possible you prepared that?

A Yes, it is possible.

Q If it had not been you, who might it have been?

A Any other executive member of the staff.

Q By "executive member," does that include -- that would be Assistant Executive Directors and the Executive Director?

A Yes.

AMPAC staff prepared No. X, which is the sample copy of the membership card.

Q Do you know who on the staff prepared it?

A No.

Q Is it possible, again, that it was you?

A It is possible.

Roman Numeral II -- excuse me -- Roman Numeral XII -- was prepared by AMPAC staff.

Q Now, again, for the record, do you know who prepared it?

A No.

Q Is it possible, again, that that was you?

A That is possible.

Roman Numeral XIII entitled "Bibliography of Source Material," was prepared by AMPAC staff.

Q And do you know who did that?

A No, I do not.

Q Again, is it possible that you did that?

A Yes, it is.

What do you think that says up there?

Q It's letterhead for "Stethoscope." Does that seem --

A That would be prepared by AMPAC staff.

Q Can we identify that page? It is somewhat blurred.

A It's called --

Q There's a date on it.

A Volume 1, Number 1, June, 1962.

Q And it appears to be an issue of The Stethoscope?

A Yes.

Sorry, did you ask me a question?

Q No, sorry. I assumed you were still reviewing pages.

A Further down in the stack is a brochure that is entitled "AMPAC offers you the IMPACT." That was prepared by AMPAC staff.

Q Do you know who prepared that brochure?

A No.

Q Do you know when it was prepared?

A I do not know the specific date.

Q Was that a brochure distributed by AMPAC independent of this manual at times?

A At times it was distributed separately from this manual.

Q Is it possible you prepared that brochure, or any portion of it?

A It is possible that I prepared a portion of it.

Q Is it a brochure still in distribution by AMPAC?

A No, it is not.

Q Do you have any idea when it stopped being used by AMPAC?

A As I don't know when we started using it, it's very difficult to know when we stopped using it.

Q Can you give me an estimate of when you started using it?

A An estimate?

Q Well, can you tell me when you started using it?

A No, I said I do not know when this was prepared, exactly. I could give you an estimate.

Q When is the first date that you have some knowledge of it having been used?

(Conference between deponent and

Mr. Smith.)

BY THE WITNESS:

A There are two brochures here that have the same title, and I can't distinguish which preceded the other.

BY MR. BRANCH:

Q I have to say I partly overheard your conversation. Does that have something to do with the color of the brochure?

A The color of the brochure, I know from memory, which preceded --

Q What color was the first brochure?

A Green.

Q And that, of course, does not show up on the record in front of you.

What color was the second brochure?

A Maroon.

Q Fine. Now, does that complete your -- you still have some --

A Yes.

Q Okay. We are still on what parts you can recollect were prepared by the AMPAC staff.

A This sheet was prepared for AMPAC by an artist.

Q You are referring now to a page which shows

an AMPAC emblem?

A Just a shield, yes.

Then I'm beginning a series of pages from a brochure entitled "The Healing Arts Committee."

Q That is an AMPAC brochure?

A Yes, it was.

Q Are you able to give a date on when that was prepared?

A 1962.

Q And do you know whether that was distributed by AMPAC?

A Yes, it was distributed by AMPAC.

Q Do you know how long it was distributed?

A Not exactly.

Q Is it distributed today?

A No.

Q Has it been distributed in the last ten years, approximately?

A I can't -- I can't come that close.

Q Who was it distributed to?

A Members of the medical profession.

Q Now let me go back -- first, are there any more sections?

A No.

Q Let me go back to the Introductory Remarks

page, which is the second page, again, and ask you, in regard to what is marked Roman Number II, entitled -- excuse me -- Roman Numeral I, and appears on the very next page, "Suggested table of organizations for state medical political action committee."

Do you recognize that section of the manual?

A No, I don't.

Q Do you have any recollection of who prepared it?

A No, I don't.

Q Does your answer mean that it's possible the AMPAC staff prepared it, or --

MR. SMITH: I have let these possibility questions go, but, as I understand the deposition, you are seeking information or knowledge that the witness has. There are a number of things that are possible. If the ambit of the deposition is all things possible, we will be here to the end of our lives.

MR. BRANCH: I'm trying to understand the nature of the response.

MR. SMITH: Well, "possible" is an unfortunate word to use to do that. Anything that she doesn't know is, therefore, possible.

BY MR. BRANCH:

Q When you say you don't recollect, do you know that the AMPAC staff did not prepare it?

A. I don't know who prepared Roman Numeral I.

Q. In regard to Roman Numeral III, which you referred to earlier, "AMPAC Constitution and By-laws," you raised a question of the date. To the best of your knowledge, when this page was used, did it include some AMPAC bylaws?

As I understood the gist of what you were saying, you are not sure when this particular section was included and when it was not.

My question is, did this manual have a section of AMPAC bylaws of some form when it was used?

A. I have no problem answering the question except that this isn't a manual. This is just a folder with a bunch of stuff stuck in it of all different varieties, and this was really not a manual.

Q. Well, I'm simply referring to the top page which says "MEDPAC Organizational Manual." I'm trying simply to use the term that shows up on the document.

A. See, I couldn't tell you about this, other than the fact that, you know, it was a quote from Abraham Lincoln. I don't know if that is, you know, supposedly Page 1 of this or not. The Roman numerals begin with this.

Q. Are you testifying that you do not recognize the top page?

A. I don't know if this was in the original compilation or not.

Q. When this document was used, when you testified

that you recognized this document, that does not include the top page at this point?

A. No, just those that I have gone through and told you about.

Q. And you are saying that you have no recollection of the top page at this point?

A. I don't have a recollection of the top page.

Q. Do you have any recollection of the use of the quotation by Abraham Lincoln?

A. Yes. That has been used on many AMPAC publications, on the covers, inside, in speeches, and in many ways.

Q. Do you have any recollection of its use in connection with this set of documents?

A. No, I don't.

Q. Now, do you have any recollection of the staff of AMPAC being involved in putting this package of materials together?

A. Yes.

Q. What do you recollect? What was done by the AMPAC staff?

A. At the time when we were requested to send materials to any kind of group about AMPAC or about organizing a political action committee, everything we had that was current at the time of the request was put togetner in a folder and sent to tne requesting group,

whether it was a medical group or not.

Q Is this package of materials a set that was sent in in response to those kinds of requests?

A With the exception of those things that I have just told you about that I'm not sure about, the constitution and bylaws.

Q Okay, with the exception that you cannot testify about this particular set of bylaws?

A That's right.

Q And I understand you also have some reservations about the top page?

A That's right.

Q But beyond that, this package of materials was one set, at least --

A Yes.

Q -- sent in response to those kinds of requests?

A That is my recollection.

Q Those requests came from several sources or several kinds of political action committees, is that correct?

MR. SMITH: Well, there's a characterization there. You say "several sources," and then "several kinds of political --"

MR. BRANCH: I will leave it "several sources."

BY THE WITNESS:

A It did not come from political action committees.

MR. BRANCH: Let me withdraw --

MR. SMITH: Let's let the witness answer the question as it was asked, since it was a rhetorical question, at best.

You say requests did not come from political action committees?

THE WITNESS: No.

BY MR. BRANCH:

Q What sources did the requests come from?

A Various types of organizations considering the establishment of political action committees.

Q Were any of those requests from state medical associations?

A Some of them were.

Q Now, some of those requests came from other types of organizations considering the forming of a political action committee, is that correct?

A Correct.

Q Now, was this package -- I'm still trying to understand the extent that AMPAC was involved -- is this a package which was typed in the AMPAC offices, for example?

MR. SMITH: If you know.

MR. BRANCH: If she knows.

BY THE WITNESS:

A Only some of the portions that were typed, were typed; otherwise, they were not, they were printed in various parts of the country.

Q There are brochures, for example?

A Yes.

Q Was this package, with the qualifications that you have noted about the constitution and the title page, was this package copied and assembled by AMPAC staff?

A Yes.

Q Did you ever distribute this package without a request from an organization?

A I have no recall on that whatsoever.

MR. SMITH: Well, Ms. Elliott, you have to listen to the question, because he said "from an organization" after he appeared to be through asking the question. Presumably, that would preclude requests from individuals that I understood you to indicate earlier you did get. If I understand you correctly, you indicated sometimes this was given to members of the AMPAC Board for their use. I assume they are not organizations.

THE WITNESS: That's right.

BY MR. BRANCH:

Q Did you ever distribute this without a request

from anyone?

A Yes.

Q To whom can you recollect distributing it?

A Members of the AMPAC Board.

Q Do you know for what purpose they received it? For what purpose did you distribute it to them?

A For their education.

Q Do you know if it was used by them at all?

A At all? Yes, it was used by them.

Q To the best of your knowledge, how was it used by them?

THE WITNESS: I have responded to that question.

MR. SMITH: Say so.

BY THE WITNESS:

A I believe that when we started on this, this was one of your first questions, and I responded at that time. It was used by members of the AMPAC Board when they were invited to speak or go before, appear before, other groups who were thinking about forming political action committees, so that they could give them the best information that they had available to them.

Q Did any of those groups, to your knowledge, include state medical associations?

A They did include state medical associations.

Let me show you what I have marked for identification here as Exhibit No. 3, and ask you to review it, and, if you can, identify it. Again, this is a document which we received in AMPAC production January 31st of this year.

Mrs. Elliott, do you recognize this document?

A Yes, I do.

Q Can you tell us what it is?

A It is a publication of AMPAC entitled "Model Constitution and Bylaws."

Q Do you know who prepared this?

A Counsel to AMPAC prepared this document.

Q Do you know when it was prepared?

A Not precisely.

Q At the bottom of the first page there is a date of February 26, '73, and on Page 5 there are dates indicating --

A Three revisions.

Q -- three revisions, September, '62, June, '63 and January, '73?

A Yes.

Q To the best of your knowledge, was there more than one form of this prepared at different times?

A Yes.

Q Do those conform with your knowledge of any revisions that were made?

MR. SMITH: Objection.

BY MR. BRANCH:

Q What knowledge do you have of any earlier forms of these models that were distributed?

A I don't understand that question.

Q Do you have any knowledge of when earlier models of this constitution and bylaws were developed?

A Not precisely.

Q What purpose was this document used for?

A This document was distributed to any type of organization who asked, as an aid in the development of their own political action committee if the provisions were -- fit their pattern of operation.

Q What kind of groups made those requests?

A Quite diverse types of groups.

Q Well, did they include state medical associations?

A Yes, they did.

Q Did they include state medical political action committees?

A I recollect that state medical political action committees infrequently requested revised editions.

Q Did you or did AMPAC distribute this document without request on any occasion?

A. I don't recall.

Q. You say you distributed this to organizations other than medical organizations, is that correct?

A. Yes.

Q. This document, in Article I, refers to PAC as a voluntary, non-profit, unincorporated committee of individual physicians.

You distributed this document to groups other than physicians?

MR. SMITH: Objection. That's an objectionable form of question. I would ask you to read the document as it reads, rather than your abbreviation of it.

MR. BRANCH: I was referring to one sentence, which I did not complete.

MR. SMITH: I understand. You didn't stop at the end of the sentence. I want you to put in "and others," which is directly applicable to your question.

BY MR. BRANCH:

Q. "-- voluntary, non-profit, unincorporated committee of individual physicians and others, and is not affiliated with any political party."

MR. SMITH: That's the end of the sentence.

BY MR. BRANCH:

Q. That is the complete sentence. It is, of course,

not the complete paragraph.

Now, my question is, did you distribute this to organizations that did not include physicians?

A. Yes.

Q. Is this document still in use by AMPAC?

A. Yes.

Q. Is it still distributed in the manner that you have described?

A. Infrequently.

Q. Referring to Article I, the last sentence reads, "The committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee, or of any national, state, or county medical association."

Do you know if that particular sentence was in earlier revisions of this Model Constitution and Bylaws?

A. Are you asking me if that sentence was in a Model Constitution and Bylaws prior to 9/9/62?

Q. Prior to what I would take this document to be, February 26, '73.

A. Oh, I understand your question now.

Q. I'm going on the assumption that this is the revision of February 26, '73, and my question is do you

know if that sentence was in prior revisions?

A To my recollection, that sentence has been in all previous editions.

Q Therefore, you have no knowledge of it being added in this revision, for example?

A No, I do not.

Q Going back to questions I was asking you earlier, about AMPAC activities in relationship to state medical PACs, do you recall any instances in which AMPAC gave any funds to a state PAC for educational purposes?

MR. SMITH: In what time frame, now?

MR. BRANCH: In a time frame of -- well, let's put this the first five years that you were at AMPAC.

BY THE WITNESS:

A I have no recollection of that, that AMPAC gave any funds to any group to form a political action committee, or to a political action committee.

BY MR. BRANCH:

Q Well, in that same time period, do you have any recollection of AMPAC giving any funds to -- I will limit it to state medical political action committees -- for educational purposes?

A I have no recollection of that.

Q Let me show you a document, for purposes of

refreshing your recollection --

MR. SMITH: Are you finished with Exhibit 3?

MR. BRANCH: For now, yes.

BY MR. BRANCH:

Q Now, I have marked this as Exhibit 4. I ask you to review it.

Do you recognize this letter at all?

A No, I don't. I don't recall this letter at all.

Q Is that your signature at the bottom?

A Yes, it is.

Q Do you have any recollection independent of this document about $6,000 of educational funds having been sent by AMPAC -- well, let me strike that question.

Do you know who Mr. Lee Isenberg is?

A Yes, I recall that Lee Isenberg was the president of a public relations firm in Hartford, Connecticut.

Q Do you recall whether Mr. Lee Isenberg had any relationship with a Connecticut state medical political action committee?

MR. SMITH: I'm going to object to that question and ask you to go ahead and answer it, Ms. Elliott.

BY THE WITNESS:

A I am under the impression that he did. I do not know his exact relationship.

BY MR. BRANCH:

Q Do you have any recollection of why you were

writing Mr. Isenberg?

A. I have no recollection of this letter or that transaction at all.

Q. By "that transaction," you are referring to whatever it is this $6,000 refers to?

A. Whatever that is, that's right.

Q. Let me ask you, independent of this document, do you have any recollection of a $6,000 grant to Connecticut State Medical Political Action Committee for educational funds?

MR. SMITH: I object to that question as having been answered, as well as object to it on the same grounds as earlier, but go ahead and answer it as a courtesy.

BY THE WITNESS:

A. I repeat, I have no recollection of funds going to a political action committee.

BY MR. BRANCH:

Q. Your answer is any political action committee?

A. That's right, that's right.

MR. SMITH: Which would include Connecticut.

BY MR. BRANCH:

Q. And my question meant to refer to the time period of the first five years that you were at AMPAC?

A Yes.

Q Do you have any recollection of attending an organizational meeting for Kansas Medical Political Action Committee in 1962?

A In 1962?

Q Yes.

A I recall being in Kansas in 1962, but I cannot recall if it was an organizational meeting. If you have anything that would refresh my memory, I would be glad to respond.

Q Sure. I will mark a document here as Exhibit 5, and ask you to take a look at that.

MR. SMITH: Would you state for the record, Mr. Branch, please, where this document came from?

MR. BRANCH: This document was received pursuant to production under investigation from KAMPAC, Kansas Medical Political Action Committee.

BY MR. BRANCH:

Q Mrs. Elliott, does this document refresh your recollection? Do you recall attending any such meeting in Kansas?

A Yes, I do.

Q Do you recall, were you invited to the meeting?

A Yes, I was.

Q Who invited you?

A The invitation, as I recall, was extended by Mr. Oliver Ebel.

Q Did Mr. Ebel have any position as a staff member of a state medical association?

A Yes.

Q What was that position, if you recollect?

A I do not know his title, but he would have been the chief staff officer.

Q Do you have any recollection now of the presentation -- any presentation you made at that meeting?

A Not specifically, other than what is referred to here within these minutes.

Q What is in the document itself?

A Yes, what is in the document itself.

Q Do you have any recollection of distributing to the people at the meeting a copy of the Model Bylaws or Constitution?

A That is indicated --

MR. SMITH: He is not asking you what is indicated in the document.

BY MR. BRANCH:

Q The question is do you have any recollection?

A No, I would have no recollection. Sorry.

Q Do you remember if you distributed any written materials?

A No, I have no recollection of written materials.

Q Did AMPAC at this time, which is August, '62, have any written materials with regard to formation of political action committees that could have been distributed?

A From my own recollection, I cannot recall.

Q Specifically, do you recall whether the packet I had referred to previously as a manual, and I believe is marked Exhibit No. 4 --

MR. SCHWEITZER: 2.

BY MR. BRANCH:

Q -- 2 -- back to 2 -- was available at that time for distribution?

A I do not know.

Q Can you recollect attending any other organizational meeting in regard to a state medical association in 1962?

MR. SMITH: I think you mean state medical political action committee, don't you?

MR. BRANCH: Yes, I do. Let me restate the question.

BY MR. BRANCH:

Q Can you recall attending any other organizational meeting of a state medical political action committee in 1962?

A No, I don't recall, but if you have anything

else that would jog my memory, I would be glad to comment.

Q Can you recall attending any other organizational meetings for state medical political action committees during the time you have been at AMPAC?

MR. SMITH: Excuse me just a second. I would like a clarification on what organizational meetings. As you know, Mr. Branch, in the document discovery, we agreed that "organizational" would be, by agreement, significant of the initial organization, as distinct from various reorganizations or attendance at meetings where some revision of an existing organization would be part of the meeting.

Are you referring in this question only to initial organization or any organization function?

MR. BRANCH: I'm referring to organization of a committee not then in existence.

BY THE WITNESS:

A I don't recall.

BY MR. BRANCH:

Q Do you have any knowledge of any AMPAC staff members attending such meetings? My time frame now is the time that you have been at AMPAC.

A I don't recall.

Q And referring back now to Exhibit 5 in front of you there, are you familiar with a Mr. A. M. Edwards,

who is listed as a guest?

A Yes.

Q Was he an AMA field representative in 1962, to the best of your knowledge?

A To the best of my knowledge, he was.

Q Do you have any knowledge of how long he was an AMA field representative?

A No, I don't.

Q Do you have any knowledge as to what area he served as a field representative, what region?

A No, I don't.

MR. BRANCH: I would like to take a break here for a few minutes.

MR. SMITH: All right.

(There was a brief recess, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q I'm going to give you another document that I have marked for identification here as Exhibit 6. I will note for the record that this particular document was received by the Commission pursuant to production from the Florida Medical Political Action Committee, and specifically make note that there are some pencil marks. For example, on the very cover, you see "Read" at the top.

MR. BRANCH: And if it helps clarify, for purposes of the record, I don't believe Mrs. Elliott has had a chance to read this word for word all the way through. I think that's obvious.

MR. SMITH: Okay.

BY MR. BRANCH:

Q Now, Mrs. Elliott, do you recognize this document?

A Yes, I do.

Q Can you tell us what it is?

A It's a manual prepared by the American Medical Political Action Committee, entitled "A Manual for Members of Board of Directors of State Political Action Committees."

Q Did you have any role in writing portions of it or all of it?

A Yes.

Q Can you identify sections which you had a part in writing?

MR. SMITH: The question solves my problem by assuming she didn't write all of it, right?

MR. BRANCH: That question asked which parts.

MR. SMITH: Yes, but the first question asked whether she wrote parts or all, and she said yes.

MR. BRANCH: Right. We haven't narrowed that down

yet.

THE WITNESS: Would you like to do that?

BY MR. BRANCH:

Q Well, I can ask it: Did you write all of it?

A Many of the portions of this are lifted from our constitution and bylaws, and I don't claim to be the author of a constitution and bylaws.

As far as putting this together, it is my recollection that in this case I did the first draft, and there was staff editing to improve it, which they did, considerably, I might add.

Q Which staff do you recollect performed that editing function?

A I remember that Mr. Watson read it in its entirety before it was published.

Q Do you know if it was reviewed by any AMPAC Board members before it was published?

A I cannot recall exactly whether that was the case.

Q Do you recall if it was presented to the Board for review before it was published?

A It is my recollection that it was.

Q Can you recall if it was presented to the Candidate Review Committee for review before it was

published?

A. I recall specifically that it was not presented to the Congressional Review Committee, sitting as a committee.

Q. Let me just clarify. I believe I said "Candidate Review." Is the proper term "Congressional Review Committee"?

A. Yes, it is.

Q. Is there a "Candidate Review Committee" also?

A. No, there is not.

Q. The term is "Congressional Review Committee"?

A. I'm sorry, I didn't -- I was not listening close enough, I guess.

Q. Well, it's my error. I just want -- the term is "Congressional Review Committee"?

A. Yes.

Q. And your answer was that it was not presented to the entire Congressional Review Committee for review?

A. I have just testified that I thought it was presented to the board. All the members of the Congressional Review Committee are on the board. However, it was not presented to them as their function sitting as the Committee.

Q. I understand. Do you know when this manual was written?

A. It was written in 1972.

Q What was it used for by AMPAC?

A It was used as an aid in our educational program, to answer inquiries from persons who served on boards of state medical political action committees and on boards of directors or other political action committees as possible roles that they might play in improving the organizational structure and the individual activities of the members of their boards.

Q Was it distributed without request to members of boards of state political action committees?

A Yes, it was.

Q Was it distributed to all members of state political action committees?

MR. SMITH: That question assumes that Ms. Elliott knows who all members of state political action committee boards were.

BY MR. BRANCH:

Q Who was it distributed to without request?

A To those persons who we knew to be members of boards of directors of state medical political action committees or other political action committees who might have benefit from this type of information over the time period that it was in use.

Q What was that time period?

A I think that it began -- I know that it began

document was subjected to revisions similar to one of the earlier exhibits that noted several revisions, to your own recollection.

THE WITNESS: I am ready.

MR. BRANCH: Yes?

BY THE WITNESS:

A I do not recall this being revised.

BY MR. BRANCH:

Q Did anyone direct you to prepare it or to write it?

A Every bit of my activity on behalf of AMPAC is under the direction of the Executive Director.

Q Well, did the Executive Director direct you to write this manual?

A Yes.

Q Had there been discussions before it was written about the need for such a manual?

A Discussions when and with whom?

Q Discussions among AMPAC staff.

A Yes.

Q Who among AMPAC staff had such discussions?

A Mr. Watson and myself, that I recall.

Q Did you identify some need for such a manual?

A Yes.

Q What need did you identify?

A We were duplicating the same information in correspondence or in pieces of written materials from everything from a manual on association management, a piece on corporate management, and all the organizational skills and tools that are available, we had this in pieces, and were answering specific inquiries from state medical political action committees and other political action committees and organizations.

We found this to be needlessly time-consuming from a staff level, and thought perhaps if we had a publication which answered the main problems, that we could do it more quickly, with less duplication, and less expensively.

Q You referred to its distribution to other groups other than state medical political action committees.

A Yes.

Q Can you recall any of these groups it was distributed to?

A Yes.

Q What groups can you recall?

A The realtors, the National Education Association, the Committee on Political Education of the AFL-CIO, the -- oh, American Land Title Political Action Committee, the Political Action Committee -- whatever its called -- of the Mobile Home Dealers, and I would estimate, without

going into it, perhaps another hundred organizations or so which would -- which I would get from making a presentation on some kind of a program, and they would hand me their card and say, "Please send me organizational materials," and it would be used by all kinds of groups.

Q When you estimate now another hundred organizations that you distributed on request -- is that it? There would be a request for materials, and you would --

A Yes, or in the case where there would be a specific request --

Q For this document?

A -- for this document, it would be a generalized request, and this would be one of the things that we might send. And there are other groups, of course, whose names just escape me for the moment.

Q Does your estimate of a hundred organizations include any state medical associations in this group of hundreds?

A No, I was thinking of those in addition to any medical groups, really.

Q Unrelated to medical groups?

A Unrelated to medical groups, yes.

Q When you distributed this manual to those directors of state political action committees that were known to you --

A. I'm sorry, I believe I missed part of the question. Say it again.

Q. When you distributed this manual to those members of boards of directors of state political action committees that were known to you, was that done at AMPAC expense?

A. Did you say "medical" in there? Did you mean "medical"?

Q. Yes.

A. I didn't recall you saying that. Was the distribution done at AMPAC expense?

Q. Yes.

A. Yes, it was done at AMPAC expense.

Q. You said that the use of this document stopped somewhere in 1974 and 1975?

A. Yes.

Q. Can you fix that any more exactly?

A. I can by reference.

Q. Is there something you can tie that to --

A. Yes.

Q. -- that makes you pick those years?

A. Yes. This document suggests that reports filed by the committee using the manual be filed with the Clerk of the House and the Secretary of the Senate, so it had to be before the amendment, where we would

have said the Federal Election Commission, and I believe that the full disclosure and all that occurred around the 1974 amendments, if my memory serves, and that would tell me that, since we did not change this memorandum -- this manual -- this would be the time frame. We would not send it out after there was a change in the law, because we have always gone to great lengths to obey both the spirit and the letter of the law, and to suggest to all groups that they do the same.

Q So what you are testifying is that at the point that it would have become outdated --

A That's right.

Q -- you believe you would have stopped distributing it?

A Yes.

Q Or did stop distributing it?

A Yes.

Q Do you recall if that was the reason why the distribution -- strike that.

Why was it not distributed, or why was it stopped?

A Like all publications -- all publications -- they one day have exhausted their usefullness, as well as their potential, and it just kind of died of its own accord.

Q Do you have any specific recollection of why this document was stopped?

A When it became outdated, we would not distribute material that was outdated. At the time it became outdated, we decided that we would not update it, because we did not have or could not perceive of a use which would make it necessary or economically feasible to redo the publication for the changes that would be required.

Q Do you recall discussions with other AMPAC staff to the effect that this should be stopped because it is outdated under the Federal Election Law?

A I do not recall any specific conversations with other members of the AMPAC staff concerning this publication.

Q Do you recall any specific decision made by the Executive Director, for example, if such a decision was made, to stop distributing this pamphlet?

A I do not recall.

Q Do you recall any specific decision made to stop distributing this pamphlet, if such was made, by anyone on the AMPAC staff?

A I don't recall. If you have anything that would jog my memory, I'll be glad to review it for you.

Q I was just asking do you have any recollection of any such decision by the board of AMPAC?

A No, I do not.

Q Turning away from the document which you have there now, when you began at AMPAC in '62, were there any eligibility requirements for becoming an AMPAC member?

A The only requirements are those found in AMPAC's Constitution and Bylaws.

Q Have there ever been any changes in eligibility from the time -- changes in who was eligible to join AMPAC -- from the time that you started working there on through to the present?

A Yes, there was.

Q What change has there been?

A When we first started our bylaws called for membership classification beginning at $10. Subsequent to that time we found an interest by interns and medical students in becoming members of AMPAC, and we amended our bylaws at one time to show that they could become members of AMPAC on AMPAC's receipt of $5, which would change the membership classification and the requirement for membership.

Q So that change is a reduction of the amount for that category of people?

A That's right.

Q Any other changes that have occurred in the time you have been at AMPAC?

A Not to my knowledge

Q Do you have any physician members of AMPAC who reside in states where there are state PACs who are not members of those state PACs?

A I don't know.

Q Does AMPAC have any records which would indicate whether such members exist?

A Not to my knowledge.

Q Do you have any knowledge whether physicians in states where there are state PACs have ever directly mailed contributions in to AMPAC?

A Say that again? I just want to make sure I understand the question.

Q Do you have any knowledge of whether physicians who reside in states where there are state PACs have ever directly mailed contributions in to AMPAC?

A Yes.

Q Under what circumstances has that happened?

A A physician in -- oh, you mean a specific? I am sorry. I couldn't tell you a specific physician who had joined in that way. I do not recall the name of a specific physician, if that's the question.

Q No, I'm not interested in a specific name. I'm trying to understand what, in a general way, what circumstances that can occur in?

A. Let's say that a member of the American Medical Association was attending an annual meeting of the association, and found his colleagues were members of AMPAC, and talking about AMPAC enthusiastically. They might, when they went home to the state, knowing of AMPAC's existence, send a check to AMPAC for their membership.

Q. You do receive such contributions on occasions?

A. Infrequently.

Q. When you do receive such a contribution, is there any policy of referring the physician to the state PAC in terms of suggesting that he also contribute there?

A. In what time frame?

Q. Well, has there ever been such a policy?

A. If my memory serves me correctly, at one time we had, in our acknowledgement letter of the individual membership, one of AMPAC's brochures, which urged all physicians and their families to contribute to the candidates of their choice, to the parties of their choice, to other political action committees, including state political action -- medical political action committees.

Q. Can you recall what period of time this was a policy?

A. I can't recall. My memory tells me that it was for one year, but I cannot recall that specific year.

Q. Is it a current policy?

A No, it is not a current policy, to my knowledge.

Q Has it been a policy since 1974? I'm simply trying to pinpoint the time somewhat?

A I'm confused by your question when we turn from something that actually happened to a policy or a theoretical thing, and now I don't understand the question.

Q Well, I had intended my question to use the word "policy" all the way through. I understand that may be different from a practice. So let's just stay with policy.

A It is the policy of the AMPAC Board to urge everyone, not just doctors, but everyone, to join a political action committee, every kind of a political action committee, to join the party of their choice, to support the candidates of their choice, and to be very active not only making a contribution, but I mean contributing volunteer hours, so the policy of the board is for the widest possible involvement.

Q Now, in line with earlier questions, you testified that there was a time, perhaps of a year or so, in which some sort of brochure urging participation in a range of political action committees was routinely included.

A Just for one short period of time, as I recall.

Q Just on that point, do you recall if that period

of time was since 1974?

A. I cannot recall.

Q. Now, currently -- time frame currently -- is there any practice now, any practice routinely followed, when AMPAC receives a contribution directly from a doctor in which there is a state medical political action committee?

A. Currently, I'm -- I cannot be helpful to you in the current practice. I have been involved in other things that have taken me away from the practical daily occurrences and the methodology used at this time.

Q. Are there other staff members of AMPAC who would have better knowledge of this information?

A. Yes.

Q. Who would that be?

A. Our Executive Director, I'm sure, is competent in all phases of AMPAC activity.

In addition, Linda Hudson staffs the membership committee, and has a membership responsibility.

MR. BRANCH: Off the record a second.

(There was a discussion had off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Is there any other staff member who would have this information other than Mr. Watson?

MR. SMITH: Well, she indicated Mrs. Hudson.

THE WITNESS: Yes. I'm sorry.

MR. BRANCH: Did she? Okay. I just wanted to get that clarified.

MR. SMITH: Yes, you did. I think it's just because of the interruption Mr. Branch missed it.

BY MR. BRANCH:

Q Now, was there a period of time in which you were familiar with operation of membership?

A Yes.

Q When was that?

A Oh, in the '60s.

Q You have just testified that you are not intima with the details of many of the questions of how contributions are received, and so forth. How long has that been true?

A For about an eighteen-month period.

Q Going back sometime around the beginning of 1978? Would that be it?

A Yes.

MR SMITH: Well, 18 months from now would be April of '77.

BY MR. BRANCH:

Q Why do you say 18 months? Is there some date you are tying that to?

THE WITNESS: Excuse me, when did you say that was, 18 months?

MR. SMITH: 18 months from now would be around April of '77. Mr. Branch was recharacterizing your 18-month characterization only going back 13 months.

BY MR. BRANCH:

Q My question simply is why do you use 18 months? Is that tied to some date in your mind?

A No. I was rounding it out to a year and a half, and that just meant 18 months to me, nothing more than that.

Q Are you referring to some time at which your duties changed in particular?

A No.

Q Now, in the time that you have been at AMPAC as a time frame, has AMPAC had any joint membership drives or efforts with state medical political action committees?

A Since AMPAC's inception, membership in AMPAC has been separate and distinct from membership in a separate an autonomous political action committee.

However, we have engaged in joint fund raising efforts with other political action committees.

Q What kind of joint fund raising efforts have you engaged in?

A. Membership solicitation primarily.

Q Now, when you refer to -- I will use the term "joint membership solicitation" -- is that --

A. Joint fund raising activities.

Q -- joint fund raising activities, which has included membership solicitation --

A. Membership solicitation.

Q -- how does AMPAC typically conduct such efforts with a state PAC?

MR. SMITH: Excuse me. Number one, I would like to take this opportunity to raise again a point I have repeatedly raised, that we have no notice or other document which indicates that there's either been an allegation by a complainant or a sua sponte allegation from the Commission to the effect that AMPAC has been involved unilaterally or in concert with anyone else in an alleged violation of the Federal Election Laws concerned with its fund raising activities, and, more specifically with its joint solicitation of memberships with any other organizations.

Secondly, I object to the question because it assumes a fact not yet elicited in evidence with regard to Ms. Elliott's deposition.

MR. BRANCH: What fact are you referring to?

MR. SMITH: Would you read the question back, please?

(The question was read by the reporter.)

MR. SMITH: The assumption is there is a typical way in which AMPAC does conduct such activities, which hasn't been established.

MR. BRANCH: I'm just asking --

MR. SMITH: I confess my recollection wasn't sufficient without the reporter reading it back.

BY MR. BRANCH:

Q Can you characterize any typical way these types of efforts have operated?

A Without having made a count, I would guess that our joint fund raising activities may fall into various ways, numbering over a hundred ways.

Q You mean a variety of ways that it's done?

A A variety of ways in which it is done, and there are a few that are more prominent than others.

However, I'm not, as I said before, up to date in this area.

Of course, one of the biggest changes that occurred since -- as I understand you to be asking for the entire period that I have been with AMPAC -- there have been many changes due to the computer age. There have been many changes due to transmittal methods. I would be happy to talk about any particular phase that you would like to ask me about, but I need a question that is a little more specific.

Q Well, let's begin with when you arrived at AMPAC.

A All right.

Q At that time were there any such joint solicitation efforts?

And I want to direct this to state medical political action committees.

A All right.

Q Were there any such efforts?

A Yes.

Q Can you say how many committees you could estimate were involved?

A Oh, I'm sorry, I was thinking in terms of ways.

Q I was trying to break it down a bit. Do you have any idea how many were involved?

A I do not recall how many state political action

committees were extant at the time I came to AMPAC, and I think I'm on the record on that point.

As state medical political action committees were formed, and as many times as we could, we tried to interest them in joint fund raising efforts with us.

Q I interrupted you on ways. What ways were those done?

A In the ways that members of our board solicited their colleagues on an eyeball-to-eyeball approach, as we use in the literature. They would jointly solicit for AMPAC and for the state PAC in which the physician that they were soliciting lived.

Likewise, physicians who were members of stats PACs, using the same eyeball-to-eyeball solicitation method, would solicit for AMPAC and their state PAC.

At a time when some state PACs began soliciting by mail, they often joined in joint fund raising activities with AMPAC.

At the time when billing within the medical profession became computerized and there was a combined billing of medical association dues at various levels -- and there are all types of varieties of the billing unit in that regard -- at that time the PAC, AMPAC and state PAC dues -- and I should not use "dues,"

because we consider them membership contributions -- were added to sometimes a long list of bills, such as -- and I'm just using this for illustrative purposes -- state medical association dues, county medical society dues, medical school alumni dues, the Heart Fund, United Fund, the Hospital Fund Drive, PAC, or anything else that might have been on the dues statement.

Q You referred just now to types of varieties of billing units.

A Yes.

Q What kind of types were you referring to?

A Over this 18-year period, there has been a combination of billing units at the county level, at the state level, at the national level, and many states have a combination of one or two or three going on simultaneously.

Q Is that in reference to state medical association units, when you say the county level and the state level of the medical --

A Of medical associations, yes. We have no levels in the PAC movement.

MR. SMITH: Excuse me, though, I want to clarify. Mr. Branch seems to be using, again, a term of art, state medical association units. If you intend to imply what the legal organization of a state medical

association is, whether something is a unit or a branch, chartered entity, whatever, that's fine; but I don't want you to do it inadvertently.

THE WITNESS: I have no idea what their relationships are to one another. All I'm saying is that county medical societies sometimes are a billing unit, sometimes state medical societies are a billing unit.

BY MR. BRANCH:

Q Right. I'm simply using "unit" in the way you presented it.

A It was not artful on my part.

Q Oh, I'm not sure. Words may have picked up other meanings. You have to use them in some layman's sense, too.

You said that at that time, billing within the medical profession became computerized. Is this any particular time, or is that --

A Oh, that's over a long -- as the computers developed, as computers developed, not as anything happened specifically in the profession.

Q You didn't have a particular date in mind?

A No.

Q This is just a development over time?

A Yes.

Q Currently do you have any idea what number or percentage of the ~~stae~~ state* the medical PACs engage in different forms of joint fund raising with AMPAC?

A I'm not current.

Q But going back to the time -- let's go back a year and a half, roughly, to the time that you felt -- you testified earlier you were last current. Do you have any idea at that time roughly what number of state medical PACs engaged in those kinds of activities with AMPAC?

A At that time, to my best recollection, all medical political action committees extant had some form of joint fund raising effort with AMPAC.

Q And just so we are not vague about the "that time," which, I'm afraid, now refers to about three different dates --

A More than 18 months ago.

Q -- more than 18 months ago?

A Yes.

Q Would that be true in the 1976 election year cycle?

MR. SMITH: You mean was it true in the 1976 --

* Typographical error

BY MR.BRANCH:

Q Was it true?

A Yes.

Q How about 1974?

A To the best of my recollection.

Q How about the 1974 election year cycle?

MR. SMITH: If you recollect.

BY THE WITNESS:

A I don't recall.

BY MR. BRANCH:

Q Now, to the best of your knowledge, in any of the joint fund raisings which have occurred with state medical PACs, has AMPAC borne any of the costs of such fund raising?

A Oh, yes, we -- for instance, we acknowledge every membership that comes into our office individually. We* ~~I~~ have an active education program, and send brochures, and we have films that have been available, we process the membership, we have any number of ways in which we bear the cost of membership.

Q Those are lists of ways in which AMPAC incurs costs in this process?

A Yes.

Q You referred to acknowledgement. What cost

*typographical error

does AMPAC incur --

MR. SMITH: Could I ask at this time for you to establish what the costs are that you have assumed are incurred?

MR. BRANCH: I haven't assumed any costs. I have asked has AMPAC incurred any costs, and she --

MR. SMITH: Your initial question assumes there were costs, because it asks if AMPAC paid any of "the costs incurred."

MR. BRANCH: She has answered as to some costs.

MR. SMITH: No, she has answered as to costs that AMPAC incurred. But I'm asking what your basis is for the fact which is in your original question that costs other than the ones she is aware of were incurred?

MR. BRANCH: I have not assumed that there were other costs, I don't believe.

MR. SMITH: Your question originally was what portion of the costs incurred did AMPAC pay, and that assumes that costs were incurred.

MR. BRANCH: Mrs. Elliott has answered with a list of costs, which are ones that she knows were incurred.

MR. SMITH: My concern --

MR. BRANCH: But the current question in front

of her is about the ones she has testified to. The current question does not have reference to any other costs.

MR. SMITH: I will hold my objection. It's continuous, to apply to your present question and any other questions that apply to any costs other than Ms. Elliott has identified.

BY MR. BRANCH:

Q The question is, what you have identified as acknowledgements, what costs did AMPAC incur in regard to acknowledgements?

A Every AMPAC member receives a letter that is in an envelope that has a first class stamp on it acknowledging the membership that AMPAC has received.

Q At what point is that acknowledgement sent?

A Just as soon as the letter and the envelope can be prepared after the membership is received.

Q And who is the membership received from?

A From the member.

Q You identified costs of films. What were you referring to in regard to that?

A Our educational program is also a membership promotional, and it encourages people to join, to be able to take advantage of our membership and educational activities, and, as such, are part of the promotional

costs of membership.

Q And you referred to processing the membership. What other costs does AMPAC incur in regard to that?

A. I'm not current on exactly the method that is being used today.

However, AMPAC membership is tabulated and kept on computer for ease of handling the massive amount of information, and AMPAC pays the current going computer rates for the use of computers to maintain these records.

Q Now, do you have any knowledge of any other costs incurred by either AMPAC or the state medical PAC with which AMPAC engages in such joint fund raising?

A. I --

MR. SMITH: Do you understand that question?

THE WITNESS: I don't really understand the question.

BY MR. BRANCH:

Q Let me try and rephrase it.

In regard to joint fund raising efforts with a state medical PAC, do you have any knowledge of any other costs than those you have listed that are incurred by either the state PAC or AMPAC?

A. No, I have no knowledge of specific costs.

Q Do you know if there are any mailing costs

connected with such solicitation efforts?

MR. SMITH: Well, are we talking about the eyeball-to-eyeball efforts or the direct mail?

MR. BRANCH: I'm talking about direct mail to whoever they are directly mailed to. I don't have that information.

BY THE WITNESS:

A. Okay. For illustrative purposes, there may be a minimum cost of one line of type on a bill that is already several inches long, and there is no additional cost for the paper, there is no additional cost for the envelope, and there is no additional cost for the mail, so the cost, in the case of a combined billing solicitation might be the cost of typesetting five or six words, as an example. It might be a cost.

MR. SMITH: Excuse me just a moment.

(Conference between deponent and Mr. Smith.)

MR. SMITH: I'm trying to clarify that. I don't want Ms. Elliott to testify outside her own knowledge inadvertently as to what states do or don't do by way of incurring expenses. This is in line with my threshold objection to this line of inquiry when you formed a question which made

You are now backing away from that assumption by asking Ms. Elliott in kind of a veiled fashion about costs incurred beyond those incurred by AMPAC, and I am troubled by what foundation there is for that.

I understand you would have a right to ask her if she knows of costs incurred by another party.

MR. BRANCH: That is what has been asked her.

BY THE WITNESS:

A. In the --

MR. BRANCH: Go ahead.

BY THE WITNESS:

A. For a separate illustrative purpose, it might be that a state PAC that bills for itself and for AMPAC in a joint fund raising effort may have that as an entire solicitation cost if nothing else was on the bill. That is a possibility. I don't know to what extent or where that is used currently, but it is one of the methods that is in our history.

BY MR. BRANCH:

Q. Do you have any knowledge of any instance in which there has been a mailing jointly on behalf of a state PAC and AMPAC in which AMPAC has borne the mailing costs?

A. Yes.

Q. What knowledge do you have?

A. There was some type of an experimental program along that line conducted under the direction of the membership committee and the research committee, and I believe it occurred in 1978. I do not know the specifics of the costs incurred, but there was -- because it was done as a research project more than for solicitation purposes -- but it was a test of the method rather than a solicitation itself. That was an end product of the solicitation effort.

Q. Do you know what states that research effort was conducted in regard to?

A. That effort was conducted in Vermont and New Hampshire and one other that escapes me.

Q. Now, with the exception of that research project, setting that aside, do you know of any other instance in which AMPAC has engaged in direct mailing solicitation of membership with a state PAC, and AMPAC has borne the costs of that mailing?

A. Yes. In the state of South Carolina, a bill was paid -- a bill was -- excuse me -- a joint billing form was created, and the notice required on a solicitation was not correct, and in our efforts to make sure that

we were abiding by both the spirit and the letter of the law, we paid for the reprinting of those bills with the correct notice.

Q Do you know when that was?

A If my memory serves, it was for the 1978 bill.

However, I cannot say just when that billing occurred, because some of those are printed before the year end, and some within the year.

But, as I recall, it was for the 1978 bill.

Q Can you recall any other instance besides that?

A Are we going back forever? Do I have to think back forever?

Q Go back as far as 1974.

MR. SMITH: This question continues to include any joint fund-raising activity, whether generated by AMPAC or a state PAC, so long as it involved a joint aspect; is that what you are asking?

MR. BRANCH: No. The question is joint fund raising by AMPAC and a state medical PAC which has involved a mailing, and we are just simply talking about the costs of the mailing to solicit membership.

MR. SMITH: Yes, but the distinction I am trying to understand is whether you are concerned only with those mailings which physically were made in the

state, or whether you are also concerning yourself with a direct solicitation by AMPAC.

BY THE WITNESS:

A. We have always felt, I believe, that we have paid our fair share in the promotion of the PAC ~~development~~ movement* the with those with whom we engage in joint fund-raising efforts.

BY MR. BRANCH:

Q. Well, the question was, can you recall now any other instance in this category?

A. I would hope that all of our promotional work would be considered to be a portion of our joint fund-raising activity.

Q. I understand that, but the question -- I don't know if the problem Mr. Smith has raised is one that's affecting you, but the question is still can you recall of any other instances in which AMPAC has paid the mailing costs of it, and I'm not referring to direct mailings in this.

MR. SMITH: Well, the only point I'm trying to clarify, and I'm not intending to suggest anything to the witness, I'm only trying to be sure that you are not including in, if they exist, any fund-raising activities which AMPAC enters into itself

* typographical error

by direct mailing.

MR. BRANCH: I am not. I am trying to keep this to one particular point.

MR. SMITH: Well, your question overlaps, it seems to me, such a potential direct mailing, and could be confusing.

MR. BRANCH: We have talked about two instances in which Mrs. Elliott can recall that in a joint mailing to members which involved the PAC at the state level and AMPAC, AMPAC has paid the costs of mailing, or, in one case, the form.

Simply the question that still is here is can you recall any other instances other than those two going back as far as 1974?

MR. SMITH: I am satisfied with the clarification.

BY THE WITNESS:

A. I can't recall.

BY MR. BRANCH:

Q. Now, setting joint fund-raising efforts aside for a second, and going to direct fund raising --

MR. SMITH: Well, that's my problem. That's not an accurate distinction, and that's why I was troubled by your questions.

MR. BRANCH: We better clarify that.

BY MR. BRANCH:

Q Does AMPAC conduct any direct membership soliciation?

MR. SMITH: Do you know what is meant by that question?

THE WITNESS: No.

MR. BRANCH: This may cause a problem. I do not understand exactly what the methods are.

MR. SMITH: Can we go off the record a second?

MR. BRANCH: Yes.

(There was a discussion had off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Now, Mrs. Elliott, referring to any requests that are generated at the AMPAC level, does AMPAC engage in any such membership solicitation?

A For one period, and I don't believe that I can identify the year, the membership acknowledgement letter for the AMPAC contribution form suggested to the member that they become a sustaining member of both their state PAC and AMPAC.

Q Can you identify that period of time at all?

MR. SMITH: We have been over and over that, and she had trouble with it.

* omission

BY THE WITNESS:

Q No, I'm just not that close to that that I can distinguish between years.

MR. SMITH: That's the same letter she identified earlier at great length and had trouble with the timing, exact timing.

THE WITNESS: AMPAC brochures and AMPAC newsletters often include a membership solicitation with proper notices, of course.

BY MR. BRANCH:

Q Now, talking about solicitations which are generated out of the AMPAC office, are these ever sent to states which have state medical PACs? I mean, do such mailings or solicitations ever go --

A We never solicit PACs. We solicit people.

Q I understand that. Do they go to states where there are PACs?

MR. SMITH: I think the -- see, this is my objection.

THE WITNESS: I don't mean to be dense --

MR. SMITH: We are into a very technical area which is an exempt activity under the law called "Joint Fund Raising," and you are going into a very in-depth scrutiny without providing any

specific documents, and asking for generalities.

Ms. Elliott has said that there are a hundred plus different ways, several different ways in many states, that this activity is done, but, for your information, a joint fund raising is exactly that. It is, therefore, a fund raising of both joint parties to it. And wherever it physically generates, it is equally attributable to both.

BY MR. BRANCH:

Q Let me ask this: Are there any joint fund-raising efforts which originate from the AMPAC office?

A I have just described the one that is for sustaining membership that was included in the acknowledgement letter. Whenever brochures are sent out that have that on them, they would go out to the physicians that get those, and those physicians who receive our publications, when the publication includes that. These are nationwide. I have difficulty understanding why we would have no members in a state, or, you know, that there would be a difference between states. I don't understand.

When we do joint fund raising, it's our fund raising and their fund raising. It just happens to be on the same thing, piece of paper.

BY MR. BRANCH:

Q Do you conduct any joint fund raising with

groups other than state and medical political action committees?

A No.

MR. BRANCH: I would like to take a break.

THE WITNESS: I would, too.

(There was a brief recess taken, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Mrs. Elliott, one of the functions of AMPAC, is it not, is to make contributions to federal candidates?

A One of AMPAC's functions is to make contributions to candidates for the U.S. House of Representatives and Senate. Those are the only two types of federal elections in which we become active.

Q Who in AMPAC makes the decision as to what candidates to support?

A The Congressional Review Committee of the AMPAC Board has been delegated the authority to make those decisions on behalf of the AMPAC board.

Q Does the Congressional Review Committee make the final decision as to what federal candidates to make contributions to?

A Yes.

Q Are those decisions reviewed by the AMPAC Board?

A. No.

Q Do you have any staff functions, as an AMPAC staff member, in regard to the Congressional Review Committee?

A. Yes.

Q What are those?

A. I have partial responsibility for staffing that committee.

Q You say partial. Does that mean that it's shared with someone else?

A. Yes.

Q Who else is it shared with?

A. Mr. Watson sits in on the meetings of the Congressional Review Committee.

Now, before I answer, maybe you ought to tell me what time you are talking about, you know, what time frame, because this is a changing responsibility.

Q I'm referring to current policy, right now -- current responsibilities, right now.

A. Today?

Q Yes.

A. In addition, Mr. Pete Lauer sits in on those committee meetings when he is available.

Q What responsibilities do you have in regard

to the committee?

A. I have been assigned the responsibility for preparing the agenda for the committee, presenting requests to the committee, implementing the decisions of the committee, and preparing the minutes of the committee.

Q How long have you had those responsibilities?

A. I have had some or all of those since 1962.

Q Are there some of those you have not had since 1962?

A. On the implementing, at one time I was not a signatory on the accounts of the AMPAC Board, and, as such, those that were signators for our political account would have signed those checks in that implementation phase.

Q You did become a signatory at a later date?

A. Yes.

Q When was that?

A. Ten years ago.

Q 1969?

A. Yes.

Q Is there any --

MR. SMITH: Is that right, 1969?

THE WITNESS: I believe so.

MR. SMITH: Because ten years ago could be any time from February of '68 to January of '69.

I'm sure you want it accurately.

MR. BRANCH: That's why I asked.

THE WITNESS: Somewhere around there.

MR. SMITH: Okay.

BY MR. BRANCH:

Q Are there any other of these responsibilities -- let me go back.

You had the responsibility of preparing the agenda since 1962?

A Yes.

Q Have you had the responsibility for presenting requests to the committee since 1962?

A Yes.

Q You have just testified as to one qualification on your responsibility in regard to implementing decisions?

A Yes.

Q Were there any other qualifications on your responsibility in that area?

A No.

Q Otherwise you had -- except for the problem of -- or the limitation in regard to signatures -- you had responsibility for implementing decisions?

A Yes.

Q And have you had responsibility for preparing minutes since 1962?

A. Yes.

Q You referred to partial staffing responsibilities. Have any of these four responsibilities you have itemized been shared by other staff members since 1962?

A. Yes. Any person on the AMPAC staff or board is perfectly free to add to the agenda of the Congressional Review Committee at any time.

Q That's in regard to the agenda?

A. Yes.

Q You mentioned presenting requests. Have other staff members handled that function since 1962 in addition to you?

A. Very infrequently.

Q And implementing decisions of the committee, except for the qualification you have already testified to about signatures, have there been other staff members who have shared that function?

A. Correct me if I am wrong, but I believe your last question stopped with '72, and now I have gone back ten years, is where the qualification is; would you explain your time period that you are asking me about now?

Q I'm confused. If I said '72, I'm sorry.

A. I thought that was in your last question.

Q In regard to presenting requests?

A Yes.

Q And your answer was that very infrequently has any other staff member presented requests?

A Since 1972, I thought you said.

Q I may well have said that. But your answer was in a time frame of '72 to the present?

A Yes, to answer the question.

Q How about in the time frame of 1962 to 1972; were there any other staff people who performed the function of presenting requests to the committee?

A Yes. Early in AMPAC's formation, for a short period of time, the Executive Director presented requests occasionally.

Q And that would have been Mr. Miller?

A That's correct.

Q Now, implementing decisions, is there anyone else who has shared responsibility for that since 1962?

A Yes.

Q Who?

A A member of the AMPAC staff by the name of Dave Powers at one time shared implementing functions.

Q Is Mr. Powers on the AMPAC staff now?

A No, he is deceased.

Q When did he stop working for AMPAC?

A Ten years ago.

Q Ten years ago. Has anyone shared the responsibility for preparing minutes since 1962?

A No.

Q Referring to preparing an agenda, what exactly do you do to prepare an agenda?

A I arrange any subject matter to come before the committee in some type of sequential order, and usually arrange requests for candidate support by state in which the candidates reside or are running, and arrange the agenda in that form.

Q Do you prepare a written agenda?

A No -- excuse me -- yes and no. Part of it is written down, my scribbled notes, yellow-pad-type things, not all of it is. I work both from things that I write myself and written communications that come to the committee.

Q Do you prepare any agenda for distribution to the members of the committee in writing?

A Infrequently.

Q It does happen on occasion?

A If memory serves correctly, once a year.

Q Is that for a meeting that is an annual meeting, distinct from other types of meetings held?

A Yes.

Q And on that occasion, a written agenda is usually prepared?

A Yes.

Q On other occasions, do you ever prepare written agenda for distribution to the members?

A No.

Q You referred to requests. Where do you receive such requests from?

A Well, we receive requests from candidates, campaign managers, finance chairmen, prominent congressmen and senators, citizens' committees, physicians' committees, state political action -- medical political action committees, other political action committees, individual physicians, the committees of the parties, and from -- oh, that's a smart answer -- I didn't mean that -- from prominent dignitaries of both parties.

Q Are any of them received in writing?

A Yes.

Q Are any of them received orally?

A Yes.

Q Does AMPAC have any practice or policy of wanting written requests?

A In what time frame?

Q Currently?

A. No.

Q. Has AMPAC ever had any policy of preferring written requests in the past?

A. Yes, we did.

Q. When did that policy exist?

A. In the 1975-76 time frame. Now, that is not exactly -- I don't mean, you know, all 24 months -- that is not correct -- but within those two years, but not for the entire period.

Q. What was the policy that you had at that time, that AMPAC had?

A. I am having just a little trouble with the word "policy" now. That is an upgrading of the word "practice," and it means more to me than just, you know, what we usually did.

Are you giving particular significance to the word "policy"?

Q. I used the word "policy" in the preceding question, and the original question did refer to a practice, too.

Q. Yes.

A. Is it accurate to say AMPAC had a policy of preferring written requests in this time period that you are referring to?

A. AMPAC preferred a written request during portions

of those two years.

Q That was the practice during that time? Did you insist upon written requests?

A No, we did not, in all cases.

Q How was the practice carried out?

A The AMPAC publications indicated that that was our preference.

Q Well, if you received a call or an oral request of some sort, did you ever suggest or ask that it be put in writing during this time?

A Ever? Yes.

Q Prior to this period was there any such practice of preferring -- I mean practice now -- of preferring written requests?

A I believe it was our preference.

Q Well, when you designate the period of sometime in '75 and '76, how do you choose those dates? Why do you choose those dates?

A That just coincided with a publication date of a statement that indicated that that would be our preference.

Q I see. Prior to '75 there would also have been the preference. The reason that you have picked that rough date is that that is when that particular publication was distributed, is that correct?

A Yes.

Q Did this policy change sometime in '76?

A In practice, it changed.

Q When?

A Sir?

Q When did it change?

A Oh, I'm sorry --

Q Can you pinpoint the time?

A -- about the effective date of the Federal Election Commission regulations, their implementation and the time the Commission became custodian of records, rather than the Clerk of the House.

Q And why did the change take place, if you know?

A We were inundated by requests from all people now that our records and our name and address was available to the public and to candidates and to managers and to committees, and we were just caught in a paper snowstorm that emanated from the people's knowledge of where we were, and we were just no longer able to keep up with it. It just didn't make any difference how we got it. We were just inundated with paper, so we didn't care anymore.

Q Who determined such policy? Who established it?

A I don't understand. Which policy, now?

Q Well, let me change the question. You said a

change occurred --

A Yes.

Q -- in the preference or practice or policy, preference in terms of receiving requests, at the time of the change and the effective date of the election laws.

A Yes.

Q Was there any person or group responsible for effecting that change? Who decided that change would be made?

A That we would no longer have the preference?

Q Yes.

A Oh, when the -- it just became a -- I would hate to say a staff preference, yet there was no action by the committee. When it became apparent to the committee that we were just being inundated by paper, they considered the records that we would keep, because we were just -- had more paper than you could believe.

So, at a meeting, they decided what would be kept as far as the official records, and it was taken to our board, and it was decided that it would not be required or necessary to receive or maintain those kinds of requests.

Q When you say "our board," you mean the board of

AMPAC?

A. Yes.

Q. Do you know when that matter was taken to the board?

A. In September of 1976.

MR. WILCOX: Off the record.

(There was a discussion had off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q. Now, you listed a number of sources of requests, candidates, campaign managers, et cetera. When you get these requests, either orally or in writing, what do you do with them?

A. Well, I keep them neatly in some order, getting ready for the agenda, and present them to the Congressional Review Committee.

Q. Have the sources that you have listed been sources that have made requests to AMPAC throughout the time that you have been at AMPAC?

A. No. In the early days we did not receive requests from other political action committees. There were no other political action committees other than COPE in those early days, so that was a very infrequent -- an even rarer occurrence in the very early days of AMPAC.

Also, finance chairmen and campaign managers were almost unknown in those days. The phenomenon of a campaign manager really never established itself as a profession until the late part of the 1960s, and it was only at about that time that they became active in fund raising on behalf of their candidates.

Also, the phenomenon of professional fund raisers is a phenomenon of about that same time.

Further, in AMPAC's early days, other than acknowledged party leaders, we did not have the phenomenon of the Distinguished Member of the House or Senate making requests on behalf of candidates.

Those are all things that are evolutionary and have changed over time.

Q So that when you began in this function in 1962, one group you did not receive requests from was other political action committees?

A Yes.

Q Can yourecall when you first began receiving such requests?

A In around 1970, around that period of time.

Q Have you continued to receive such requests since then?

A Yes.

Q And --

A Occasionally.

Q Take a year. Can you estimate how many such requests you might get in a given election year cycle?

A From other political action --

Q Other political action committees.

To be more specific, let's take the 1978 election year cycle. Do you recall how many such requests you received?

(Conference between deponent and Mr. Smith.)

BY THE WITNESS:

A I would guess --

MR. SMITH: Excuse me a minute.

You are characterizing your answer as a guess --

THE WITNESS: Oh, okay. Estimate.

MR. SMITH: You can't guess, and Mr. Branch doesn't want you to guess. If you can, indeed, do better than guess, that is, make an estimation or statement based on your knowledge or information, then you can be responsive. If you can't, your answer is, "I can't recollect."

THE WITNESS: In your question, did you ask me about the '76 period or '78 period?

MR.BRANCH: '78 period now.

THE WITNESS: Okay.

BY MR. BRANCH:

Q Let me just go back a step, though. By "'78," I used the term 1978 election year cycle.

A Right.

Q What time period does that denote to you?

MR. SMITH: "What does my term mean to you" is what he means.

BY THE WITNESS:

A That denotes to me --

MR. SMITH: If you want to answer it, go ahead.

BY THE WITNESS:

A -- since November 8th, 1976, the day after the '76 election, through the elections in 1978 on November 7th.

BY MR. BRANCH:

Q Okay, within that time period, now --

A May I ask you a question?

Q That's fair.

A Within that time frame, would you consider it to be a 1978 election year span for special elections held during those two years also?

Q Yes.

A Would you throw those in?

Q Yes, I would consider -- I think the most direct way to get at this is any request made to you. I think the point of reference is to the time it was made, and those are the dates we are using.

A Okay. I would estimate that we got some 150 requests from other political action committees.

Q In that time period?

A Right, yes.

Q Do you have any recollection, or can you tell us, what some of those committees are? I mean, is this 150 different committees, or 150 requests, some from the same committees?

A Oh, that would be some from the same committees, yes.

Q Can you give any estimate of how many committees might be responsible for those 150 estimated requests?

A About 75.

Q Can you give us any examples of the kind of committees that have made such requests?

A Yes. Examples would be NECPAC. NCPAC

Q Could you give us the full name, if you can?

A National Committee for an Effective Congress Political Action Committee; BIPAC; Texas Medical Political Action Committee -- those are some examples that just come to mind.

typographical error

Q Of this group of political action committees, can you estimate how many of them are not state medical political action committees?

A Oh, 40 or so.

Q We are still on the 1978 cycle now?

A Yes.

Q Let's go back to the 1976 cycle.

A Oh, boy! Okay.

Q If you are able, do you have any idea how many requests you may have received from political action committees in that election year cycle?

A Is my universe separate committees now?

MR. SMITH: The question is how many requests.

THE WITNESS: Requests? Okay.

MR. SMITH: That's what the question is.

BY THE WITNESS:

A I would guess about a hundred separate requests.

BY MR. BRANCH:

Q And do you know how many --

A -- from political action committees.

Q Separate requests. Do you have any idea how many committees made those requests?

A About 60.

Q Can you estimate how many of those committees were not state medical political action committees?

A About 20.

Q Can you recall specifically any of those which were in that category of 20?

A Yes, Sun Oil PAC, Committee on Political Education of the AFL-CIO, the National Education Association PAC. Those are some of the names.

Q When you referred to these requests when you were answering in regard to estimates of numbers of requests, would there be any overlap of candidates? In other words, would some of those requests be for the same candidates?

A Oh, yes.

Q Now, other sources that you mentioned, you mentioned campaign managers -- well, strike that.

When you get these various requests, is there any screening process conducted by the staff before they go to the Congressional Review Committee?

A Yes.

Q What kind of process is that?

A If we get a request to help a candidate, as an example, for which we have already given a maximum contribution, we don't take a request for more to the committee.

In the case that we get what I would term junk mail, we don't take it to the committee.

We usually take to the committee those requests from our members, and from individually signed personalized letters from candidates or finance chairmen or campaign managers.

We are -- not to be facetious -- we are often the recipient of requests addressed to "A Med Pol Com," and "Dear Mr. Com." That is not a request that we would take, a computerized letter, to the committee. It's junk mail. And we get a lot of those with big red marks and duplicated signatures. Sometimes we get as many as five or six of those within a two or three-day period, easily identifiable as a broad based mail -- direct mail campaign without any personalization.

Q Are there any other categories that may be screened out besides the maximum donations and junk mail?

A I cannot recall any.

Q Do you transmit all other requests to the committee?

A Yes.

Q Other than those screened out?

A Yes.

Q Do you make any efforts to obtain additional information in regard to a candidate besides the fact of a request to present to the committee?

A That's difficult to answer, because information

is cumulative, and you don't forget, you build on what you learned in 1962, and add to it in every election cycle about candidates and managers and opinion makers and election results and election statistics, and all of that builds as an accumulative amount of information.

Besides that, by assignment by our Executive Director, I am to keep as current as possible on every one of the 435 races that are up every two years and the approximately 33 senate races that are up every two years.

I begin my study of the election the day following the previous election.

Q What does your study consist of?

A. I receive all of the regular reporting services, such as the Congressional Quarterly, the National Journal, Public Opinion, the Annals of the Academy of Political Science.

In addition, there is an Almanac that is extremely helpful, printed every two years, on every congressional district in the United States.

In addition to that, within the two years election period, I receive political clippings from daily newspapers from every state in the United States which represents approximately 75 papers.

In addition, I have had an opportunity

to meet literally hundreds of people across the nation because of my activities with the other groups, who share whatever their political opinions are with me.

I receive a lot of information, formally and informally, from AMPAC members.

I receive a lot of information from candidates who tell me all the good things that they can think of about their race.

I have another source of information from campaign managers with whom I may have established some acquaintance over the years.

In addition, both the major parties and both their senate and house committees are very generous with the information that they share with us.

There is a constant upgrading of political information virtually on a daily basis.

Q Are state medical political action committees any source of information for you?

A Infrequently.

Q Infrequently?

A Infrequently.

Q How often in an election year cycle would you say you get information about a candidate from a state medical political action committee?

A It is very difficult for me to distinguish

the source of political action committee from an AMPAC member whom I have known for many years, perhaps.

Q How about the staff of a state medical political action committee; are staffs of such committees ever sources of information for you?

A Yes, they are sometimes sources. It would be hard for me to differentiate them as acting in the capacity for the state PAC as against a source that I might respect in many areas, and that's one of them. I have been around since 1961 and have worked with many of these people in a variety of ways, and seen them perform in a variety of functions across the nation.

Again, it's very difficult to distinguish whether they are acting in a formal capacity as a political action committee or whether they are just telling me what's in their paper that day.

Q That's in reference to staff of state medical political action committees?

A Yes.

Q How do you compile the information -- do you compile the information that you get about congressional districts?

A Very little of it. There is no way that it could be written down, and there would be very little sense in bringing all of the information that you would

have about a particular district into one place. When you get into such a recording obligation, you would spend your time doing nothing else, just in the copying of all of this. So, very little of it is written down.

We rely heavily on the Almanac of American Politics that I referred to before, because it is a very succinct, terse, and handy source of finding out about a congressional district, and fairly reliable, fairly reliable.

Q You referred to receiving numerous newspaper clippings and articles.

A Yes.

Q What do you generally do with such clippings and articles that you receive?

A As a general case, I read them and throw them away. If there is something in there that I think that I might need to refer to in a short time span for some particular reason, I will refer it to my secretary to file.

However, that is not maintained, because, just like your own newspaper, it is so soon out of date that they have very little value over time. It's information that gets very stale and very old very quickly.

Q That's filed on some sort of short term basis?

A Yes.

Q If you see a reason, it's by candidate, by district, or how?

A No, by state. Just dumped in a pile where you can find it. There isn't a whole lot of it.

Q Do you have any set time periods for going through that file and destroying what's in it?

A Well, definitely after every election, for sure.

Q In the recent document production, we were given, as you know, copies of Data Books to review.

A Yes.

Q Do you have any responsibility in regard to those Data Books?

A I would not use the word "responsibility." Data Books are, in effect, just my aid, that I compile for my own edification, that are used -- they reflect neither AMPAC's policy or -- they reflect neither AMPAC's position or opinion about a candidate or a race, or necessarily my opinion about a race, but may reflect what I perceive as coming from that race within a congressional district.

If a candidate, as an example, that we think very highly of, has some negative feedback occurring in the press, say because of an automobile accident, something of that sort, if that is something that I would

not maintain in my mind as being important and effective in the long run, I might jot that down there so that I would have it to look at in case it became an issue in the campaign.

Some of the information that I record in the Data Book is put there because I want to keep it forever. Some of the information is of passing interest. Some of it is just virtually doodles during a boring phone conversation.

Q Are you the staff person responsible for keeping those books, then?

A I have never been assigned to keep those books. That is something --

Q Do you keep the books?

A I keep the books.

Q Does anyone else enter remarks or comments into the books?

A Only at my direction. As an example, I can recall the environmentalists issuing a "Dirty Dozen List," and I asked my secretary if she would note "Dirty Dozen" during one election period under the names of those particular candidates, so that would be something that I would direct from the list.

Q You said you had never been assigned the function of keeping these books. Did the idea of keeping

the books originate with you?

A Yes, it did.

Q How long have you kept them?

A Since 1966 in the form they are now.

Q As I understand your testimony, you don't enter in all information you have about a candidate, by any means?

A No, not by any means.

Q You exercise some choice?

A Yes.

Q Based on what you can remember?

A Yes.

Q What you think you might forget?

A Yes.

Q So when a request comes in, the Data Books are one source of information you would have, but your testimony is you have a large number of other sources?

A I have many, many other sources, yes.

Q Primarily retained in your memory?

A Yes.

Q Do you have any practices of doing further research at the point a request is received about a candidate?

A If I felt that I was unprepared to give the committee a good reading on any race, I would make an effort to find out more about it.

Q You attend the Congressional Review Committee Meetings on a regular basis, is that correct?

A Yes.

Q What is your function during a meeting? What do you do, if anything?

A I present the agenda.

MR. SMITH: Your idea of a few minutes and mine is at wide variance. Could we get an idea? Susan wants to eat. I wouldn't mention it otherwise.

MR. BRANCH: Well, rather than breaking now, let's go ten more minutes.

MR. SMITH: That's 40 minutes after you said a few minutes.

(There was a discussion had off the record, followed by a br f recess, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Mrs. Elliott, back to the Congressional Review Committee and your responsibility for receiving and presenting requests to the Committee -- strike that.

When you present the agenda, do you make a report on the respective candidates in regard to a request?

A Yes.

Q What do you report?

A Depending on the time in the two-year cycle that the request comes, the need -- or my perceived need of the information the committee needs is different. For instance, as you start a two-year period and a request would come in, and perhaps the filing date has not occurred or the filing date has just occurred and there's a whole long list of candidates, their need for information about that district -- and if it's a new committee, it would require more information -- and if it's early in the campaign, and the campaign is just developing, the committee' familiarity with that race and that district is perhaps at its lowest over the two-year period.

As requests repeat, and as requests for different candidates come in, and as we get farther into our educational cycle with the committee, then I can virtually, in the last phase of the campaign, refer back to code words that pick up their knowledge that they have retained about that congressional district, so the amount that I need to impart to the committee differs over time because of their study and their maturity in working together, their group maturity in working together.

Q So when the committee meets, you make a decision as to what range of information they will need,

and make a report to them, is that correct?

A That is the initial report + fee However, all the committee -- any member of the committee may ask for any amount of information that I might have, and, on those occasions when they ask questions, when I don't have the answer, we defer action until that information is received, and we go back and take that request again at some future time.

Q So part of your role is to make an initial report, and part of your role is to answer whatever questions are directed to you in regard to the candidates?

A Yes, that's right.

Q When you receive requests from state medical PACs, do you ever make an effort to find out what contributions, if any, that state PAC is making on behalf of the candidate for which their request to AMPAC is made?

A Infrequently.

Q When you receive requests from state PACs, who might you receive such requests from?

A On those infrequent occasions, the request might come from a state PAC chairman. It possibly could come from the staff of the state PAC.

Q I'm unclear as to what "infrequent" referred to there.

A Well, the state medical political action committee

& [illegible]

is an entity.

Q Right.

A I would assume that if they, as an entity, were making a request, that would be on the basis of some type of joint action in making the request. That does not happen very often. It happens infrequently.

Q What you are referring to as infrequent is that you get a request from a state medical PAc as an entity?

A That's right.

Q A request made on behalf of the state medical PAC that AMPAC make a contribution?

A Right.

Q That is an infrequent occurrence?

A Yes.

Q Was that -- and we are talking about now, the time frame is right now, the current policy -- has that always been an infrequent occurrence over the time that you have been at AMPAC?

A Not as infrequent in the past. We have discussed the time when it was AMPAC's preference to have a request come through a state medical political action committee. At that time requests did come sometimes through state medical political action committees.

Q What time are you referring to?

A. Time?

Q. You are referring to a time in which there was a preference -- you said AMPAC had a preference that a request come from a state PAC?

A. Yes.

Q. When was that time?

A. I believe that the record will show that I have indicated that that time is in the -- was connected closely to the 1976 elections but not through the entire 1975-76 period.

Q. Can you give a beginning -- I'm trying to get sort of the ends. Was there a time when that policy began, or that practice?

A. No, it was evolutionary. It was evolutionary, based on the fact that since our inception we have been urging physicians and their families to become active at the congressional district level. As we have trained them how to do this, and as we have motivated them to do this, there have been increasing requests directly from individual AMPAC members, and when they come that way, that is to be preferred.

Q. When you say that is to be preferred, that is AMPAC's preference?

A. Yes.

Q. Currently?

A. Yes. That gives us a good reading of the activity of the physicians at the congressional district level. So it's evolutionary depending upon the political sophistication of the physicians in a particular district, or even in a particular state.

Q. I want to refer you back to Exhibit 6. Please take a look at that.

I refer you specifically to what is Roman Numeral I-5, and, in particular, the last paragraph on that page, which states, "AMPAC recognizes --" that paragraph that begins there --

A. Yes.

Q. The last sentence there, in particular, says, "AMPAC does not support any candidate for office, except at the specific request of the state PAC."

Now, was that AMPAC policy at the time this document was written?

A. That was our language to say that we wanted to support the activity of physicians and their families at the congressional district level. It was receiving the request through the state PAC that gave us the information that there was volunteer activity on the part of AMPAC members at the congressional district level.

Q. Was it AMPAC policy when this document was written not to support any candidate for office except

at the specific request of the state PAC?

A. This expressed AMPAC's preference that we have described previously today. This was not the only way candidates were supported.

Q. AMPAC, at the time that this was written, did support candidates other than at the specific request of the state PAC?

A. That is correct.

Q. Do you have any idea what percentage of candidates in the 1972 election cycle were supported by AMPAC without a specific request of a state PAC?

A. I can't even begin to be accurate in any estimate.

Q. Would it have been more than one?

A. Yes, it would have been more than one.

Q. Would it have been more than ten? I'm thinking of what magnitude we are talking about?

A. Yes, it would have been more than ten.

Q. More than 50?

A. I can't be accurate in the answer to that.

Q. You are uncertain whether it was more or less than 50?

A. Yes, in '72, I am.

Q. In 1972?

A. That's back several election periods, and I could be --

Q 1976?

A Would you phrase the question again, now, to me, please?

Q Do you have any idea of roughly how many candidates for federal office AMPAC supported in 1976?

A Yes.

Q Can you give us that figure?

A 215, approximately.

Q Do you have any idea how many of those candidates were supported in response to a request of a state medical PAC?

A Less than half.

Q Less than half of the total were requests other than state PACs?

A Yes.

MR. SMITH: Wait, that's a reverse question now. I don't know what you mean, Ms. Elliott, but the restatement of the question is the exact reverse of the question asked, and since we are talking about the 50th percentile, it's 100 percent different.

Could we have both questions read back in an attempt to dramatize it?

MR. BRANCH: You are asking to have it read back for what purpose?

MR. SMITH: Well, because you just asked her

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first whether it was more or less than the total of 215 that were made in response to a state PAC request and she said less than half, and then you asked her the reverse, presumably, or appeared to be restating her answer to say those that were not state PAC were less than half, when she had just told you that those that were state PAC-related were less than half.

MR. BRANCH: I would say it was the same thing.

MR. SMITH: You reversed her response. It's not the same thing. It was the exact opposite, if I understood the questions and answers.

MR.BRANCH: I understand the response to be that less than half of the contributions made were as the result of requests from state PACs.

MR. SMITH: That is also what I understood her response to be, but that was not what your parenthetical --

MR. BRANCH: If the record is unclear, that's my understanding.

MR. SMITH: Fine. Your following question said the reverse.

BY MR. BRANCH:

Q In regard to the expression of this statement in this document, then, you say the statement "AMPAC

does not support any candidate for office except at the specific request of the state PAC," is not an accurate description of the practice of AMPAC, is that right?

A That is correct.

Q Let me show you another document, which I will mark as Exhibit 7. This is a document which was produced as a result of the production request of MONTPAC, which is the Montana Political Action Committee.

This is a letter addressed to a Dr. McKane, Andrew McKane. Do you know who Dr. Andrew McKane is?

A No, I don't.

Q And it's signed on the back by James C. MacLaggan, M.D. Do you know who Dr. MacLaggan is?

A Yes, I do.

Q Who is he?

A Dr. MacLaggan is currently a member of the AMPAC Board of Directors.

Q Is this, on the front, AMPAC letterhead that was used by your office in 1975?

A That was the letterhead used in 1975.

Q On the back at the bottom there are initials, "JCM:ts." Do you have any idea who "ts" refers to?

A Yes.

Q Who is that?

A A member of the AMPAC staff.

Q Have you ever seen this letter before?

A I don't recall seeing this letter before.

Q Do you have any knowledge whatsoever about who may have written this letter?

A No, I do not have any knowledge.

MR. SMITH: Does that presume that Dr. MacLaggan did not?

MR.BRANCH: I'm not presuming he did or didn't.

MR.SMITH: Well, I'm troubled by -- you know, the letter speaks for itself. It reflects that Dr. MacLaggan did. Unless and until there's some basis for assuming someone else did, I don't understand the question.

MR. BRANCH: The question is simply whether she has any information as to who wrote it.

MR. SMITH: It's not a sufficient issue to quarrel about. She said no.

BY MR. BRANCH:

Q In the second paragraph, second sentence, there is a sentence there, a statement, "I believe you should know that AMPAC has never supported a candidate in any state except at the request of the state medical political action committee."

A That's correct.

Q Is that an accurate statement as of March 19, 1975?

A That was an accurate statement of the preference of the Board. It was not -- it is not an accurate statement of the practice of AMPAC.

Q As of March, 1975 AMPAC had supported a candidate in some state that was not at the request of a state medical political action committee?

A That is correct.

Q I will show you a copy of Exhibit 8, and will show you -- this is what it was copied from, this document here, which I will note, for the record, is green --

A Yes.

Q -- for whatever additional documentation that will provide.

Now, Mrs. Elliott, can you identify this pamphlet, I will call it?

A Yes, this is an AMPAC publication.

Q Did you have any role in writing it?

A I don't recall.

Q Do you have any idea if any -- did any other staff member that you can recall have a role in writing it?

A Some member of the AMPAC staff had primary responsibility for it. I'm sure that it was edited by more than one staff person.

Q Do you know if you had any editing function?

A I feel sure that I did.

Q Do you know when it was written?

A Not specifically.

Q Can you recall what use was made of it by AMPAC?

A It was used as a basic document to explain AMPAC.

Q To whom would it have been distributed?

A It would have been distributed at medical meetings, laying on the tables with other types of brochures.

Q Is it still being distributed by AMPAC?

A No, it is not.

Q Do you know when it stopped being distributed?

A Not specifically.

Q Do you know if it was distributed in 1978 at all?

A Not to my knowledge.

Q You mean you do not recall if it was distributed or not, or --

A I don't believe that it was distributed in 1978.

Q Do you know if it was distributed in 1977?

A I do not know.

Q Do you know if it was distributed in 1976?

A Yes.

Q So you do not believe it was distributed in '78,

you know it was distributed in '76 --

A Yes.

Q -- and you do not recall whether or not it was distributed in '77?

A That's correct.

Q There are no page numbers, but at what is the third page of the Xerox, in the second column, right-hand side, second paragraph down, if you just follow me, under bold print, "AMPAC and the state PACs spend membership dollars wisely," and the second paragraph under that says, "AMPAC doesn't contribute to a candidate in any state without a request from the state PAC."

Now, is that an accurate description of AMPAC's policy?

A That is an accurate description of AMPAC's preference.

Q At the time this was distributed, in other words, AMPAC did contribute to candidates in states without request from state PACs?

MR. SMITH: Objection to that question. It's repetitious to the third degree. I'm anxious to give you wide latitude in using this document for impeachment, but, as far as what the policy is, what the ~~reference~~ preference* LBE is, and what the practice is,

* Typographical error

we have been through that ad nauseum.

As far as any contribution this document can make, I am unclear as to what more contribution it can make than what it says. Ms. Elliott says she has no direct recollection of her involvement with it.

MR. BRANCH: But that's not accurate. Mrs. Elliott said she is sure, or believes, she had an editing function.

MR. SMITH: You asked her specifically whether she did, and she said she couldn't recall.

MR. BRANCH: That's not her answer.

MR. SMITH: Mr. Reporter, do you want to --

MR. BRANCH: You are ignoring the first question.

MR. SMITH: Well, I have no objection to the use of the document to impeach her, which I take it is what you are trying to do, but to go over and over established points separate from the document as to what the preference, * Lobby policy or practice of AMPAC is, is not a proper use of the document.

MR. BRANCH: Well, I disagree. We are referring to a different time reference.

MR. SMITH: You are referring to a different time frame now?

MR. BRANCH: Referring to the time frame in

* Clarification

which this document was used. The previous questions were in regard to the time frame in which those documents were used.

MR. SMITH: Then I'm confused. I thought the previous questions went to the total time frame in separate phases.

BY MR. BRANCH:

Q My question is, during the time that this was distributed, was this statement an accurate description of AMPAC's policy?

A This statement is an accurate description of AMPAC's preference.

Q Has AMPAC at any time put out a publication or a brochure which indicated that AMPAC does make contributions to candidates in states without a specific request from a state medical PAC?

A I don't believe I know.

Q Can you recall now -- can you think of any publication that AMPAC has put out which has stated that AMPAC does make contributions to candidates, federal candidates without specific requests from state medical PACs?

A Not to -- not that I can recall.

Q Can you recall any written communications to state medical PACs informing them that AMPAC does make

contributions without specific requests from state PACs?

A Not that I can recall.

Q When you edited -- performed whatever editing function of this document, why was this not stated, that it is AMPAC's preference to make contributions to candidates only with requests from state PACs?

A In the evolution of AMPAC, this became our shorthand for our members to indicate that we wanted to support candidates supported at the local level. The fact that it was our preference to receive a request from a state political action committee helped us determine that that local support was available.

If we had evidence through someone other than a state PAC that the local support was there for a candidate, we would act on a request in many, many cases, and did not need the request from the state PAC that was giving us that same information.

Q My question is why, when you edited this, was this not written to indicate that this was a preference rather than a policy?

MR. SMITH: You have answered that question.

MR. BRANCH: That answer did not answer the question.

MR. SMITH: That's your judgment of the answer,

but that was the answer she gave in response to your question. If you want to argue with her about whether she has answered the question or not, that's another matter, but she answered your question.

MR. BRANCH: She has not answered the question. She has indicated the basis behind the policy. She hasn't indicated why.

MR. SMITH: I submit to you there isn't a genius at the bar yet that has a fixed formula for how to answer the question why. There are damn few that would recommend the question. So I think the witness has wide latitude in answering the question why, and she has just done it. If you want to testify, that's your option, but the witness has the option of answering your why question, and she did.

BY MR. BRANCH:

Q When you say you received requests other than from the state PAC, you indicated now that the source of the -- strike that -- you indicated that frequently you have had information from sources other than the state PAC, that there was local physician support for a candidate.

A Right.

Q What kind of sources would those be from?

A One of the excellent sources is the candidates

themselves, as well as their campaign managers. Candidates are quick to tell us how many physicians are working on their behalf, and sometimes forward to us a letter that a group of physicians may have circulated on their behalf, or in some other ways demonstrate to us quite conclusively that there is excellent grass roots support on behalf of their candidacy.

Q When you get a request from a source other than a state medical PAC, do you ever contact the state PAC to find out what their position in regard to that candidate is?

MR. SMITH: What time frame are you using on this question?

MR. BRANCH: I'm using current policy.

MR. SMITH: Wait a minute, now, you just threw in a "policy." Ms. Elliott has gone to great pains --

MR. BRANCH: Current practice.

MR. SMITH: -- to distinguish "policy" from "preference" and "preference" from "practice," and they are not interchangeable.

MR. BRANCH: Actually, all of those terms are irrelevant. The question was do you ever. But you asked correctly about a time frame. Let's talk about --

MR. SMITH: You say it's irrelevant. I don't

agree that "do you ever" is irrelevant. That asks for practice. It does not ask for policy or preference.

All I need is a time frame and a distinction between practice, preference and policy.

MR. BRANCH: What you are saying now is that "do you ever" implies practice. We don't need the word. We need the time frame.

MR. SMITH: It doesn't even imply it practice. It's distinct from policy.

BY MR. BRANCH:

Q In the 1978 election year cycle, in that election year cycle, when you received requests from state -- when you received requests from sources other than state PACs, did you ever contact state PAC staff to find out what the state PAC's position in regard to that candidate was?

A Infrequently.

Q It did occur?

A Yes.

Q But infrequently. Can you give us an estimate of how often that may have occurred in the 1978 election year cycle?

A Perhaps 30 times.

Q Did it happen in the 1978 election year cycle that you received requests from sources other than the state medical PAC staff --

MR. SMITH: Object. That really is cumulative. Now, I mean, we have been over and over that, and the record can't be --

MR. BRANCH: I haven't finished the question yet.

MR. SMITH: Excuse me. Finish the question.

MR. BRANCH: I don't know how you can say it's cumulative until we have the question on the table.

THE WITNESS: Would you start again?

BY MR. BRANCH:

Q Yes, I will start again.

During the 1978 election year cycle, as a point of reference, did you receive requests from sources other than the state medical PAC which you took to the Congressional Review Committee without any contact with state PAC staff?

A Yes.

Q Can you give any estimate of how many times that may have occurred in the 1978 election year cycle?

A 250.

Q Referring to the 1976 election year cycle, during that cycle, did you receive requests from sources

Q You indicated that what you expressed as a preference, that AMPAC support candidates at the request of the state PACs, ended sometime as a preference in 1976?

A Yes.

Q Can you be more specific about when in 1976 this ended as a preference of AMPAC?

MR. SMITH: Again, I'm going to object. We nave been over that. She told you that they began getting inundated after a certain point in the change in the law when their name and existence became available to multiple parties, and she gave you as closely as she could a time frame. I don't object to the question. It's just that --

MR. BRANCH: What you are referring to was in regard to a different question. It was in regard to written requests and oral requests, what you just referred to. I have not asked --

MR. SMITH: Which has to do with the preference for getting requests. It's the same proposition.

MR. BRANCH: No, no, no. That was requests from any source. We are now talking about a different point, a different line of inquiry. You are not correct.

MR. SMITH: I don't see the distinction, but let her answer.

BY MR. BRANCH:

Q The question is you had indicated there was a change in AMPAC's preference about receiving requests -- taking requests from state PACs, and that this occurred sometime in 1976. What I'm asking you is, can you be more specific today about when in 1976 that occurred?

A When the Federal Election Commission was more fully implemented, and lists of state PACs were available through public records and other documents, and we became inundated with requests from all sources. At that time, because of all of these requests coming in from all sources, it became just unbearably burdensome to have any more paper coming at us, and the committee felt that it was no longer necessary.

If you notice the sequence of these statements, you will find that the thrust and the strength of these statements is on a diminishing scale, which reflects even a less preference than our previous preference, and I have a hard time distinguishing the question you just asked me from the one that I thought I answered previously.

If there is a distinction, I have missed the point.

BY MR. BRANCH:

Q Well, is your response, then, that this didn't occur at any particular point, but was sort of a development

over time --

A Yes.

Q -- culminating in 1976?

A Yes. As a matter of fact, the Federal Election Commission, for a period, had our address incorrect, and so the source of where the requesting party was getting our name and address was very apparent, because we kept getting them sent to us based on the incorrect address that was at the Federal Election Commission. So we could tell, in effect, the source of this information.

MR. SMITH: I must concede that's new in terms of the rest of it being repetitious.

MR. BRANCH: Well, I maintain the question was completely different. I will agree I got the same answer, but the question is an entirely different --

MR. SMITH: I just wanted to be sure that the implication that there is a distinction is entirely with you.

MR. BRANCH: I will keep it there. I think you are wrong.

BY MR. BRANCH:

Q When the requests go to the Congressional Review Committee, what criteria does the committee use in making its judgment as to to whom to contribute?

A. They use as a criteria information that they have about the candidate, information that they have about the district, information that they have about the campaign, and the most important criteria is the physician activity at the congressional district level.

Q. Let me show you what I will mark for identification as Exhibit 9. I specifically have questions with regard to the paragraph that refers to Texas, and the paragraph on Page 2 which refers to the term "Post Approval," if it helps in your examination.

A. Yes. I'm ready.

Q. Can you recall attending this meeting?

A. Yes.

Q. Are these minutes that you prepared as a result of that meeting?

A. Yes.

Q. In regard to the paragraph entitled "Texas," it refers to the committee considering and approving an oral request by Board Member John Smith, M.D., for $5,000 to be used in a special election primary. Do you know Dr. Smith?

A. Yes, I do.

Q. Who is he?

A. He is a member of the AMPAC Board of Directors.

Q Was he a member of the AMPAC Board of Directors at this time?

A Yes.

Q In 1976, I mean?

A Yes.

Q Was he a member of the Congressional Review Committee?

A No, he was not.

Q Do you know if at that time he was a member of the Texas Medical Political Action Committee Board?

A No, I do not.

Q Do you know if he held, at that time, any office or position in what I will abbreviate as TEXPAC?

A No, I don't.

Q Do you recall at all the circumstances of the request referred to in this paragraph?

A No, I do not.

Q Do you have any idea what the phrase "Pending a request from TEXPAC" refers to?

A Yes.

Q What is that?

A I would as --

MR. SMITH: Were you getting ready to say, "I would assume"?

THE WITNESS: No, I won't say that.

MR. SMITH: He wants to know what you know by way or your knowledge and recollection. They already know what you wrote whenever you wrote those minutes.

BY THE WITNESS:

A At the time this meeting was held, it was not clear, from Texas law, if there would be a special election primary, because one could be scheduled at a very close time, and an intervening meeting of the AMPAC Congressional Review Committee might not be able to be held. It was suggested by the Congressional Review Committee that we wait to see what was going to happen in the way of the election law to see if TEXPAC would make a request in this election.

Q Do you recollect whether the oral request made by John Smith referred to here was made on behalf of TEXPAC or not?

A I do not recall specifically.

Q What do you mean by "specifically"?

A I cannot recall if John Smith said, "Maybe TEXPAC will request something," or whether he said, "You will get a request from TEXPAC," whether this was gossip, or whether this was something that he had reason to believe

that TEXPAC would do.

MR. SMITH: You understand that language, don't you?

MR. BRANCH: "Gossip"?

MR. SMITH: No, "reason to believe."

BY MR. BRANCH:

Q What I am unclear -- the question was asking about the request for $5,000 referred to here.

A I can't tell you whether that is Dr. Smith's request or ~~AMPAC~~ TEXPAC's* the's request.

Q Or TEXPAC's?

A That's right.

Q On the second page there is a term used, "Post Approval."

A Yes.

Q Can you tell us what "Post Approval" means?

A Yes. Fund-raising dinners are held in Washington, D.C., with some regularity by incumbent members of the Congress. Early in AMPAC's history we were one of the first states -- or we were one of the first political committees to make funds available for attendance at these meetings rather than pay for them out of corporate dollars, which we thought was illegal.

For that reason, and because dinners were held and invitations received in a very close time

* Typographical error

frame, authorization was given to the Executive Director to determine if a contribution should be made to purchase a ticket to these dinners.

Post approv. . indicates that after the fact, after the expenditure had been made in these amounts, the action was referred to the committee for approval after the fact.

Q Is "Post Approval," a term used in regard to any other kind of contribution in the Congressional Review Committee's proceedings, or is it limited to these types of fund raising dinners?

A It has been used rarely on other occasions.

Q What kinds of other occasions?

A As an example, a candidate for office was killed, and the state law in which he resided created a time period where the candidate had to qualify and stand for a primary election within a three-day period, of which two days was a weekend. This occurred. We got notice of this at a time when members of the board were intransit to meetings. There was no time available to hold a meeting of the Congressional Review Committee in order to make the time constraints of the contribution within the state law.

That time an expenditure was made and given to the committee on a post approval basis.

Q That's basically considered an exceptional practice?

A More exceptional than none.

Q But as a general matter it is confined to this type of proceeding?

A Yes, it is.

MR. SMITH: Mr. Branch, Mr. Lauer is here, and it is 20 minutes after 3:00, which means we have been at this 20 minutes longer than Mr. Watson's deposition now, both having had some breaks in them.

As I indicated, Mr. Lauer is, naturally, impatient. I understand a lot of this could have been avoided. But could we give him an invitation to the coffee room with some assurance that he will be up here in the foreseeable future?

MR. BRANCH: I don't understand what you mean by "coffee room." You mean send him off to get coffee?

MR. SMITH: Do you want him to stand out there in the hall? I'm trying to get some idea --

MR. BRANCH: I just want to know what you are referring to.

MR. SMITH: We talked about this deposition as going as long as Mr. Watson's, so I estimated that to be until 3 o'clock. It is now 20 minutes

after 3:00, which is six hours and 20 minutes less breaks.

MR. BRANCH: I think you can tell him, in terms of time, that we will probably reach him by 5 o'clock.

MR. SMITH: I think you better tell him that.

MR. BRANCH: No, I'm not going to.

MR. WILCOX: Do you want me to ask him to come in?

MR. SMITH: Yes.

MR. BRANCH: Come in and sit in?

MR. SMITH: No. Come in and you can tell him that the estimate you gave me is off by two hours.

MR. BRANCH: If you want to take a break and talk to him, fine. I'm not going to interrupt this deposition.

MR. SMITH: I told him, pursuant to your instructions to me --

MR. BRANCH: These are not my instructions to you. I said it may run beyond that. I gave you an estimate the best I could.

Now, we will continue, as we agreed, until this is completed. I do not want Mr. Lauer sitting in the room while we continue. I would like Mr. Lauer to leave.

MR. SMITH: Then maybe if you could give Mr. Lauer

an estimate. I no longer feel comfortable giving him estimates as a conduit for you.

MR. BRANCH: I will tell you that I think we will reach him at least by 5 o'clock, but those are estimates.

Now, if you want to take a break and talk about that -- otherwise, I want to continue with the deposition.

MR. SMITH: Well, I suppose it's as well to go off the record for a moment and take a break and talk about it.

(There was a discussion had off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q I will now show you, Mrs. Elliott, what we have marked as Exhibit 10, and in particular, for your review, I'm looking at what is Roman Numeral VI on Page 2, and also Page 3. Do you recall attending this meeting?

A Yes, I do.

Q Are these minutes that you prepared after attending that meeting?

A Yes, they are.

Q Specifically on Page 3, there is apparently a discussion of a suggested procedure for following in

regard to what are identified as "Washington fund raisers."

A Yes.

Q Do you recall that discussion?

A Yes, I do.

Q Were such procedures ever adopted by the Congressional Review Committee, procedures such as are outlined here?

MR. SMITH: Do you understand what "adopted" means?

THE WITNESS: Yes, formalized and adopted as a policy of the committee?

MR. SMITH: Well, he has shown you a document here which says that it's a Congressional Review Committee minute. It says, "...it was suggested that the following procedures be used...." Now, the question is were such procedures ever adopted by the committee? I assume you are talking about otherwise than in this minute? I don't understand what "adopted" means.

BY MR. BRANCH:

Q This minute does not show anything more than that they were suggested. My question is whether --

MR. SMITH: It says, "...it was suggested that the following procedures be used on a trial basis...."

I'm just trying to be sure the witness understands what your word "adopted" means.

BY MR. BRANCH:

Q Well, let me ask this: Were these procedures ever used by the Congressional Review Committee?

A These procedures were used on a trial basis by staff.

Q When was that trial basis?

A Following the July 13th, 1975 meeting of the Congressional Review Committee.

Q When did that trial basis end?

A When the system didn't work.

Q And when was that?

A Before the end of the year.

Q 1975?

A Yes.

Q Why didn't the system work?

A Because it was not the committee's practice nor policy to get clearance from a state PAC for any type of donation, because the time frame, as I explained previously, between the time a request came in and the time a function might be held was so close that we couldn't do that, that the procedure would not work, the trial-and-error method showed that it would not work.

Further, the activity of physicians in

a congressional district which we were seeking to elicit was not always in place in the off election year in a district where the filing date had not occurred, where the candidates were not known, and when certain other formal election time periods had not elapsed

It was a system that was unworkable.

Q Can you recall who suggested these guidelines?

A No.

Q Can you recall any discussion of the need for such guidelines?

A At the time that these guidelines were suggested on a trial basis, there was a great deal of discussion as to whether we should be participating in this activity because during an off election year we did not have the sense of the preference of the physicians in the congressional district. All of the Washington dinners were held for incumbents. That gave only one-half of the political spectrum. And the entire trial basis and the informal guidelines were established for just a trial period to see if there was a way around the problem.

Q Can you recall any discussion about the suggestion in Number 3 here that every effort be made by AMPAC staff to get clearance from the state political action committee? Can you recall any discussion of that suggested procedure?

A May I clarify? Are you talking about discussions

at this meeting?

Q At this committee meeting, yes. I'm sorry.

A I can recall nothing more than as it is stated in Number 3.

Q You said that, in particular, that didn't -- that is one of the features that did not work?

A That is correct.

Q What happened to show that it did not work?

A Well, we get back to the problem that I tried to articulate of the entity of a state political action committee. When you have a group of physicians in private practice of medicine scattered throughout a state acting as a state political action committee, and then you want to know how they feel, you can't poll them all. It was a concept that had no substance because there was no one to ask the -- who is the "state PAC" when you go to talk to someone about a $100 fund raiser? No one could act unilaterally for the PAC. They couldn't all get together and take action for a recommendation from the PAC. It was an unworkable concept.

Q Did you make specific attempts to reach state PACs in trying to put these procedures into effect on the trial basis?

A I can recall no specific instance in any specific state.

Q Well, can you recall generally that attempts were made?

A Yes.

Q And they did not work, or something happened?

A I cannot recall the state, but I remember us getting a recommendation from them three months after the function had been held.

Q Now, one of your -- disregarding th for a minute -- one of the functions you desc regard to the Candidate -- Congressional Revi was implementation of its decisions. What do you do to implement its decisions?

A I create a memorandum to our bookkeeper that creates the check payable to the candidate's committee.

What I am describing to you is the current policy. Should I presume from your question that we are talking about the current time?

Q Current policy, yes.

A Once the check is created, I direct my secretary to prepare a form letter of transmittal to an AMPAC member, asking them to deliver the check to the candidate on behalf of AMPAC.

Q How do you determine what AMPAC member to use for the purposes of delivery of the check?

A Experience over the last 16 years.

Q Is that personal familiarity with people in the districts, or what?

A The personal portion of that question is not what I would want to have emphasized. It would be who I would perceive to be the most active physician, or the closest member of AMPAC, to the candidate, and by "closest," sometimes that means geographic, and sometimes it reflects participation in a campaign.

Q Do you know such people for all districts, or do you have to determine that sort of information from other sources?

A First of all, I don't have to know about every congressional district. I only have to know about those in which we are involved.

Physicians are usually active in the same congressional districts year after year after year because of the success that they have in supporting candidates, so that is not something that I have to learn each year across all 435 races. This is a building process where I might be missing this information in just a few congressional districts, and, usually, by the time that the committee has acted on a request, either the candidate has indicated, or physicians working on his behalf, or the request has come from an AMPAC member, I have received this information. ~~and the request can go~~ -- so I do not have a big void in the number of

clarification - See

races in which I need any additional information.

Q Why are the checks delivered through local physicians?

A Because it is AMPAC's stated policy to create as much identification as possible with the voluntary efforts of physicians and their families actively supporting the candidates. In effect, our emphasis is on supporting the volunteer activity as much as it is supporting the candidate. Our political education program is aimed at educating doctors and their wives to be increasingly effective as volunteers. We use our political contribution arm to support that volunteer activity.

Q You referred to this as current policy. Has the policy been different in the past?

A Yes.

Q In the time that you have been at AMPAC, what changes have been made in the policy?

A At one time, when we were operating under the Federal Corrupt Practices Act, before the current law, as an example, we created the AMPAC check payable to a state medical political action committee and sent the check to them for deposit.

At that time they created individual checks for candidates either in the same amount that we had indicated that the check was to be created for,

A That's correct. It was started on an experimental basis and it was successful. It was implemented more widely in 1974 and used virtually exclusively in 1976.

Q Now, under the current policy, do you ever make any attempt to coordinate the delivery of an AMPAC check and a state PAC contribution check?

A Do I make an attempt?

Q Yes.

A That is information I don't have.

Q Well, let me ask it differently: In your selection of a physician to deliver an AMPAC check, do you ever make an attempt to select someone you know is also delivering a state medical PAC contribution check?

A Your question assumes that I have knowledge of who is going to deliver a state PAC check.

Q Yes, it does.

A And I don't have that information. I don't have that.

Q I'm intending to ask if in your selection is it ever a factor in your selection, the knowledge that that person --

A No, it is not.

Q That has never been one of your criteria in selecting a person to deliver an AMPAC check under your current practice?

A No, it has not.

Q When you are selecting a person to deliver an AMPAC check under your current policy -- when you have selected, under your current policy, have you ever been aware of whether or not that person was also going to deliver a state medical PAC check?

A Do I read into your question correctly the fact that this is information I have before it happens rather than after it has happened?

Q Yes.

A I can't recall having the information of who is delivering a state PAC check, or if there is a state PAC check.

Q You can't recall ever having had that information?

A Ever having had that information.

Q Prior to determining who would deliver an AMPAC check?

A That's right.

Q Can you recall any instance in which you discovered, subsequent to making your selection of the person to deliver the check, discovering that that is also a person who had delivered a state PAC check?

A Yes.

Q Has that happened more than -- can you recall more than one instance of that? I'm not asking for the

specific instance.

A The occasion that comes to mind is a big fund raiser that is being held somewhere on behalf of a candidate, and after the fact I have found that the AMPAC check was given to a physician who, for the convenience of the physicians in the community, had a state PAC check with which they purchased tables so that the chairs would be adjacent to one another, so they would have tables together, and they used, on that occasion -- the same physician bought, say, one table, or perhaps it was for two seats, and so there were four seats at the table, whatever was the other contribution, so that they were adjacent to one another.

Q Are you referring now to one particular occasion that you can recall?

A One particular occasion that I can recall.

Q Can you recall any other occasions in which you have --

A I can't recall any.

MR. BRANCH: Off the record for a couple of seconds.

(There was a discussion had off the record, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q Mrs. Elliott, stepping away from your role

in regard to the Congressional Review Committee, what other duties do you have that you are regularly performing right now, currently?

A. I have partial responsibility for staffing the Research Committee of the AMPAC Board.

In addition, I have partial responsibility for staffing the Finance Committee of the AMPAC Board.

In addition, I am often assigned to make talks or teach classes or participate in meetings --

Q. You don't have to wait for me to write them down. Go right ahead.

A. Oh, all right.

I do speech writing for members of the AMPAC Board and others.

I spend time at the Federal Election Commission Office because it is an excellent source of virtually confidential political information, and it helps in my study of congressional races.

I read all of the advisory opinion requests and the advisory opinions in their entirety for which -- which we receive at 10¢ a page through the FEC Public Records Department, in order to keep current.

I think that that describes the major portion of my work.

Q With regard to your speech-writing responsibilities let me show you what I will mark as -- I believe Exhibit 11 - is that right?

MR. SCHWEITZER: 11 is right.

BY MR. BRANCH:

Q My question simply will be to identify the documents, so you don't have to feel you have to go through it all.

I ask you to familiarize yourself with it enough to know whether or not you can recognize it.

A Yes, I recognize it.

Q Can you tell us what it is?

A It is suggested remarks prepared for Tom Sawyer, which may or may not have been given at a SOCPAC/AMPAC political education seminar on Saturday, November 15, 1975, at the Sheraton Motor Inn, in Greenville, South Carolina.

Q Do you know J. Tom Sawyer?

A Yes, I do.

Q Can you tell us who he is?

A He is a medical society executive.

Q What medical society?

A I can't remember.

Q Do you know what position he held, if any, in 1975?

A To the best of my knowledge, he was a field

representative for the American Medical Association.

Q Do you know who wrote these suggested remarks?

A No, I do not.

Q Do you have any knowledge of whether anyone on the AMPAC staff would have written these suggested remarks?

MR. SMITH: Excuse me. Wrote or would have written?

MR. BRANCH: Wrote.

BY THE WITNESS:

A No, I do not.

BY MR. BRANCH:

Q Do you have any recollection whether you wrote these remarks?

A No, I do not.

MR. SMITH: She said no.

BY MR. BRANCH:

Q Is your answer you do not recollect whether you did or you --

A I do not recollect whether I did.

Q Do you know that you did not?

A I don't recollect whether I did.

Q You don't recollect, okay.

In your speech-writing functions, you

identified some people that you write speeches for.

A Yes.

Q Specifically, you mentioned what, the AMPAC Board members?

A Yes.

Q Anyone else that you write speeches for?

A Infrequently for other members of the AMPAC staff.

Q What kinds of speeches do you write?

A The speeches that I write would probably fall under the heading of political education type speeches. The exceptions would be introductory, ~~trite~~ polite* remarks, if someone were introducing a distinguished guest or something.

Q What subjects are your political education speeches about?

A Sometimes they are on the various phases of campaign management, sometimes they are on -- the motivational type, as to why physicians should belong to AMPAC. Sometimes they have to do with the requirements of the Federal Election Campaign Act as they apply to an individual or to a political action committee. Sometimes they have to do with other phases and opportunities in the Federal Election Campaign Act.

Q Where have the speeches that you have written

*Typographical Error

been given? What kind of functions, or what kind of occasions have they been given?

A They have been given by physicians in the usual case before groups of all types, such as other physicians, realtors, businessmen, attorneys, nurses, people of all kinds and descriptions, Kiwanis, service clubs, Toastmasters, debates, quite a wide variety of cases.

Q You referred in your duties to talks that you make.

A Yes.

Q What were you referring to, what kind of talks?

A Political education talks similar to those given by the Board.

Q Where have you given talks?

A I have given talks before the Public Affairs Council -- I couldn't think of that -- Public Affairs Council earlier this year.

Q What is that Public Affairs Council of?

A It's an organization headquartered in Washington, D.C.

MR. SMITH: Off the record.

(There was a discussion had off the record,after which the taking of the deposition was resumed as follows:

BY THE WITNESS:

A (Continuing) I speak at all kinds of meetings, usually of a convention nature, of either an industry or business or something like that, quite often.

BY MR. BRANCH:

Q Do you ever speak at state medical association meetings?

A Very infrequently.

Q Did you speak at any state medical association meetings in 1978?

A No.

Q In 1977?

A No.

Q 1976?

A No.

Q Have you ever spoken at a state medical association?

(Conference between deponent and Mr. Smith.)

BY MR. BRANCH:

Q The question is have you ever spoken before a state medical association?

A Yes.

Q When can you recall having done that?

A In 1970, to the best of my recollection, I

spoke before a medical society.

Q Do you recall any occasion since that time?

A No.

Q Have you ever given any talks -- you referred to at a meeting of a state medical PAC.

A Yes.

Q In 1978 can you recall making any speech at a state medical PAC?

A Yes.

Q Can you recall how many such speeches you may have made in 1978?

A Two.

Q Where, what PACs?

A I recall specifically Illinois and I can't remember what the other one was. I can't recall where that second one was.

Q Is it your answer there are two that you recall, or there are two that --

A There are two that I recall, except that I can't -- I can see that room, but I can't put it in the right city.

Q Might there have been more, but -- I'm trying to understand the nature of your answer. You recall one specifically, which was Illinois?

A. Yes.

Q. You recall another, but cannot recall the location?

A. Right.

Q. You cannot recall any others?

A. I cannot recall any others.

Q. Do you recall how frequently you did give such speeches to state medical PACs in 1977?

A. No, I can't recall.

Q. Do you know if you gave any such speeches?

A. I can't recall.

Q. In 1976 do you have any recollection of making any speeches at all to state medical PAC committees?

A. Yes.

Q. What can you recall?

A. I can recall attending a meeting of the Indiana Medical Political Action Committee.

Q. Can you recall what the speech you gave was about?

A. Yes. It was how to abide by the letter and the spirit of the Federal Election Campaign Act and its amendments.

Q. What kind of meeting was this, a meeting of the membership, a meeting of the board?

A. It was a meeting of the board.

Q You make it one point of your work to keep up on the Federal Election Campaign Act, I take it?

A Yes.

Q Is this a specific responsibility assigned to you in the AMPAC Office? I would assume to some degree everyone is expected to keep up?

A Yes.

Q But I mean, above and beyond that, do you have any specific area of responsibility in regard to the Federal Election Campaign Act?

A Yes. I prepare the monthly reports of receipts and expenditures that are submitted by AMPAC. I prepare the amendments to the statement of organization that is submitted by AMPAC.

For those reasons, I make sure that I know as much as possible about the law and the changes that occur frequently, so that we can stay current with the law.

Q Do you give advice to any outside persons or groups as to how to comply with the election laws?

A Yes.

Q What is the nature of the kind of advice you give?

A Whether rent goes on Line 21 or 22, and

election law to state PACs, medical PACs?

A Yes.

Q Do you get inquiries from state medical PACs?

A Yes.

Q Can you give any estimate of how frequently you get such inquiries?

A Five or six a month.

Q That was in regard to state medical PACs, is that correct?

A Yes.

Q I want to make reference to an Annual Election Law Conference which, in my understanding, was held first in 1976.

A That's right.

Q That was a conference held here in Chicago, is that correct?

A Right.

Q Did you have any role in the planning of that conference?

A Yes, I did.

Q Did AMPAC sponsor that conference?

A Yes, it did.

Q What was the purpose of the conference?

A To teach membership political action committees how to obey the Federal Election Campaign Act.

Q When you refer to "membership political action committees," does that include medical political action committees?

A It includes them, yes.

Q Does it include other political action committees other than medical?

A Yes.

Q Do you know who was invited to attend that conference, not names, but --

Did AMPAC invite the participants to that conference?

A Yes.

Q What kinds of lists or groups did AMPAC use in inviting people?

A We invited representatives from every membership political action committee that we could identify.

Q Does that mean in the country?

A At the time that we had that, it was very difficult to differentiate between a membership political action committee as contrasted to a trade association political action committee.

Q You made an attempt to identify every membership political action committee regardless of whether or not they were medical political action committees?

A Yes.

Q And then invited all of that group?

A Well, all that we could identify.

Q Do you have any recollection of how many committees that was?

A That we could identify?

Q Yes. What kind of numbers are we talking about?

A Oh, maybe ten.

Q It's that small?

A Yes. At that time, that was the case.

Q Do you have any recollection of how many of those ten or so would have been medical political action committees?

A None of those ten were medical political action committees.

Q Are they political action committees or --

A I misunderstood the question. Would you ask the question again, please?

Q When you were referring to ten, what kind of groups were you referring to?

A I was referring to political action committees that I had to identify as being membership committees. They would be non-medical.

Q Non-medical?

A Non-medical. I already knew those that were medical. I did not have to identify them, because we engaged in individual membership, voluntary, joint fund raising activities.

Q So the ten you were referring to were already outside the medical circle you had identified?

A Yes.

Q Let's go back to the medical circle. Do you remember roughly how many medical political action committees were invited to attend?

A Invited?

Q Yes.

A Fifty.

Q Do you know how many in fact attended --

A I do not recall.

Q -- roughly?

A Roughly?

Q Yes. I wouldn't be able to expect you to remember exact numbers.

A Forty-three, forty-five.

Q A good majority of those invited?

A Yes.

Q Do you recall if AMPAC paid any expenses for

representatives from those committees to attend the conference?

A Yes, we did.

Q What expenses do you recall AMPAC paying?

A As I recall, we paid transportation and one night hotel. That's what I recall.

Q This was for a representative from a committee or --

A Yes.

Q Did that policy or that practice apply to medical political action committees?

A Yes.

Q Did that apply to non-medical political action committees?

A No, it did not.

Q In other words, AMPAC paid expenses of representatives from the medical political action committees?

A Yes. We were very anxious to make sure that the medical political action committees with which we held joint fund raising activities were as equally aware of and sensitive to and cooperative with the law as we were trying to be.

Q My understanding is this conference was held October 2nd, 1976.

A. Exactly.

Q. Do you have any knowledge of a Multi-Candidate Committee Conference held on the following day?

A. I did not attend such a conference on the following day.

Q. Do you know if such a conference was held the following day?

A. It is my recollection that there was a meeting held on the following day, but I cannot precisely describe it as that.

Q. Do you have any knowledge of whether any other AMPAC staff would have attended that meeting?

I don't, by that question, mean to imply that you did. I understand you did not.

Do you know if any AMPAC staff attended that meeting?

A. The meeting that was held the following day --

Q. That's the one I'm referring to.

A. -- whatever it was, was attended by other members of the AMPAC staff.

Q. Which members of the AMPAC staff, do you know?

A. William Watson, Linda Hudson, and perhaps others. I do not recall.

Q. Now, it's my understanding that a Second Annual Election Law Conference was held in 1978, I believe.

A That is correct.

Q April 18, 1978?

A Yes.

Q What was the purpose of that conference, if you know?

A Oh, yes. That was to re-educate those people that we had previously educated on the changes in the Federal Election Campaign Act and the regulations, to educate for the first time others who had not attended any other program along these lines, and to make every effort to be sure that the political committees ~~in~~ with the which we joined in joint fund raising efforts were obeying every possible nuance of the law and the regulations.

Q Was this meeting attended by people from state medical PACs?

A Yes, it was.

Q Was it attended by people from non-medical PACs?

A Yes, it was.

Q Do you remember specifically what non-medical PACs were represented at the meeting?

A Yes, a representative of the American Dental Political Action Committee was there, also from Business-Industry Political Action Committee --

Q Being the son of a dentist, I might take some exception to the non-medical character of the American

* Typographical error

A Yes. It is a summary of the 82 attendees on Page 1 that attended the Second Annual Conference, Federal Election Law Conference.

Q That is the conference we have just been referring to that was held in April, 1978?

A Yes.

Q Fine. I'm simply trying to understand what it is.

Well, let me ask one more question: There's a chart on the second two pages. Is that a chart that you kept of the attendants, or --

A The cover page is a tally of the cross-hatch of this.

Q I see. The second and third page is the information that the top page is based on?

A Yes.

MR. SMITH: How are you coming along, Mr. Branch?

MR. BRANCH: Just fine.

MR. SMITH: I wasn't asking after your health. I was asking after the duration of this marathon.

MR. BRANCH: We are within my 5 o'clock estimate. I was going to suggest that we would be ready to go ahead at 5 o'clock with Mr. Lauer.

MR. SMITH: Mr. Lauer, as you may have surmised, is desirous of coming here when you are physically

ready, rather than prognosticating readiness.

MR. BRANCH: Well, I'll make the statement that we will proceed with him at 5 o'clock, if that --

MR. SMITH: If he is here.

MR. BRANCH: -- if he is here. If he takes longer to be here, then everybody, including Mr. Lauer, takes longer to get done.

MR. SMITH: That must be the fact.

MR. BRANCH: Has someone gone to bring him, or do you want to just let that stay as it is?

MR. SMITH: No, we will just leave that as it is.

Ms. Elliott would like a short break to make a phone call and advise her family. She had no idea, based on the prognostication of similar length to Mr. Watson, that she would be running into the 5 o'clock hour.

MR. BRANCH: Okay, we will take five.

(There was a brief recess, after which the taking of the deposition was resumed as follows:)

BY MR. BRANCH:

Q I wanted to ask you, Mrs. Elliott, about a position called AMA Field Service Representative. Are

you familiar with who those people are?

A I am familiar with who those people were.

Q "Were" is more correct. When were AMA field service people in operation?

A I really don't know.

Q Well, you have indicated that they are no longer in operation?

A Yes.

Q Do you know when they stopped having that position?

A It is my recollection that the AMA field service was terminated right around 1975.

Q And do you have any recollection when that position began?

A No, I don't.

Q In your work at AMPAC during the period of time that the AMA field service was in existence, did you have any contact with a field service representative?

A Would you say that again, please, so I get it correct?

Q In your work at AMPAC, during the time period that there was an AMA field service in existence, did you have any contact, in your work, with AMA field service representatives?

A For a short period of the time I worked with AMPAC I had some contact with them.

Q What period of time are you referring to?

A I'm thinking of the few months preceding the 1972 elections and the 1974 ~~election~~ elections * Lba.

Q It's our understanding from other depositions and production that, for a short time, perhaps two or three months prior to the two election cycles you have identified, the AMA field service people went onto the AMPAC payroll; is that a correct statement of your understanding of what happened?

A Yes.

Q For what purpose did these people go onto the AMPAC payroll?

A They went on the payroll to create a mechanism whereby if any of their activity was political or could be construed under the widest definition as political, they could be compensated by AMPAC from the political account in order to avoid any possible violation of the AMA making a contribution in connection with the Federal Election Law, because they are a corporation.

Q Did you have any contact with them in your work during these periods when they were on the AMPAC payroll?

A Yes.

Q What kind of contact did you have?

* Improprietal Testrot

A I attended staff meetings that they attended.

Q Where would those staff meetings be held? Where were they held?

A In the AMPAC Office, and on one occasion that comes to mind, at a hotel.

Q In Chicago?

A Yes.

Q What was the purpose of those staff meetings that you attended?

A A general briefing of the AMPAC staff on the current situation at AMPAC.

Q Do you have any knowledge of any specific assignments given to the AMA field service people during the period they were on the AMPAC payroll?

A Yes.

Q What do you know?

A I know that in some instances they were assigned to work in connection with an election in some phase which was an in-kind contribution to the campaign, and I do not recall the specifics in those election years.

Q They would be assigned to perform work of some kind on behalf of a candidate that AMPAC was, in effect, making an in-kind contribution to?

A That's correct.

Q Did you, in this same time period when they were on the AMPAC payroll, work with them on any of their assignments?

A No, I have not made an in-kind contribution of my services to any campaign.

Q Did you, during that same time period when they were on the AMPAC payroll, receive any calls from them with regard to what action they should take?

A Not in that regard, no.

MR. SMITH: Excuse me. At this point I would like to ask whetner there is any reason-to-believe finding or allegation by a complainant or by the Commission that there has been any violation by AMPAC in the nature of an alleged in-kind contribution that was improper in some fashion?

MR. BRANCH: No, I'm aware of no complaint.

MR. SMITH: Well, can you tell me what the relevancy is of talking about Ms. Elliott's inter-relationship with another employee of AMPAC in connection with AMPAC's own contribution to a campaign?

MR. BRANCH: Excuse me, you are asking me what the relevancy of the question is?

MR. SMITH: Yes.

MR. BRANCH: I think it's part of a general line of questions which go to interrelationships between PACs, eventually.

MR. SMITH: Well, you said "eventually," and I'm having trouble with it, but my specific problem here is what, if anything, Ms. Elliott did, because I'm sure she is aware, because I know her to be a knowledgeable pe son, that it raises the spectre, it seems to me, of a possible type of conduct which would be violative of another area of the law altogether than ones about which we have received notice of the Commission's concern and reason-to-believe finding regarding the existence of alleged violations.

MR. BRANCH: There is no complaint or investigation pending that I know of in the area of AMPAC violations of in-kind contributions, and that is not the subject of our investigations.

At the same time, I don't necessarily recognize that fact as a limitation on asking questions which may reach that range. That is not the purpose of the investigation, but, nevertheless -- I mean, I understand you to be raising basically a relevancy objection.

MR. SMITH: I am raising a combination objection

to any investigation that doesn't follow the minimum due process safeguards contained in the law, and also I am inquiring as to relevancy.

The question that stimulates my concern is your direct question of Ms. Elliott whether she performed any services which should have been evaluated as in-kind contribution, and treated as such by AMPAC, and, at least arguably, may not have been, and, therefore, raising the spectre of a violation.

MR. BRANCH: You are taking the question a step or two beyond what it is.

MR. SMITH: I am not. That's just what the question focused on.

MR. BRANCH: It could lead to that.

MR.SMITH: By it being answered. She answered it no, but --

MR. BRANCH: I think it has been answered.

MR. SMITH: Yes, but a yes answer would have had us there.

MR. BRANCH: What I'm interested in is what kind of contact Mrs. Elliott had with these people, and I believe she has answered that.

MR. SMITH: Well, I recognize your concern for

alleged affiliation between AMPAC and state medical political action committees, and your supposed concern with reporting violations and co[illegible] contributional violations which have been alleged, and I'm just having trouble with the remoteness of this area from that.

MR. BRANCH: Well, we have asked the question, and it has been answered, too, I think, and there is not one in my mind right now that follows that.

MR. SMITH: Okay.

BY MR. BRANCH:

Q What I wanted to ask you is in regard to AMA field service people in times when they were not on the AMPAC payroll did you have any contacts with them in regard to your work?

A Not in regard to my work.

Q Did you have any -- ever have any inquiries from them, for example, as to a question of Federal Election Law on behalf of a state PAC?

A Not that I recall.

Q Did you ever have any communications with them in regard to operations of a state PAC -- by "them," I mean the field service representatives?

A Not that I recall. If you have anything you

would like for me to look at to refresh my memory, I would be glad to, but I don't have any recollection of that.

Q No, I'm asking you what you can recall now. Can you recall having been contacted at all by AMA field representatives with regard to whether or not any particular federal candidate should be supported by AMPAC?

A No.

Q Can you recall ever making any inquiries of a field service representative as to what local physician support or local PAC support was for a federal candidate?

A Not that I recall.

Q During the time that the AMA field service people were not on the AMPAC payroll, did they perform any functions or any duties that you are aware of on behalf of AMPAC?

A Do you have any particular time frame in mind?

Q The time frame in which there were field service people.

MR. SMITH: That's AMA field service people?

MR. BRANCH: AMA field service people, which is an important distinction.

BY THE WITNESS:

A Not that I recall.

BY MR. BRANCH:

Q It's my understanding that prior to the time there were AMA field service persons, there were AMPAC field service persons, is that correct?

A That is correct.

Q Do you know --

A Well, no, that is not correct.

Q What is incorrect about it?

A There was a time when there were simultaneously AMPAC field service and AMA field service. There was not a sequential --

Q In reference to AMPAC field service, now, do you know what period of time you had such a position?

A To the best of my knowledge, the field position were created around 1965 and were phased out in 1969.

Q What were the duties of the AMPAC field service people?

A Their duties generally were a political educat function for AMPAC.

Q Where were they located?

A At what particular year?

Q It altered, in other words?

A Yes, it did.

Q Okay, when they were first put in position

in 1965.

A They were located in regional offices in their regions, and, to the best of my recollection, one of the offices was in Oregon, another was in Massachusetts, one was in Georgia.

Q Were these representatives assigned specific areas to cover?

A Yes, they were.

Q At that time what were their responsibilities?

A Political education.

Q Who were they supposed to be working with, what organizations or groups were they supposed to work with in their political education function?

MR. SMITH: Assuming first -- you are making an assumption that they were supposed to work with somebody.

BY MR. BRANCH:

Q Were they to work with any groups?

MR. SMITH: That's a different question.

Were they supposed to work with any particular groups?

BY THE WITNESS:

A Yes, they were supposed to be working primarily with physicians in the promotion of AMPAC and AMPAC activities.

They were supposed to be working with state medical political action committees to the extent that they had -- that we had joint fund raising activities.

They were encouraged to know and be familiar with others working in their geographical boundaries also in the area of political education.

BY MR. BRANCH:

Q They were in existence -- the position was in existence -- from 1965 to 1969, is that correct?

A That is the best of my recollection, but --

Q Did their responsibilities change over that time period?

A Yes.

Q How did they change?

A As we got closer to an election, they were sometimes assigned to campaign activities that I have described, and were compensated from the political fund for those in-kind contributions.

Q Why were they phased out in 1969?

A I can't answer that.

Q You have no knowledge of why it occurred?

A I have no knowledge of that.

MR. BRANCH: Do you have any questions, Mr. Smith?

MR. SMITH: No.

MR. BRANCH: We are concluded.

MR. SMITH: We would like the same procedure. Send us the original or a copy or whatever you like. We would appreciate if we would have an opportunity for Ms. Elliott to review the deposition before the Commission has a copy of it, even though we have understood the representation that that copy would not be subjected to any use by the Commission. It hasn't been made clear to us why it's necessary to have it if it's not going to be used, but since we don't control that, I only record my request that the opportunity to read and sign the deposition be accorded the same treatment it customarily gets.

MR. BRANCH: My understanding of the procedure that will be followed and the procedure we did follow with Mr. Watson's deposition yesterday is that the reporter will forward you a copy, hold the original until he receives your comments, and that you will have an opportunity to make whatever comments you wish.

Copies will be forwarded to both parties, meaning the Commission and you, at the time that the original is ready.

MR. SMITH: Just two questions: What does the Commission intend to do with the copy it gets before Ms. Elliott has had an opportunity to review it?

MR. BRANCH: I'm not going to go on the record on that.

MR. SMITH: Will there ever be a time when we are assured that the Commission is not using the earlier copy but rather is using the signed copy?

MR. BRANCH: The Commission itself or --

MR. SMITH: Or its General Counsel or any of its authorized agents.

MR. BRANCH: We will make any appropriate use of it, and will not improperly use any copies we may have received.

MR. SMITH: That's my problem. I don't understand "any appropriate use" with the earlier copy.

MR. BRANCH: I think your objection is baseless, and I see no reason to go on the record further about it. I have outlined to you what the procedure will be.

MR. SMITH: Well, for purposes of this record, in hopes that the Commission will some day read some of this, we again object to a procedure being structured which allows great potential for the violation of AMPAC's and the witness' rights.

MR. BRANCH: The deposition is concluded.

FURTHER DEPONENT SAITH NOT.

I have read the foregoing transcript of my deposition consisting of Pages 1 to 205, inclusive, and the same is a true, correct and complete transcript of my said deposition as it now appears, so given at the time and place as aforesaid.

Lee Ann Elliott
LEE ANN ELLIOTT

Signed and sworn to
before me this 12th day
of April A.D., 1979.

Donald P. Wilson
Notary Public

My commission expires:
June 16, 1979

I FURTHER CERTIFY that I am a Certified Shorthand Reporter of the State of Illinois, and that the foregoing transcript of the said deposition is a true, correct and complete transcript of the said shorthand notes so made as aforesaid, and is a true, correct and complete report of the whole of the testimony so given by the said witness as aforesaid, together with such other matters and things as counsel for the parties present at the taking of the said deposition desired to have appear of record.

I FURTHER CERTIFY that Mr. David S. Branch, Mr. Scott E. Thomas, Ms. Susan Propper and Ms. Anne Cauman appeared on behalf of the Federal Election Commission; that Mr. John Lewis Smith, III and Mr. William H. Schweitz appeared on behalf of the American Medical Political Action Committee and the Deponent; and that there was also present Mr. Donald P. Wilcox.

I FURTHER CERTIFY that after the said deposition was transcribed into typewriting, it was submitted to the said witness, who did thereupon read, sign and again transcribe and make oath to the same, as more fully hereinbefore set forth.

I FURTHER CERTIFY that I am not of counsel

FEC
DOCUMENT
SEPARATOR

Ex #113 (cont.)

EXHIBITS

Deposition: Lee Ann Elliott

February 14, 1979

copy of original

MINUTES

Council on Legislative Activities
American Medical Association

Drake Hotel
Chicago, Illinois

October 22, 1960

Present

George M. Fister, M.D., Chairman
McKinnie L. Phelps, M.D., Vice-Chairman
David B. Allman, M.D.
C. Byron Blaisdell, M.D.
R. B. Chrisman, Jr., M.D.
Frank C. Coleman, M.D.
J. Lafe Ludwig, M.D.
John E. McDonald, M.D.
Martyn A. Vickers, M.D.
Raymond L. White, M.D.
Donald E. Wood, M.D.
C. Joseph Stetler, Secretary
Irene Krusinski Recorder

Guests

E. Vincent Askey, M.D.
President
American Medical Association

Leonard W. Larson, M.D.
President-Elect
American Medical Association

F. J. L. Blasingame, M.D.
Executive Vice President
American Medical Association

Ernest B. Howard, M.D.
Assistant Executive Vice President
American Medical Association

Mr. Leo Brown, Director
Communications Division
American Medical Association

Mr. Aubrey Gates, Director
Field Service Division
American Medical Association

Mr. Thomas Hendricks
Assistant to
Executive Vice President
American Medical Association

Roy T. Lester, M.D., Manager
Washington Office
American Medical Association

Russell B. Roth, M.D.,
Chairman
Committee on Federal Medical Services
Council on Medical Service
American Medical Association

Mrs. Leo Smith, Chairman
Committee on Legislation
AMA Woman's Auxiliary

Legal & Socio-Economic Division Staff
American Medical Association
George Cooley
Paul R.M. Donelan
Lee Ann Elliott

EXHIBIT 1

(b) Actions of the Board of Trustees on September 9-10, 1960-

The Board voted to accept, as information, the Council's report on the three Regional Political Action Conferences conducted by the Council on Legislative Activities in Salt Lake City, Utah, on July 29-30; in French Lick, Indiana, on August 12-13 and in Hershey, Pennsylvania on August 26-27.

VIII - National Medical Political Action Committee - The Chairman announced that in order to provide the Council with complete information on both sides of the discussion as to whether a National Medical Political Action Committee should be established, a debate had been arranged.

Pro: C. Joseph Stetler - Mr. Stetler outlined the deficiencies in our present political activities and the legal impediments to carrying on an effective political campaign as medical societies. He outlined how a national organization could be established, organized, activated and controlled effectively.

MEDPAC

ORGANIZATIONAL

MANUAL

"The whole State must be so well organized
that every Whig can be brought to the polls.
So divide the country into small districts
and appoint in each a committee.
Make a perfect list of the voters and ascertain
with certainty for whom they will vote . . .
Keep a constant watch on the doubtful voters
and have them talked to by those in whom
they have confidence . . . .
On election days see that every Whig is brought
to the polls."

A. Lincoln

EXHIBIT 2

INTRODUCTORY REMARKS

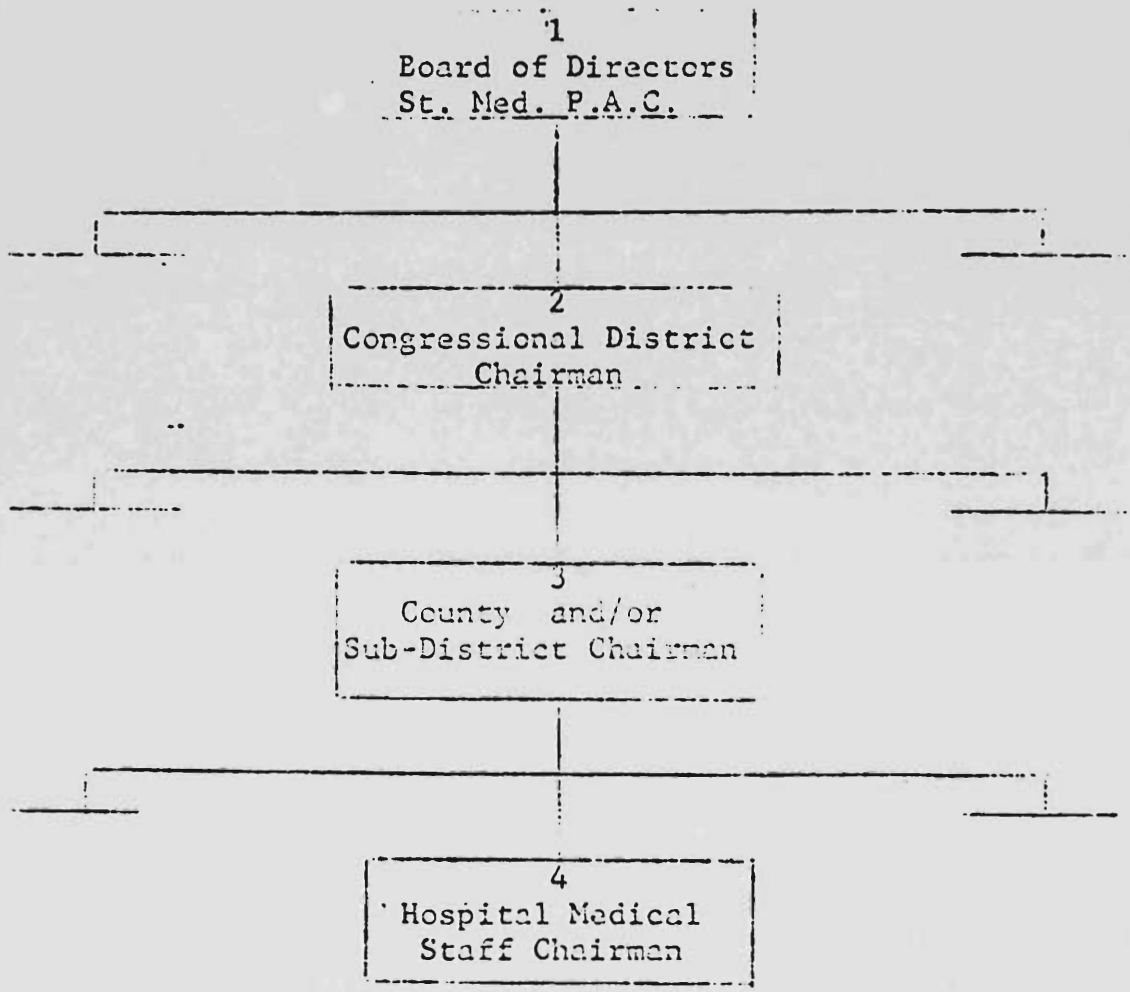
AMPAC sincerely hopes that you find this material informative and helpful in the development of a statewide activity which will provide each doctor and his wife an opportunity to become an active part of such a political action program. This kit is designed to offer you a few basic suggestions relative to the development and continuation of a physicians' political action committee and to establish the foundation for a cooperative working agreement between the state group and AMPAC.

Yours may be a state with an existing physicians' committee, candidate committees (past and present), or relatively inactive politically and you may or may not be involved momentarily with reaching an agreement with AMPAC. In any event, it is strongly urged that you look over all the enclosed copy and determine which is applicable to your situation. Some portions will be of interest to all concerned--particularly to those from states which desire to have a cooperating committee.

Among the enclosures are:

I Suggested Table of Organization for State Medical PAC.
II Suggested State Medical PAC Constitution and By-Laws.
III AMPAC Constitution and By-Laws.
VI Recent AMA Action re AMPAC.
V Typical Actions Taken by a few State Groups.
VI Permissible Political Activities Relating to Medical Associations and Political Action Committees.
VII Suggested Copy for Joint Membership Campaign.
VIII Typical AMPAC Mailing--Direct Appeal.
IX Resume' of AMPAC Member Records System.
X Sample AMPAC Membership Card.
XI Examples of Editorial and News Release Copy.
XII Suggested Schedule of Events.
XIII Bibliography of Source Material.
XIV Examples of PAC Pamphlets and Brochures.

SUGGESTED TABLE OF ORGANIZATION FOR (STATE) MEDICAL POLITICAL ACTION COMMITTEE



Comments:

1. Board of Directors

Membership of Board must be limited if the group is to have the flexibility needed for this type of activity. Would suggest that the power to appoint Board members be vested with the appropriate group within the state medical association, and that the same pattern existing between AMA and AMPAC be followed in determining this appointive group. Would strongly recommend that at least one Auxiliary representative be a member at all times.

Because effective political action groups must be non-partisan, it is urgently recommended that the Board be representative of both major political parties.

2. Congressional District Chairman
The state PAC organization structure should call for a chairman in each congressional district. This person would assist the state committee in analyzing the local political scene, promoting membership, and coordinating the efforts of county and/or sub-district chairmen.

3. County and/or Sub-District Chairman
One physician should be selected to represent the state medical PAC and AMPAC in each county. In terms of the success or failure of medical political action committees, this physician necessarily assumes a major role. Political education, as well as action, will be his responsibility. Without the advantage of his knowledge of the local political situation, the state and national PACs will be severely handicapped. Equally important is the part he will play relative to the proper local identification of any AMPAC or state medical PAC political action. This physician would report to the Congressional District Chairman.

4. Hospital Medical Staff Chairman
Where indicated, one physician from each hospital medical staff should be appointed to serve as spokesman for the local state and national PACs. This physician would report to the county or sub-district chairman and would generally assist him in discharging the responsibilities listed above.

5. Other
A copy of the suggested state medical PAC by-laws is included in this kit. Please have your attorney review this information before taking any action.

1/8/62

(STATE MPAC) FACT SHEET

The (State MPAC) is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, and others.

The newly created group's Board of Directors is composed of John Doe, M. D., Jonesburg, Chairman; James Smith, M. D., Gravel Switch, Secretary-Treasurer; Tom Jones, M. D., Smithland; Mrs. Paul Moore, Oakland, and _____, _____, _____.

The group was formed to meet an urgent need--the need of providing the medical profession with an opportunity to assume a more effective and a more active role in public affairs. (State MPAC's) dual role is (a) to help its members understand political issues; and (b) to organize them as an effective political action group.

(State MPAC) is not affiliated with either major political party. It will not be bound by Democratic or Republican party labels. The program and platform of the individual candidate will determine whom the group supports--not the candidate's party affiliation.

This activity is considered to be long range and permanent in nature. Many physicians and others throughout this state have indicated their desire to expand their knowledge of government and their activities in the field of political action. (State MPAC's) members are profoundly interested in making this organization an effective, year-in-and-year-out operation. Experience has demonstrated beyond argument that one-shot, one-issue membership programs for political education and action accomplish little; and that political effectiveness depends upon a knowledge by the individual and group of current issues, and continuity of their participation in political affairs.

(State MPAC) will use its resources in three ways: First, through education. (State MPAC) will develop and promote such programs as analyses of voting records; reviews of state legislative issues; voter registration drives; and publication of related [illegible] materials and information.

Second, (State MPAC) will follow proven patterns of campaign activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable state analyses, the marginal nature of the specific district, and other pertinent factors. Support for candidates will be based upon realistic political appraisal.

Third, (State MPAC) will coordinate its efforts with the efforts of those individuals and groups--medical and non-medical--who are actively engaged in [illegible]

(State MPAC) members should remain active in the political party of their choice. (State MPAC) simply furnishes the means whereby they can increase their political effectiveness substantially through combined effort.

(State MPAC) will function independently of all medical organizations and societies--national, state, and local. However, the group will cooperate, whenever possible, with the American Medical Political Action Committee in jointly soliciting membership and on matters of mutual concern.

The Committee's program will be supported by voluntary membership and contribution by interested friends. The dues structure for (State MPAC) is:

(State MPAC) will have its state headquarters at _____ _____. All inquiries should be directed to:

_____

_____

_____

CONSTITUTION AND BY-LAWS

of the

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this committee is the American Medical Political Action Committee, hereinafter referred to as the Committee, or AMPAC. It is a voluntary, non-profit, unincorporated committee of individual physicians and others, and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1.--Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, and members of his immediate family. Associate membership shall be available to any other person who desires to support the aims and purposes of the committee. The Board of Directors is authorized to establish additional categories of membership.

Section 2.--Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed mimimum dues annually.

Section 3.--Dues

AMPAC's dues shall be:

Active Membership	$10.00 or more annually
Associate Membership	$10.00 or more annually
Medical Student Membership	$ 5.00 or more annually
Sustaining Membership	$99.00 or more annually

Section 4.--Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

ARTICLE IV

Board of Directors

Section 1.--Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.--Composition

The Board of Directors shall consist of ten members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association and a member of AMPAC. The other nine shall be Doctors of Medicine who are members of AMPAC.

Section 3.--Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term of one year. No member shall serve for more than five years.

ARTICLE V

Officers

Section 1.--Designations, Election, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the American Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than two terms.

Section 2.--The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.--Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1.--Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2.--Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

ARTICLE VII

Committees

Section 1.--General

The American Medical Political Action Committee shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

Section 2.--National Advisory Committee

The National Advisory Committee to the Board of Directors of AMPAC shall be composed of one representative from each state having a state medical political action committee. Each state representative shall be designated by his respective committee.

ARTICLE VIII

Books, Records, and Finances

Section 1.--Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.--Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended, or repealed, and a new Constitution and By-Laws may be adopted, by two-thirds of the members of the Board of Directors; provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and By-Laws at such meeting.

RECENT A.M.A.
ACTION
re

AMPAC

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Dictated by: HHH:eb-10/31/61 Supp. Rep. B

Submitted by: Board of Trustees
Hugh H. Hussey, Jr., M. D., Chairman

Subject: AMPAC

Referred to: Reference Committee on Reports of Board of Trustees.
Robert C. Long, M. D., Kentucky, Chairman

- -

The Board of Trustees, recognizing the need for an organization to provide physicians of this country with an effective, coordinated, political action effort, took action approximately one year ago to review the program and activities of existing political action committees and to determine what type of national medical political action group could be established under applicable federal laws.

In January 1961, the Council on Legislative Activities recommended to the Board of Trustees that a national medical political action committee be established with the approval of the AMA. This recommendation was approved by the Board on February 4, 1961.

On April 16, 1961, the Council on Legislative Activities formulated the framework of such a committee in conformance with the provisions of the federal law. Following this action by the Board of Trustees, the Board, at its May 1961 meeting, approved the proposed By-Laws of the Committee:

The Committee is a non-profit, voluntary, non-partisan, unincorporated political action committee. Emphasis is placed on the non-partisan aspect of AMPAC. Membership is available to physicians, their wives, immediate members of the family and others.

The purposes of AMPAC, as stated in the Constitution and Bylaws, are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the records, officeholders, and candidates for elective office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To do any and all things necessary or desirable for the attainment of the purposes stated above.

The governing body, known as the Board of Directors, is composed of seven members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association. The other six members must be Doctors of Medicine. The term of office for the members of the Board is set at one year and no member shall be allowed to serve for more than five years. Appointment to the Committee's Board is by action of the Board of Trustees of the American Medical Association.

The initial Directors of AMPAC were appointed at the time of the Annual Meeting in New York, June 1961. Dr. Gunnar Gundersen was selected as Chairman and the other members of the Committee are: Milton V. Davis, M. D., Secretary-Treasurer; Frank C. Coleman, M. D.; Dan Kilroy, M. D.; George Lawrence, Jr., M. D.; Mrs. Earl W. Roles, representing the Auxiliary; and Donald E. Wood, M. D.

The organizational meeting of the Committee was held on August 10 and since that date a concerted effort has been made to encourage the formation of state political action committees or to work with existing medical political action groups. Both the "educational" and the "political" activities of the Committee require the support of every physician and the members of his immediate family.

The members of the House are urged to endorse the action of the Board of Trustees and to encourage all physicians to join the American Medical Political Action Committee.

* *

The following is an excerpt from the Report of the Reference Committee on REPORTS OF BOARD OF TRUSTEES, presented by Robert C. Long, M. D., Chairman, Kentucky at the Clinical Session, November 28, 1961, Denver, Colorado:

"4. <u>AMPAC (Supplementary Report B)</u>

"Your reference Committee heartily approves of AMPAC. Your committee further approves of the purposes and goals of AMPAC as stated in Supplementary Report B.

"It was emphasized during the hearings before your reference committee that effective political action must be carried on

at the local level and that effective implementation must be done by local groups of physicians. The formation of AMPAC recognizes the need for a national medical political action committee to coordinate the political activities of physician groups at all levels throughout the country.

"It was further emphasized that AMPAC is an organization separate and distinct from the American Medical Association as required by Federal law.

"The members of this House of Delegates are urged to join AMPAC and to encourage all physicians, their wives and interested friends to join AMPAC and other political action committees in their states and communities.'

"Mr. Speaker, I move the adoption of this portion of the report."

* *

The following are excerpts from the Report of Reference Committee on Legislation and Public Relations, presented by Warren L. Bostick, M. D., Chairman, California at the Clinical Session, November 15, 1961, Denver, Colorado:

"It is the opinion of your reference committee that the decision of the Board of Trustees in regard to Resolution 53 (House of Delegates, June 1961) is sound. It is clear that many of the objectives of that resolution are being vigorously pursued with real evidence of their attainment. Our American Medical Association already cooperates at many levels collectively with other groups in society sharing our common philosophy, to great advantage. We agree that there is no particular reason for these united efforts to result in the loss of the individual identity of those organizations participating in the common effort. Your reference committee believes that numerous activities are being pursued to inform the American public through various media. We are further aware of the current formation of AMPAC, which shares and can implement parallel objectives.

"Your reference committee recommends the approval of Supplementary Report D. of the Board of Trustees."

"<u>Reaffirmation of Opposition to Welfare Type Legislation (Resolution 25)</u>-- This resolution elicited vigorous and concerned participation by a majority of the audience. In the discussion

there was a general review of medicine's attitude and strong support of the Kerr-Mills law, and of the validity of medicine's distress at the dangers of the King-Anderson bill. All of the audience and your committee expressed unreserved approval of and support for the intent of this resolution. It was felt, however, that in some regards it should be clarified; and in a few points it alluded to concepts that were somewhat to one side of its main intent. Because of this, the committee proposes that the resolution be reworded as follows:

"Whereas, Physicians in the United States, guided by professional standards and under America's free enterprise system, are now providing excellent medical care for all citizens; and

"Whereas, American physicians, aware of the need of some of our elderly citizens, did support and help secure enactment of the Kerr-Mills law designed to meet this need in a practical and realistic manner with minimum government interference in the patient-physician relationship; and

"Whereas, The King-Anderson bill, seeking to provide care for the aged, regardless of need, under compulsion, would injure the patient-physician relationship, would finance medical care for some and yet deny it to others; and

"Whereas, The King-Anderson bill would impose a tremendous payroll tax increase and would open the door to the inefficiency and defects inevitable in the administration of welfare programs by the Federal government; and

"Whereas, The King-Anderson bill would result in a type of medicine that would be of decreased quality and yet more costly than that available through voluntary methods; now therefore be it

"Resolved, That members of the American Medical Association continue their vigorous opposition to King-Anderson type legislation for medical care; and be it further

"Resolved, That the House of Delegates instruct the Officers, Trustees and staff of the Association to continue to advise all members to contact and work with their Representatives in Congress in order to obtain informed cooperation in defeating this unnecessary and costly legislation; and be it further

"Resolved, That all physicians be encouraged to enlist the support of their patients and friends in this cause."

"Your committee is pleased to recognize that concrete action and efforts are being taken on the part of doctors in implementing their opposition to the above indicated types of socialistic legislation. It is felt that a particularly necessary and refreshing approach, long overdue and most necessary for the survival of the philosophies of any group, has been created in the proposals for AMPAC. We believe that it is only through such separate but collateral effort that the full impact of our sincerity in defending the public's health can be brought to the attention of the Congress with force. We believe defending the public health is a clear obligation of medicine and that every physician should give his wholehearted support to the high objectives of AMPAC."

"Implementation of the Bauer Amendment of June, 1961 (Resolution 26)- The audience participation in this discussion was varied, vocal and wide. It merged imperceptibly often with opinions expressed concerning the preceding Resolution #25. It was clear to your committee that all members present are truly concerned about the urgency of the challenges facing quality medicine and the excellence of health services for the people.

"There was wide discussion by representatives of various states concerning methods by which they were meeting the public needs and preventing the encroachment of massive Federal centralization into the personal health matters of the American people. Again it should be pointed out that the new approach through the organization of AMPAC provided an important additional avenue for effective united action."

"Your committee believes that it is the obligation of each and every delegate at this meeting to personally sense the urgency of this situation. He must return to his home with the personal responsibility and challenge to alert the individual physician members of his local society and to mobilize his friends, so as to achieve maximal results.

"United, as well as individual, effort is essential. And the new AMPAC organization must be used to its full potentiality--by letter and word of mouth--by all physicians. If each delegate does not assume a personal individual responsibility, our efforts shall not succeed regardless of what statements this House of Delegates or its Officers are inspired to make. To stop short of our total effort is to invite disaster and to let loose upon our beloved America irreversible forces which will ultimately destroy her. We cannot and we must not fail."

TYPICAL ACTIONS TAKEN BY A FEW STATE GROUPS

Oregon

Ohio

Connecticut

Kentucky

Oregon State Medical Society
HOUSE OF DELEGATES
87th Annual Session
September 26-27-28-29, 1961
Salem

REPORT OF SPECIAL COMMITTEE TO STUDY THE ADVISABILITY OF CREATING AN OREGON COMMITTEE FOR POLITICAL ACTION AND EDUCATION

Recommendations

The Special Committee on the Study of the Advisability of Creating an Oregon Committee for Political Action and Education submits the following recommendations:

1. That the Special Committee favors the establishment of an independent committee of physicians, disassociated from the Society, for the purpose of promoting and encouraging political action and education among the physicians of Oregon be created.

2. That the Committee be voluntary, nonprofit, nonpartisan politically and unincorporated.

3. That the purposes of the Committee be:

   a. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

   b. To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

   c. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

   d. To do any and all things necessary or desirable for the attainment of the purposes stated above.

4. That membership on the Committee be available to any doctor of medicine, his spouse and other members of his immediate family.

5. That the Committee have a Board of Directors of five or seven members, one of whom shall be a member of the Woman's

Auxiliary to the Oregon State Medical Society and that the Board of Directors be appointed by the Executive Committee of the Board of Trustees of the Oregon State Medical Society and serve for a term of one year and not be eligible for reappointment for more than five consecutive years.

6. That candidates for membership be subject to approval by the Board of Directors and to the payment of the full annual dues as established by the Board.

7. That the Committee be authorized to develop appropriate procedures for cooperating with organizations having similar objectives.

8. That the Board of Directors of the Committee select an appropriate name, develop a constitution and bylaws and establish procedural policies for carrying out its purposes and objectives which are in compliance with all applicable State and Federal statutes.

Comments

At the 1961 Mid-Year Meeting of the House of Delegates, a resolution was adopted which reads as follows:

> "THEREFORE BE IT RESOLVED, that the Board of Trustees be authorized to appoint a special committee to study and make recommendations regarding the feasibility and mechanism for establishing a committee for political action and education and report their findings and recommendations to this House of Delegates at its 1961 Annual Meeting."

In compliance with this action of the House of Delegates, the Executive Committee of the Board of Trustees appointed the undersigned members to serve as the Special Committee. This Committee, after reviewing the limitations of the Oregon State Medical Society and its component societies, has concluded that the creation of a formal organization to act independently of the Society was advisable and essential. Because of State and Federal laws, the Oregon State Medical Society and its chartered component societies are limited to political education and their entrance into the field of political action probably would jeopardize their tax-exempt status.

The Special Committee has been informed that the physicians in a number of other states have already established political action committees or similar organizations, some of which have been in existence for many years. In some instances, the success of these organizations has been especially noteworthy. Moreover, within recent weeks the American Medical Political Action Committee has been organized at the national level and its organizational structure and objectives will be

submitted to the House of Delegates of the American Medical Association at its Mid-year Meeting to be held in Denver, Colorado, this coming December. If the American Medical Political Action Committee receives the endorsement of the AMA House of Delegates at its forthcoming meeting, it will be essential for any comparable committee established in Oregon to be authorized to cooperate with and coordinate its activities with the National Committee.

This Special Committee believes that it is not only feasible but essential for the physicians of Oregon to establish a mechanism for political action and education and in the recommendations contained in this report, has expressed its opinion regarding certain basic principles which should be followed if such a committee is formulated.

This Committee hereby strongly recommends that this House of Delegates endorse the recommendations herein contained.

Respectfully submitted,

MAX H. PARROTT, PORTLAND, CHAIRMAN
BLAIR J. HENNINGSGAARD, ASTORIA
JOHN E. TYSELL, EUGENE
EUGENE V. MEYERDING, MEDFORD
DANIEL K. DILLAMEYER, OREGON CITY
LOUIS J. FEVIS, PENDLETON
EDWARD E. ROSENBAUM, PORTLAND
MELVIN W. BREESE, PORTLAND
JAMES H. SEACAT, SALEM

AMPAC RESOLUTION

Approved by the Council of the Ohio State Medical Association on Sunday, December 17, 1961

Whereas, Through the impetus of the American Medical Association, a voluntary, non-profit, unincorporated organization known as the American Medical Political Action Committee has been established with headquarters at 520 North Michigan Avenue, Chicago, and

Whereas, the purposes of AMPAC are:

(a) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(b) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(c) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(d) To do any and all things necessary or desirable for the attainment of the purposes stated above.

Whereas, Membership in AMPAC is open to licensed doctors of medicine, their spouses, members of their immediate family and employees of non-profit medical societies or associations, active membership dues being $10 and sustaining membership dues being $99, annually, therefore

Be It Resolved, That the Council of the Ohio State Medical Association:

(1) Endorses the formation and purposes of the American Medical Political Action Committee;

(2) Urges members of the Ohio State Medical Association and members of their family, when called upon to assist in financing AMPAC, to do so by becoming a member of AMPAC or by making a voluntary financial contribution;

(3) Requests members of the Ohio State Medical Association to actively support and cooperate with AMPAC in furthering its educational activities and other objectives.

CONNECTICUT STATE MEDICAL SOCIETY

HOUSE OF DELEGATES ACTION

DECEMBER 7, 1961

RE: MEDICAL POLITICAL ACTION COMMITTEE

WHEREAS: Organized medicine's views on health care and its quality and its financing are not always being adequately and effectively conveyed to members of legislative bodies, and

WHEREAS: Some candidates for public office and incumbent office holders often tend to minimize or ignore the opinions of organized medicine, apparently because they do not feel that the health professions constitute an important political force in public affairs, and

WHEREAS: Organized medicine has an obligation and duty, albeit politically non-partisan, to provide leadership to the people of the United States in matters pertaining to medical care and health, both personal and public, and

WHEREAS: The preservation of freedom in all fields of American enterprise is identical with, and in large measure dependent on, its preservation in the private practice system of medical care, therefore be it

RESOLVED: That the House of Delegates of the Connecticut State Medical Society commend and endorse the purposes and efforts of members of the Society who, on their own initiative, may choose to form or participate in a Connecticut medical political action committee which committee will coordinate its work with the American Medical Political Action Committee.

KENTUCKY STATE MEDICAL ASSOCIATION

"KSMA's Board of Trustees gave unanimous approval to the formation of KEMPAC (Kentucky Educational Medical Political Action Committee) and for the Association to encourage membership participation in AMPAC (American Medical Political Action Committee). The trustees approved the Constitution and Bylaws of KEMPAC and endorsed the names of eleven members to compose the Board of Directors subject to their acceptance."

PERMISSIBLE POLITICAL ACTIVITIES RELATING TO MEDICAL ASSOCIATIONS AND POLITICAL ACTION COMMITTEES

PART I

MEDICAL ASSOCIATIONS

Interpretation of section 610 of the Federal Corrupt Practices Act indicates that incorporated medical associations are free to engage in many activities which relate to political parties or candidates for federal office, even though such activities may incidentally affect the results of an election and technically might appear to be a prohibited form of "contribution" or "expenditure." The legality of a particular activity, in the present state of the law, apparently depends upon its nature and whether the activity involves exercise of the basic first amendment rights of freedom of speech and freedom of the press.

It would appear that the following activities would be proper and legally permissible for incorporated medical associations:

(1) The preparation and publication of information, whether critical, favorable or factual only, describing the position or attitude taken by political parties, public officials and candidates for political office on any issue in which the association or its members has an interest.

(2) The preparation and distribution to its members of the voting records of members of Congress.

(3) The preparation and dissemination of information and advice on how physicians can or should organize for political action.

Information or viewpoints referred to above could be disseminated to association members through regular medical association publications, in special pamphlets, or other regular communications media. Also, so long as information of this character is designed to show only the general attitude of an association, such information could likewise be distributed or disseminated to other interested or affected groups.

In connection with actual elections, there are other activities which an association could probably engage in without violating the statute. Among these are:

(1) The distribution of information giving pertinent data regarding the position of particular parties or candidates, where they derive support, etc.

(2) Urge its members to evaluate the background, viewpoint, competence, etc., of candidates or political parties and, in publications going to members and regular subscribers, urge the support of or opposition to particular parties or candidates.

(3) Sponsor or encourage members to organize local "get-out-the vote" drives, including campaigns to get voters to register, arrangements for transportation of voters to polling places and the urging of physicians generally to participate in and assist such local "get-out-the-vote" drives.

(4) Promote organization of local committees of doctors to become more interested and active in local, state and national government, and in politics generally. However, if such committees become active in the support of particular candidates or parties, a medical association legally could not use its funds or staff in support of such efforts. While active assistance in organizing such committees would be permitted, an association could not use such committees as vehicles for contributing support to candidates or parties.

It will be noted that none of these permissible activities are contributions or expenditures made as part of an active program of direct assistance to political parties or candidates.

PART II

POLITICAL ACTION COMMITTEES

As defined by section 610 of the Federal Corrupt Practices Act, a political action committee is the lawful and accepted vehicle for the application of influence to federal elections and is recognized as such by Congress.

Specifically, quoting the Act:

"Any committee, association, or organization which accepts contributions or makes expenditures for the

purpose of influencing or attempting to influence the election of candidates or presidential and vice presidential electors (1) in two or more states, or (2) whether or not in more than one State if such committee, association or organization (other than a duly organized State or local committee of a political party) is a branch or subsidiary of a national committee, association, or organization."

The provisions of the Act therefore, apply only to committees operating in more than one state or to those which are subsidiaries or branches of national committees. Thus, many medical political action committees would not be subject to the FCPA if they restricted their activities to their own locality or state.

The restraints of the federal law on the activities of a political committee are relatively minor. Under the Hatch Act such a committee may receive contributions and make expenditures for political purposes up to $3,000,000 in any calendar year. The FCPA requires every political committee to have a chairman and a treasurer. The treasurer must keep records of all contributions and expenditures, and the names and addresses of all contributors and recipients of expenditures. The treasurer must file statements with the Clerk of the House of Representatives three times each year and just before a general election showing:

(1) The name of each contributor and the amount if the contribution is $100 or over;

(2) The total sum of all contributions made to the committee;

(3) The name of each person to whom an expenditure is made in excess of $10.00;

(4) The total sum of all expenditures made during the calendar year.

An example of a political committee is the AFL-CIO's Committee on Political Education (COPE). COPE is highly organized with a large staff in its national headquarters, numerous field representatives, state directors in every state, and officers in every major industrial city and in many local unions. COPE divides its activities into those which are "educational" and those which are "political." The educational activities, such as voter registration drives, organization of local COPE units, news releases, posters, and pamphlets on political issues and candidate's voting records are financed

directly from the treasury of the AFL-CIO. COPE reported receiving $718,000 for these activities from the AFL-CIO over a recent eighteen month period. COPE's political activities are financed from voluntary contributions received from individual union members. It expected to receive more than $600,000 from this source during 1958.

By keeping its educational and political funds segregated, COPE is operating on the assumption that it is able to receive financing from a labor union without any violation of section 610 of the Corrupt Practices Act. So far as is known, no question has been raised by the government concerning the legality of this arrangement. A national or interstate medical political action committee could probably operate in much the same manner. (As noted above, intrastate or local committees are not subject to the FCPA). In other words, it could receive funds from a medical association to pay for its "educational" activities. The "political" activities would have to be financed by voluntary contributions from individual physicians or others.

SUGGESTED COPY
FOR
JOINT MEMBERSHIP CAMPAIGN
CONDUCTED BY
(STATE) MEDICAL POLITICAL ACTION COMMITTEE

Letter
Brochure
Membership Certificate
(State MPAC) Form for
Reporting Contributions to AMPAC

(Suggested copy for joint membership appeal)

(STATE) MEDICAL POLITICAL ACTION COMMITTEE

Dear Fellow Physicians:

What happens in (State Capital) and Washington, D. C. will determine the conditions under which you and I and the rest of our colleagues practice medicine in the years ahead.

Next month our state legislature reconvenes (use where applicable). So will Congress. Your stake in the outcome of both sessions is too important to lose by default.

In (state capital), in addition to the (key state legislative issue) more than (no. of) bills will be introduced affecting the practice of medicine. In Washington, D. C. medicine's opponents have laid it on the line: they are making an all out effort to pass the King-Anderson bill during the coming session. As you know, this measure--to provide certain medical health benefits to those who are aged and eligible for social security--constitutes the current assault by the opposition on medicine's freedom to practice.

What can you do about it as an individual? You can raise your voice, of course. But you can amplify your voice a thousand-fold by the contribution of your dollars to an organized effort by your fellow physicians. Money must be made available to support those candidates for public office, and those officeholders, who will defend medicine's position at this critical stage. That money must be used effectively, realistically, where it really counts.

Responsible physicians must support this united effort if medicine's right to practice in freedom is to survive.

(State Medical PAC) and AMPAC, (American Medical Political Action Committee), have been formed to provide the means for effective, continued political action. Both need your support urgently. Both need your support <u>now</u>!

Fill out your check and mail it <u>now</u>. Your support is requested and will be appreciated.

Sincerely yours,

(SUGGESTED COPY FOR JOINT BROCHURE)

1. What is (Name of State MPAC).

The (State MPAC) is a voluntary, non-profit, unincorporated committee whose membership consists of physicians, their wives, members of their immediate families, and others.

2. Why was (State MPAC) organized?

To meet an unmet need--the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs. (State MPAC) dual role is (a) to help its members understand state and national political issues; and (b) to organize them as an effective political action group.

3. Is (State MPAC) affiliated with any political party?

No. It is not bound by Democratic, Republican, or any other party labels. The program and platform of the individual candidate will determine who (State MPAC) supports--not the candidate's party affiliation.

4. Is (State MPAC) a permanent organization?

Definitely. American medicine must have a well-planned, progressive, and consistent program of political expression, carried on vigorously year in and year out. Medicine's sporadic entry and withdrawal from the field of political action during the past twenty-odd years has been costly, and usually ineffective. Coordinated, continued effort on a permanent basis is imperative now--as never before--at both the state and national levels of politics.

5. What is the relationship between (State MPAC) and other medical organizations?

(State MPAC) will function independently of all medical organizations and societies--national, state, and local. However, under the law, medical associations and societies may contribute to the educational programs of (State MPAC). The political activities of (State MPAC) must be supported by contributions from individuals only.

6. Will (State MPAC) educational and political activity duplicate, or work at cross purposes with the activities of similarly oriented political action organizations?

No. As a statewide organization, (State MPAC) will coordinate and supplement--not supplant--the programs now being carried out

by other groups. (State MPAC) provides the means through which physicians can concentrate their material resources in an effective manner, thereby preventing duplication of effort.

7. Will (State MPAC) work with the American Medical Political Action Committee?

Yes. Although an independently functioning organization, (State MPAC) has reached an agreement with the American Medical Political Action Committee (AMPAC) to solicit membership jointly, and to work together, whenever possible, in achieving common objectives.

8. How will these two organization (State MPAC) and AMPAC--use their financial resources to best effect?

In three ways. First, these resources will be used to follow proven patterns of campaign activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, and other pertinent factors. Support for candidates and officeholders will be based upon realistic political appraisal. Second, through education. Programs will be developed such as: analysis of voting records; reviews of legislative issues; voter registration drives; and publication of pertinent materials and information. Third, both organizations will coordinate their efforts with those of other groups similarly engaged in activities designed to advance the cause of good government.

9. Who directs (State MPAC's) activities?

(State MPAC's) activities are directed by a Board of Directors composed of the following physicians:

_____ Chairman

_____ Secretary-Treasurer

_____

_____

_____

10. How can you become a member of (State MPAC) and AMPAC?

Complete your charter membership contribution certificate, attach your check--made out to (State MPAC)--and mail to:

(State Medical Political Action Committee)
(address)

(SUGGESTED FORM FOR JOINT MEMBERSHIP CERTIFICATE)

CHARTER MEMBERSHIP CONTRIBUTION CERTIFICATE

John Jones, M. D.
Secretary-Treasurer
(State MPAC)

Dear Doctor Jones:

In consideration of the urgent, immediate need for strong political action to preserve the independent practice of medicine, I have enclosed my charter membership contribution to (State MPAC). My check is made out to the (State MPAC). I understand that this contribution also covers my membership in the American Medical Political Action Committee, AMPAC.

/_/ $_____or more Active Membership in both State MPAC and AMPAC.

/_/ _____or more, Sustaining Membership in State MPAC and Active Membership in AMPAC.

/_/ _____or more, Sustaining Membership in AMPAC and Active Membership in State MPAC.

/_/ _____or more, Sustaining Membership in State MPAC and AMPAC.

_____Date

Name_____
(Please Print)

Address_____

_____

12/26/61

COMMENTS:

1. The use of the charter membership would not be appropriate in a few states, due to existing programs. The wording should be changed as necessary.

2. AMPAC must receive $10 or more in order to identify the contributor as an Active Member and $99 or more for identification as a Sustaining Member. The amount should be indicated on the certificate and this will depend upon the dues structure established by the state MPAC. For example, if your (State MPAC) dues are $15 Active and $100 Sustaining, then the certificate would provide for the following options:

   $25 or more --Active membership in both State MPAC and AMPAC.

   $110 or more--Sustaining membership in State MPAC and Active Membership in AMPAC.

   $114 or more--Sustaining membership in AMPAC and Active membership in State MPAC.

   $199 or more--Sustaining membership in State MPAC and AMPAC.

3. AMPAC will issue the appropriate membership card to each contributor upon notification of his or her full name, address and amount of contribution.

(For Your Information Only)

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

MEMBER RECORDS SYSTEM

I. AMA addresses the AMPAC one part membership solicitation forms on an IBM 407, on a "selected state" basis at AMPAC's request. (This procedure will be used only in those states where AMPAC makes a direct membership appeal.)

II. The membership solicitation forms are mailed in window envelopes, with reply envelopes, brochures and letters enclosed, to prospective members. (This procedure will be used only in those states where AMPAC makes a direct membership appeal).

If states desire direct AMPAC mailing.

III. Doctors return their checks and completed forms to the national AMPAC office.

A. Adding machine tapes are run both on the checks and cash and on the forms.
B. The checks and cash are deposited and a posting is made in the cash receipts book, noting the date, amount, state, and batch number.
C. The membership forms are grouped by cash receipts batch and so identified.

If state committees are active (Joint membership appeal by State MPAC.

III. Doctors return their checks and completed forms to their state committee.

A. The state MPAC runs adding machine tapes both on the checks and cash on the membership application form.
B. The checks and cash are deposited in the state PAC's bank and properly posted in their cash receipts book.
C. Periodically the state will forward an AMPAC Membership Report and a check for the appropriate portion of the total amount to the national office.
D. The national office
   1. Assigns a report number.
   2. Checks the dollar amount of the check to the report received.
   3. Posts to cash receipts book and deposits check.

IV. Periodically (probably weekly), AMPAC will forward the membership forms, or reports, to AMA, in properly labeled batches.

V. AMA, keeping the AMPAC forms (in the same batches or reports), and using their current "Look-Up File,"

A. Punches separate AMPAC IBM cards, indicating

1. Name and address
2. Kind of AMPAC membership
3. Amount of donation
4. Specialty information code
5. AMA code number, and
6. AMA membership status.

B. Lists all the information on the cards, by batch or report, and indicates the batch or report number and total amount of donations on each list.

C. Forwards the lists and membership forms to AMPAC.

D. Stores the AMPAC IBM cards for future use.

VI. Upon completion of a state "campaign,"

A. AMA prepares a complete listing, in duplicate, including all information contained in the AMPAC IBM cards and the total donation amount for the state.

B. AMA mechanically addresses the AMPAC "active" membership cards. AMPAC manually prepares all membership cards other than "active." Note: The membership cards can be prepared in conjunction with operation V B. if the state "campaigns" prove to be of long duration.

NOTE: AMPAC will reimburse the A. M. A. for the cost of providing the services listed above.

12/26/61

Attached is a sample copy of the membership card. Every contributor will receive the appropriate identification, depending upon the size of his contribution. His or her name will be on the face of the card, using either the IBM process or typewritten.

Dear Member:

The Board of Directors of the American Medical Political Action Committee gratefully acknowledges your contribution.

Your 1962 AMPAC membership card is another certification of your dedication to medicine's fight to remain free. Carry it with you at all times and encourage others to become identified with this organization.

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE

1962

SUSTAINING

SIGNATURE

S

EXAMPLES OF EDITORIAL AND NEWS RELEASE COPY

AMPAC to Back Candidates For Elective Office

MEDICINE has chalked up another first—this time in another area of vast concern to all freedom-loving individuals. Prior to the formation of the American Medical Political Action Committee (AMPAC), no comparable activity existed in the business and professional world. Labor, of course, has dominated this type of endeavor through its Committee on Political Education (COPE).

AMPAC's objectives simply stated are: 1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs. 2. To encourage physicians and others to understand the nature and actions of their government, as to important political issues and to the records of office holders and candidates for elective office. 3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibility.

Leonard W. Larson, M.D., President
American Medical Association

AMPAC is not affiliated with either major political party and will not be bound by Democratic or Republican party labels. The program and platform of the individual candidate—*not* the candidate's party affiliation—will determine whom the committee supports.

AMPAC will support candidates who favor medicine's point of view and will oppose those who are known to have a position contrary to the maintenance and continuation of our private, free-enterprise system of medical care.

Decisions on candidates will be made by the bipartisan, 10-member Board of Directors after receiving proper advice and counsel from physicians and others in each state and congressional district.

AMPAC must do its job on a national level, but at the same time the committee is dedicated to the preservation of local prerogatives and the avoidance of preempting in any way the responsibilities of local doctors as individual citizens or as local political action groups.

As responsible citizens, physicians have an obligation to support and maintain medical political action and education programs. Repeatedly, individuals in all walks of public life have indicated that the lack of such activity traditional to a free society has seriously affected medicine's efforts to maintain the best system of medical care in the world. Others who may generally disagree or express displeasure with medicine's philosophy have looked upon AMPAC with respect. James A. Farley, in the November issue of *New Medical Materia*, said:

> Politics is the supreme challenge of American life. I consider politics as among the highest and most useful callings open to Americans of any profession. Thus, I find the formation of the American Medical Political Action Committee of considerable interest. . . . The new political action committee can perform a great service if it emphasizes to the individual doctor his part in politics at the local level.

Do your part by becoming a member of AMPAC. Participate with thousands of your colleagues in the important job of helping to elect men to public office who deserve the profession's support.

Leonard W. Larson

Printed from The Journal of the American Medical Association
Vol. 179, No. 10, page 814, March 10, 1962

Political Advice From Jim Farley To The Medical Political Action Committee

By James A. Farley

Politics is the supreme challenge of American life. I consider politics as among the highest and most useful callings open to Americans of any profession. Thus, I find the news (in September New Medical Materia) of the formation of the American Medical Political Action Committee of considerable significance.

In recent years, the medical profession has assumed an increasingly active role in national politics. The new political action committee can perform a great service if it emphasizes to the individual doctor his part in politics at the local level.

He Must Learn the Rules

To become truly effective as a participant in government at any level, the physician must first learn the rules of the art of politics. Like the average businessman—and, indeed, the average citizen—the doctor usually does not understand these basic rules, except in small communities where he participates actively in communal affairs.

The best way he can learn these precepts is to accept and act on the first, most basic rule—to start at the bottom. By encouraging the individual physician in this approach, the new committee can render an important service to medicine and to the nation.

When the business or professional man decides to enter the political arena, his first mistake is often to assume he can start at the top. This is natural.

By virtue of his profession, the physician is a highly respected figure in his community. He feels his status entitles him to enter politics at a high level.

But such an attitude is poor preparation for entering a world of hard reality. You get into politics by affiliating with an organization and working with it at ground level until you learn your new "trade." In small communities, however, the doctor is a participant, by virtue of his daily calls on patients.

I was born and raised in a small town. I saw much evidence of the physician's influence on the political thinking of the people. Doctors, above all others, were aware of what their patients felt about a political situation. Of course, cliques and generally prevail in the cities. That is where the physician will really have to work with an organization.

As the doctor learns the ground rules of politics, he must find he cannot apply the rules of medicine to his new field. Politics does not conform to the scientific approach he learned in medical school and uses in his practice.

In politics, all is based on artful compromise. The doctrine that "half a loaf is better than none" is fundamental in politics—even though it could be disastrous in medical practice.

The art of compromise is a lesson which the doctor must learn early in his political career. He must beware of advocating measures which lead only to political suicide—no matter how sincerely inspired.

The doctor, through experience, can arm himself against such an error. He can make himself aware of the realities of popular sentiment and political possibility. He must stop kidding himself that he has plumbed public opinion simply because he has surveyed the consensus among doctors in medical society meetings. This is like businessmen conferring only with businessmen at their own social level.

You learn more about grass-roots opinion in a barber shop or other public meeting places than you do in contacts with your professional peers, no matter how politically alert they may be, for they have insufficient contact with the man on the street.

For a doctor, starting at the bottom of politics may involve running for a local office or campaigning for a candidate he respects. He will learn new relationships with people and toughen himself to hear criticism and insult without becoming bitter about them.

By learning the rules of politics thoroughly, the physician will find his reward in becoming more effective as a participant in his community, his state, and the nation. That individual doctors *have* successfully entered the political arena is evident from the fact that seven physicians now serve in Congress. One of these doctors represents his state in the Senate.

Even if the doctor's ambitions do not soar this high, the experience to be gained from politics can be of great value to him as a citizen and as a physician. Through his efforts, the image of his profession will be enhanced in his community and in the nation. END

James A. Farley

[illegible]

BY JAMES BASSETT, Times Political Analyst

Eighteen months ago the trustees of the American Medical Assn., representing 186,000 doctors, asked themselves: "How can we function more effectively in politics?"

Quite frankly, the AMA wanted to put its considerable weight behind congressional candidates who agreed with them that health aid to the aged under Social Security paved the way toward socialized medicine.

With a certain amount of envy, they'd observed the success of the AFL-CIO's Committee on Political Education (COPE), which espouses causes and endorses candidates friendly to organized labor.

COPE's liberal choices, of course, rarely coincide with those that might [illegible] the conservative [illegible] that COPE's [illegible] use of money and [illegible] man-power has proved a potent weapon in U.S. politics.

Thus was born a nationwide group known as AMPAC — the American Medical Political Action Committee — which seems rather unmistakably to have taken its name from COPE's partial predecessor, the CIO's Political Action Committee.

☆

Here in California, where the medical association has 19,000 members, AMPAC [illegible] permanent committee [illegible] chairman. It [illegible] a staff of [illegible] of the state's doctors, their wives and [illegible].

Dr. Malcolm C. Todd, Long Beach, is chairman of the California AMPAC.

He's no stranger to politics. Ten years ago, Dr. Todd was one of three Southland doctors who traveled in relays with President Dwight D. Nixon during the strenuous national campaign that made him Vice President. He performed this same chore in 1956 and again in 1960 when Nixon ran for President.

Inevitably, Todd learned what makes politicians tick, discovered how a man gets elected, and became a past master in the care and feeding of candidates.

As a conservative with a rare leavening of humor, Todd would appear to be a pretty good choice to head AMPAC in a state that soon will be No. 1 in the whole country.

With 7,500 physicians supporting the medicos' political action group at an average of $80 apiece annually, the California AMPAC should have a 1962 campaign war-chest in excess of $200,000.

It will be used for a fourfold program:

1—Educating doctors on "issues" deemed essential to their profession's well-being.

2—Promulgating the free enterprise system, of which AMPAC figures medicine is an integral part.

3—Coaching doctors in "political action" tactics.

4—Actually contributing to key congressional campaigns.

Todd reckons that $2,500 would be the maximum expended on any single candidate. This approximates the sum which COPE gives to labor-friendly House aspirants. The money will be channeled to hard-nosed political factors, he explained, in races where AMPAC-sponsored candidates have to [illegible] and [illegible], and not wasted on hopeless cases.

(The California Medical Assn.'s chief lobbyist, [illegible] the Pacific Health Law [illegible], has another $1,000 to gives approved state legislative candidates. Last year, the AMA spent $[illegible] in its Washington [illegible] last year. This Todd says compares to the AFL-CIO's $1 million outlay for "representation" at the capital.)

If AMPAC fears adverse criticism because of its burgeoning role in U.S. politics, it doesn't show it.

"We're voluntary, nonprofit and non-partisan," said Todd. "Yes, and we're also conservative, particularly where government bureaucracy seems apt to take over control of medicine."

AMPAC, he explained, will function independently of the AMA itself. Having "invented" this political apparatus, the parent association has granted it full autonomy, and now AMPAC must even raise its own funds.

What really sparked AMPAC?

"When the Kennedy administration took one segment of U.S. society — the aged — and drafted legislation for specialized medical care," said Todd, "we rebelled. We want to insure proper health assistance for the elderly, but the Social Security-backed King-Anderson bill (still in a House committee) isn't the answer."

Instead, the AMA prefers the Kerr-Mills Bill, already law, which provides matching federal grants to the various states and establishes an aid formula.

Congressional candidates who promise to [illegible] the Kerr-Mills program [illegible] in competition for AMPAC's support.

"Doctors," said Todd thoughtfully, "are good personal lobbyists."

He offered some statistics to illustrate the scope of this physician pull with "people." The average medico sees 10 or so patients every week. Assuming AMPAC obtains its 7,500 California members, that means 750,000 potential "political contacts" by these doctors.

And carrying this a bit farther, you can also assume that each patient has at least one relative who'll listen to the message he relays from his physician. Grand total—1.5 million persons!

Nerve center for AMPAC is a suite of offices at 2973 Wilshire Blvd., convenient to the County Medical Assn., where final screening of congressional candidates will take place.

Bassett

SUGGESTED ORDER OF EVENTS

1. Endorse AMPAC's program by official action of the state medical society and/or action of the appropriate state medical political action committee. (This endorsement is urgently needed).

2. Identify or establish the appropriate state group with which AMPAC should work. (Immediate action is indicated if medicine is to be politically effective during 1962).

3. Establish an agreement with AMPAC through the appropriate state group relative to a membership solicitation program. (Again, there is little or no time to spare).

4. Conduct membership campaign either through a state committee or by direct mailing from AMPAC.

5. Aid AMPAC with an analysis of Congressional Districts and Candidates.

6. Prepare for candidate and campaign activity.

7. Develop political education program and material for physicians and their families.

8. Notify AMPAC of your position relative to the above, if you have not done so. AMPAC is prepared to make a direct mailing on short notice to those states where this is considered the appropriate method of appeal.

1/9/62

BIBLIOGRAPHY OF SOURCE MATERIAL

Action Course in Practical Politics, Business Relations Department, Chamber of Commerce of the United States, 1615 H Street, N. W., Washington 6, D. C., $6.

Citizens At Work, National Association of Manufacturers, 2 East 48th Street, New York 17, N. Y., Complete six-week study course for a group of 20 persons $300.

How to Win, AFL-CIO Committee on Political Education, AFL-CIO Bldg. 815 16th Street, N. W., Washington, D. C., $3.

Democratic Precinct Handbook, United Publishing Co., 717 6th Street N. W., Washington, D. C., $.50.

The GOP Precinct Leaders' Manual, Tool & Armstrong Co., 911 Acoma Street, Denver 4, Colo., $9.10 per 100.

The Businessman's Guide to Practical Politics, J. J. Wuenthner, Jr., Henry Regnery Co., 64 East Jackson Blvd., Chicago 4, Ill., $3.75.

Government is Your Business, James Kellar, Permabooks Division, Doubleday & Co., Garden City, N. Y., $.25.

27 Lessons of Politics in a Personal Perspective, Raymond Moley, New York: Published by McGraw-Hill of Funk & Wagnalls Co., $3.50.

Tom's Town, William Reddig, J. J. Lippincott, E., Washington Square, Philadelphia 5, Penn., $4.

Wisconsin Story, Film, Koster Film Studios, 1017 New Jersey Avenue, S. E., Washington, D. C., $22.50 prepaid.

Review of Federal Statutes and Court Decisions Relating to Political Activities of Medical Associations and Individual Physicians. AMPAC, 520 N. Michigan Avenue, Chicago 11, Ill., or Director, Legal and Socio-Economic Division, AMA, 535 N. Dearborn Street, Chicago 10, Ill.

HERE IS MY PLEDGE TO I-HOPE

(Checks Payable To: I-Hope and sent to I-Hope, 1017 Hume Mansur Bldg., Indianapolis 4, Ind.)

I enclose my check for $_____ as a voluntary contribution to I-HOPE.

In addition, I desire to pledge $_____ to I-HOPE for each of the years ☐ ☐ ☐

Please remind me of this pledge in _____ MONTH _____ of each year.

_____, M.D.

_____

_____

_____

_____

_____, M.D.

_____

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_____

HELP I-HOPE BY:

1. Contributing.
2. Making Your Feelings Known to Your Congressman.
3. Knowing The Issues.
4. Becoming Active in Politics.
5. Registering and Voting and Seeing That Others Do Too!

INDIANA HEALTH ORGANIZATION FOR POLITICAL EDUCATION

1017 Hume Mansur Building

Indianapolis 4, Indiana

MElrose 9-2109

INDIANA HEALTH ORGANIZATION FOR POLITICAL EDUCATION

I HOPE

"If you are too busy to take an interest in government and feel that getting 'mixed up in politics' is beneath your dignity—then at least take time for one thing . . . teach your children to count in rubles . . . they'll need it with the inheritance you're leaving them."

● I-HOPE (Indiana Health Organization for Political Education) is composed of licensed physicians and others in Indiana dedicated to one prime objective—*preservation of the private practice of medicine and historic American freedom.*

● It was organized in August, 1960, after "grass roots" research underlined the need among doctors and others for a permanent, hard-hitting organization devoted entirely to political education and all that term implies.

FOUR PRINCIPLES

● I-HOPE is structured around these Four Principles:

1. To promote and to strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the political records, officeholders and candidates for elective office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their responsibilities of citizenship.

4. To uphold the tradition of individual liberty and undiluted Americanism.

● I-HOPE is politically non-partisan. Its Board of Directors—all physicians—represent both major political parties, and come from all sections of Indiana.

SUPPORT OF CANDIDATES

● Regularly established medical organizations (county, state and national) are prohibited by law from providing direct support to candidates. I-HOPE can—and does—perform this vital function, vigorously upholding office seekers and incumbents who are pledged to and have a record of strongly backing in Congress those measures dedicated to our cherished freedom and to battling the socializers.

● I-HOPE—infant though it was—had a remarkable record in the 1960 elections and three Hoosier Congressmen voluntarily stated that I-HOPE spelled the difference between victory and defeat!

● All Indiana Congressmen will be up for election in 1962 and unless I-HOPE and groups allied in the same principles come to the help of those who vote and practice Americanism, they will surely go down!

● I-HOPE opposes those who vote and lobby for socialistic measures just as vigorously as it fights for the defenders of the American way of life.

OTHER I-HOPE ACTIVITIES

● Support of dedicated candidates, however, is only one aspect of I-HOPE activities in behalf of the private practice of medicine and the free enterprise system.

● I-HOPE sponsors meetings where speakers forcefully outline the grave issues facing America—speakers such as Dr. Edward R. Annis. It thoroughly studies legislation and works for passage of sound, non-socialistic measures. It conducts political workshops. It strives to educate physicians, their wives and others in the basics of politics. "We must only through active participation at all level, can the medical and allied professions win their fight.

● Speakers are available for appearances before medical and other groups.

● All of these activities—and others, planned for the future—require money. I-HOPE is voluntary—there are no dues or assessments. It believes that physicians and others dedicated to the cause of freedom have enough interest in Americanism to give voluntarily to support a program devoted entirely to our way of life.

HOW MUCH TO GIVE

● How much should each individual give?

● The answer to that lies in another question: "How Much Is Freedom Worth?"

● Donations to I-HOPE thus far have averaged about $19.00. Eighteen per cent of those giving have subscribed $100; 17 per cent have given $75.00; 26 per cent, $25.00.

● All I-HOPE funds are used solely for the programs outlined in this pamphlet. Money is disbursed for candidate support and educational activities at direction of the Board of Directors—all physicians.

● Some donors prefer to pledge over a period of time and, with that in view, a form for such purpose is included as a part of this pamphlet.

● Checks and pledges should be made payable to I-HOPE and may be sent to: I-HOPE, 1017 Hume Mansur Building, Indianapolis 4, Indiana.

● Information regarding speakers and other facets of the program may be obtained from the same address.

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

1968

SUSTAINING

SIGNATURE

Direct all inquiries and changes of address to:

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
[illegible] North Michigan Avenue
Chicago 11, Illinois

AMPAC—Material Support for Political Success through programs designed to:

I. Promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs.

II. Encourage physicians and others to understand the [illegible] of our government, and the records of officeholders and candidates for elective office.

III. Assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

LET'S MAKE IT A TEAM EFFORT—

THE DOCTOR AND HIS WIFE!

If your husband is not an AMPAC member, please encourage him to join. If your wife is not an AMPAC member, please encourage her to join.

As a team, your leadership and your interest will spell political success.

This form may be used as an application.

NAME _____

ADDRESS _____

_____

☐ ACTIVE $10-$99

☐ SUSTAINING $99-$5000

VOL. 1 NO. 1 JUNE, 1962

• Mailed to AMPAC members with this, the first issue of "Political Stethoscope," is the program for AMPAC DAY, Sunday, June 24, in Chicago's Palmer House.

You'll notice a blue-ribbon list of guest speakers for both events, including: Sen. John G. Gower (R-Tex.); Rep. Harold B. McSween (D-La.); Dr. Edward R. Annis; Stephen A. Mitchell, former Democratic National Chairman; and Sen. Thruston B. Morton (R-Ky.), former GOP National Chairman.

Plan to attend the morning political session and the 7 p.m. banquet, both in the Grand Ballroom. Press interest in AMPAC's activities is high. Let's show that our organization is off and running.

• A number of CONGRESSIONAL CANDIDATES have already received some degree of AMPAC support for their primary campaigns. Batting average so far: .800. Of these, most have completed their primary races, but two have yet to win their party nominations.

A third of the AMPAC-backed candidates were trailing the odds in tough primary situations and some were doubtful to win. Another third were slightly favored and were as from runners. Of the two primaries yet to be run, one candidate has a mean primary ahead but a clear track after that. The second has no primary trouble but faces a close race in the general election.

Of the losers, only one ran poorly. The others were defeated in runoffs by close margins, one by a gnat's eyelash.

AMPAC supported both Democrats and Republicans.

This rundown does not include, of course, a number of candidates supported by state PAC's at the district level. There were a good many of these.

• We're asked our BASIS FOR CANDIDATE SELECTION. Essentially, it's a matter of plain, common sense. But the factors involved include what we call us from the candidate's home district; his personal nature; the candidate's position of leadership, interest or position; the support by practices of the vicinity or district; the vote argued; the state effects of the race on another contest; and in a Congressional candidate running in a Senatorial contest, [illegible] — the principles for which the candidate stands. There being few sure things in politics, AMPAC supports dark horses as well as solid favorites.

• What's THERE TO BE A PRIMARY BETWEEN? If party labels were always reliable, AMPAC would stay out of primaries. The contrary is, they aren't. Both major parties contain a broad spectrum of political belief and behavior. It is therefore simple realism to back the individual, not the party.

(continued on back page)

Published by American Medical Political Action Committee

WAYS AND MEANS COMMITTEE

The Ways and Means Committee was established as a standing committee of the House of Representatives in 1802, but its roots go back to the Constitution.

The Constitution provides that "all bills for raising revenue shall originate in the House of Representatives . . ."

Today the Federal budget is almost $90 billion a year. A very small amount comes from such sources as patent and copyright fees, sale of timber from government lands, immigration fees, and so on. But the bulk of the funds to run the Federal government must come from taxes.

Tax laws are a primary responsibility of the House Ways and Means Committee. Legislation designed to raise money must originate in this Committee.

After the House approves tax legislation it is considered by the Senate.

For many years, the House Ways and Means Committee was responsible for bills that dealt both with the raising of money and the spending of money.

In 1865, however, some work of the Committee was transferred to other Committees.

The Ways and Means Committee retained jurisdiction over revenue bills, but appropriation bills—the spending of money—was transferred to the Appropriations Committee. Jurisdiction over some other types of legislation previously handled by the Ways and Means Committee was transferred to the Banking and Currency Committee at the same time.

The loss of these responsibilities has still left the Committee with plenty to do.

Obviously, general tax bills fall within its jurisdiction. But a host of other measures also concern it.

The Committee deals, for example, with trade and tariffs, public welfare measures, unemployment compensation, social security, highway financing, the debt limit. The Committee is thus handling many of the major issues that face Congress this year, including changes in reciprocal trade agreements, tax revision, and—most important to the medical profession—the King Anderson Bill to provide health care services to the aged under Social Security.

At first glance, the reason why the Ways and Means Committee is responsible for legislation dealing with tariffs may not be clear.

Originally, however, tariffs were used primarily as a means of raising revenue and were not as deeply embedded as they are today in international relations and trade policies.

Social Security also has its roots upon taxes.

In addition, the Committee becomes involved in such matters as the bond of debt of the United States, the deposit of public funds, collection districts and ports of entry and delivery.

It goes without saying that the House Ways and Means Committee is regarded as one of the most influential and important in the House. Certainly it bears one of the heaviest workloads.

As a result, its members serve only on the Ways and Means Committee.

Most other members of Congress serve on two or three House Committees.

As an example of how thoroughly the Ways and Means Committee discharges its obligations, during last year's hearings on the King Anderson Bill, the Committee heard hundreds of witnesses. The printed testimony fills four volumes—2251 pages.

Chairman Wilbur D. Mills (D-Ark.) is regarded as having one of the most brilliant minds in Congress. He and other Congressmen who have served on the Committee for years are regarded as the real authorities on tax matters in the House of Representatives.

With the retirement after this term of Rep. Noah M. Mason (R-Ill.), Rep. John W. Byrnes (R-Wis.) will become the ranking Republican member.

The Committee is composed of 25 members—15 Democrats and 10 Republicans. All but one are men. Martha Griffiths (D-Mich.) is newly appointed and is the first woman ever to sit on the Committee.

P.S.

PS stands for "Political Sythoscope," AMPAC's newsletter, which makes its initial appearance with this issue.

Neither AMPAC nor PS came into being as a result of the revival spirit, which always comes in time and ends in backsliding. That's the history of revivals; if it weren't, one revival would be enough.

AMPAC is here to stay. Therefore PS is here to stay. Both are founded on the belief that the medical profession has learned—the hard way—that it must fight for the nation's health in caucus rooms as well as consulting rooms, in primaries as well as laboratories. For there are political viruses abroad as dangerous to 180 million patients as any test-tube variety ever isolated.

PS has no regular publishing schedule. It will appear only when there is a need for it to appear—at least as presently planned. But PS will be as objective and realistic as AMPAC can make it whenever it appears.

For a beginning, PS will warn all those who share AMPAC's belief in the need for medical political action that we shouldn't bid expectant for cures and probably will not change overnight a political problem that has been decades in the making.

Political education and action provide no quick or easy answer to the state of the nation, no matter how diligently we undertake them. Effective results depend upon patience, persistence, continuity.

AMPAC—and PS—are simply the first short steps on a long, steep road.

We should have taken them long ago. But at least we have made a start.

OREGON MEDICAL POLITICAL ACTION COMMITTEE

"The punishment of wise men who refuse to take part in the affairs of government is to live under the government of unwise men."

—Plato

1

What is AMPAC?

The American Medical Political Action Committee is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, and others.

2

Why was AMPAC organized?

Because the medical profession needs an organization through which its members can participate effectively in public affairs. AMPAC's dual role is to further the political knowledge of its members; and to provide them with the means for concerted political action.

3

Is AMPAC affiliated with either major political party?

No. It is bound neither by Democratic nor Republican party labels. The program and platform of the individual candidate determine whom AMPAC supports—*not* the candidate's party affiliation.

4

Who directs AMPAC's activities?

A ten member Board of Directors—nine physicians and one member representing the Woman's Auxiliary to the AMA. No member may serve for more than five years.

5

Is AMPAC a permanent organization?

Yes. Experience proves that one-shot programs of political education or action just don't get results. Effective candidate support demands politically knowledgeable people who keep up to date on issues, candidates and campaign techniques.

6

What relationship exists between AMPAC and the AMA?

AMPAC functions independently of all other medical organizations and societies—national, state and local. However, AMPAC's directors are appointed annually by the AMA's Board of Trustees. Further, the AMA and other incorporated medical associations are free to contribute to AMPAC—but only to its educational, *not* political, activities.

7

Does AMPAC's educational and political activity duplicate, or clash with, the activities of similarly oriented political action organizations?

No. As a national organization, AMPAC supplements rather than supplants the programs now being carried out by such groups. AMPAC simply provides its members with the means of concentrating their material resources in an effective manner, thereby avoiding duplication of effort within the medical profession and reinforcing action programs now in effect.

AMPAC's members remain active within the political party of their choice but multiply their political effectiveness through the concerted effort their membership in AMPAC makes possible.

8

How does AMPAC use its financial resources to best effect?

First, through education. AMPAC services its members with voting records; a scheduled publication; how-to-do-it materials on candidate support, precinct action programs, voter registration drives, party organizational structure, and similar subjects.

Second, AMPAC follows proven campaign techniques and selects candidates for support on a realistic basis. Target areas are chosen after thorough

analysis at the local level; after consideration of the candidate's voting record and political principles; after thorough study of the many factors that determine his chances of winning.

Third, AMPAC coordinates its efforts with those of other groups—medical and non-medical—who are actively engaged in working for better government.

9

Is AMPAC's membership large enough to make this an effective political action group?

Yes. Since its formation, AMPAC's membership has grown remarkably and is constantly increasing. Although membership figures are restricted, it can be said that a substantial percentage of U. S. physicians and their wives are now members. "If it hadn't been for AMPAC," one party professional said recently, "dozens of good candidates on both sides of the aisle wouldn't be members of the 88th Congress."

10

How can you join AMPAC?

Through your state medical political action committee or by direct application to AMPAC. Because this is a permanent program, members are contacted yearly relative to annual dues.

AMPAC's membership categories are:

Active	$10.00 or more
Sustaining	99.00 or more
Student (including residents and interns)	5.00 or more

*

YOUR SUPPORT CAN MAKE THE DIFFERENCE

*

BACK MEDICINE'S FIGHT TO REMAIN FREE

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
520 North Michigan Avenue / Chicago 11, Illinois

IMPACT

Impact

Urban Public Action Program

What is AMPAC?

How was AMPAC organized?

Is AMPAC affiliated with either major political party?

What is the relationship between AMPAC and the AMA?

Will AMPAC's educational and activities duplicate or work at cross purposes with the activities of auxiliary and other action organizations?

Is AMPAC a permanent organization?

How will AMPAC use its financial resources best effect?

VEMPAC-AMPAC

VERMONT MEDICAL POLITICAL ACTION COMMITTEE

1415 Constitution Avenue • Montpelier, Vermont

SEND MY 1983 MEMBERSHIP CARD TO:

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

U.S. CONGRESSIONAL DISTRICT _____

Enclosed is my check for VEMPAC-AMPAC membership:

- ☐ Active membership, $25-$148
- ☐ Sustaining membership, $149-$5,000
- ☐ Student, intern, resident membership, $5

HOW MUCH TO GIVE

If you have wondered how much you should give, then answer that question by asking yourself: "How much is freedom worth?"

Memberships may be purchased in AMPAC and TEXPAC by filling out the attached checks for the respective organizations. Membership in each organization is on the following basis:

Active .....$10.00 minimum annually.

Sustaining .....$99.00 minimum annually.

All AMPAC and TEXPAC funds are used solely for the programs outlined in this pamphlet. Money is disbursed for candidate support and educational activities at the direction of the Board of Directors.

The attached checks have been conveniently made payable to AMPAC and TEXPAC respectively. Complete these checks for the amount you desire and send to: TEXPAC, c/o Mr. Willard J. Heath, 433 Medical Arts Building, Dallas 1, Texas.

Information regarding speakers and other facets of the program may be obtained from the same address.

CONTRIBUTIONS MADE TO TEXPAC OR AMPAC ARE NOT DEDUCTIBLE FOR TAX PURPOSES.

Texas
TEXPAC
Political Action Committee

Texas
TEXPAC
Political Action Committee

"If you are too busy to take an interest in government and the people getting elected to do politics is because your rights then at least take time for one thing ... is your children to exist in a free ... they need ... the ... learning ... to ... and ... be responsible for the ... in government ... the ... my life."

TEXPAC (Texas Political Action Committee) is com[illegible] of licensed physicians and others in Texas, dedicated to the principles of preservation of Constitutional government, and historic American freedoms as guaranteed by the Constitution.

Its activities will be fully in keeping with the public interest, and will be designed to preserve the private practice of medicine, which has provided the people of this nation with the highest quality of medical care in the world today.

It was organized by dedicated physicians and their wives who felt the need for a permanent, well-informed, organization devoted to political education and support of candidates who believe in the same principles.

PRINCIPLES

TEXPAC is built around the following principles:

1. To encourage and to strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to political records, officeholders, and candidates for public office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their responsibilities of being good citizens.

4. To uphold the tradition of individual liberty and support of the rights guaranteed by the Constitution.

TEXPAC is politically non-partisan in its Board of Directors. All physicians represent both major political parties and come from every Congressional District in Texas.

SUPPORT OF CANDIDATES

[illegible] affiliated medical organizations, county, state [illegible] are prohibited by law from providing direct [illegible] candidates.

[illegible]—and [illegible]—[illegible] this vital function. [illegible]

TEXPAC expects to review the records of all of those seeking political office in our State and to do all possible to see that men of integrity, ability, and who believe in support of our Constitution are elected to public office.

This year, 1962, the people of Texas will elect 23 Congressmen, a Governor, a Lt. Governor, 31 State Senators and 150 State Representatives and an Attorney General, and many other public officials. We need your help and assistance in electing deserving and qualified men to public office.

TEXPAC will oppose those who vote and lobby for socialistic measures just as vigorously as it will fight for those who defend Constitutional government and our private enterprise system.

OTHER TEXPAC ACTIVITIES

Support of dedicated candidates is only one aspect of TEXPAC activities in behalf of the private practice of medicine and the free enterprise system.

TEXPAC thoroughly studies legislation and works for the passage of sound, non-socialistic measures. It conducts political work shops. It strives to educate physicians, their wives and others in the facts of politics—because only through active participation at all levels, can the medical and allied professions win their fight.

Speakers are available for appearances before medical and other groups.

All of these activities—and others planned for the future—require money. TEXPAC is voluntary—there are no dues or assessments, although funds are being raised through the sale of memberships. TEXPAC believes that physicians and others dedicated to the cause of freedom have enough interest in Americanism to give voluntarily to support a program devoted entirely to our way of life.

COORDINATION WITH AMPAC

AMPAC is the American Medical Political Action Committee, a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, the members of their immediate families and others.

AMPAC was organized to meet an urgent need—the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs, on a national basis. AMPAC's dual role is a) to help its members understand political issues; and b) to organize them as an effective political action group. Thus AMPAC and TEXPAC represent an organized, effective means by which our political views may be given expression on both the national and state levels.

THOSE WITH WHOM YOU WILL WORK

TEXPAC is organized on a Congressional District basis, just as, and Congressional District has a representative in close touch with the state organization. The Officers and Directors of TEXPAC are as follows:

Chairman—Max E. Johnson, M.D., San Antonio

Vice-Chairman—Joe R. Donaldson, M.D., Pampa

Secretary—N. L. Barker, M.D., Paris

Treasurer—Millard J. Heath, Dallas

Directors—James H. Summers, M.D., Highlands
Louis W. Bond, M.D., El Paso
Foy H. Moody, M.D., Corpus Christi

Woman's Chairman—Mrs. Garland G. Zedler, Austin

The Congressional District Chairmen are as follows:

NAME	HOME TOWN	CONGRESSIONAL DISTRICT
N. L. Barker, M.D.	Paris	1st
John M. [illegible], Jr., M.D.	Beaumont	2nd
J. W. Birchell, M.D.	Tyler	3rd
David T. [illegible], M.D.	Sherman	4th
Guy K. [illegible], M.D.	Dallas	5th
R. V. Kinder, M.D.	Lufkin	6th
Harvey Bell, M.D.	Palestine	7th
James H. Summers, M.D.	Highlands	8th
Harvey [illegible], M.D.	Hallettsville	9th
David [illegible], M.D.	Austin	10th
G. V. Brindley, Jr., M.D.	Temple	11th
Robert E. [illegible], M.D.	Fort Worth	12th
Robert L. Daily, M.D.	Wichita Falls	13th
Foy H. Moody, M.D.	Corpus Christi	14th
H. D. Gilliam, M.D.	[illegible]	15th
Louis W. Bond, M.D.	El Paso	16th
Joe T. [illegible], M.D.	Weatherford	17th
Joe R. Donaldson, M.D.	Pampa	18th
A. Lee [illegible], M.D.	Lubbock	19th
Max E. Johnson, M.D.	San Antonio	20th
Braswell Locke, M.D.	Brownwood	21st
Byron F. York, M.D.	Paris	22nd

Who Runs EMPAC?

EMPAC's activities are directed by the following officers and Board of Governors:

George J. Lawrence, Jr., M.D., Flushing	*Chairman*
John F. Kelley, M.D., Utica	*Vice-Chairman*
Solomon Schussheim, M.D., Brooklyn	*Secretary*
Bernard Pisani, M.D., New York	*Treasurer*

BOARD OF GOVERNORS

Samuel Wagreich, M.D., Bronx	*District I*
Ralph S. Emerson, M.D., Roslyn Heights	*District II*
F. W. Holcomb, Jr., M.D., Kingston	*District III*
James M. Blake, M.D., Schenectady	*District IV*
John S. Fitzgerald, M.D., Utica	*District V*
James L. Palmer, M.D., Binghamton	*District VI*
Charles R. Mathews, M.D., Rochester	*District VII*
John D. Naples, M.D., Buffalo	*District VIII*
Waring Willis, M.D., Bronxville	*District IX*

Edward F. Sloan — *Executive Director*

[illegible]

Complete your charter membership contribution certificate, attach your check — made out to *EMPAC*—and mail to the address below.

[illegible]

EMPAC

offers you the

IMPACT

[illegible]

POLITICAL ACTION PROGRAM

What is EMPAC?

The Empire Medical Political Action Committee is a voluntary, non-profit, non-partisan group whose membership consists of physicians, their wives, members of their immediate families, and others.

What is EMPAC designed for?

To meet an urgent need—the need of providing the medical profession with the opportunity to assume a more active and effective role in public affairs. EMPAC's dual role is (a) to help its members understand state and national political issues; and (b) to organize them as an effective political action group.

Is EMPAC affiliated with any political party?

No. It is not bound by Democratic, Republican, Liberal, or any other party label. The program and platform of the individual candidate will determine whom EMPAC supports — not the candidate's party affiliation.

Why is it important that organized medicine [illegible]?

Obviously, American medicine must have a well-planned, progressive and consistent program of political expression, carried on vigorously year in and year out. Medicine's sporadic entry into and withdrawal from the field of political action during the past twenty-odd years has been costly, and usually ineffective. Coordinated, continued effort on a permanent basis is imperative now—as never before—at both the State and National levels of politics.

Is EMPAC affiliated with the American Medical Political Action Committee?

Yes. Like similar organizations in other states, EMPAC has an agreement with the American Medical Political Action Committee (AMPAC) to solicit memberships jointly, and to work together in achieving common objectives.

How will EMPAC be financed?

In three ways. First, these resources will be used to follow proven patterns of political activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, and other pertinent factors. Support for candidates and office holders will be based upon realistic political appraisal. Second, through education. Programs will be developed such as: analysis of voting records; reviews of legislative issues; voter registration drives; and publication of pertinent materials and information. Third, both organizations will coordinate their efforts with those of other groups similarly engaged in activities designed to advance the cause of good government.

Will the [illegible] be financed by dues [illegible]?

EMPAC will function independently of all medical organizations and societies—national, state, and local. Under the law medical associations and societies may contribute to the educational programs of EMPAC. However, the political activities of EMPAC must be supported by contributions from individuals only.

Will EMPAC's educational and political activities [illegible]?

No. As a statewide organization, EMPAC will coordinate and supplement — not supplant — the programs now being carried out by other groups. EMPAC provides the means through which physicians can concentrate their funds in an effective manner, thereby preventing duplication of effort.

Politics is everybody's business.

Politics is vital to physicians and their wives, as it is to all educated, enlightened people. Physicians, their wives, and citizens in many other occupations are forming candidate committees, working with their party, contributing their dollars and their time.

Where do you fit in?

Candidates need VOTES. Parties need VOLUNTEERS. Most political volunteers are women. They can supply a majority of the votes, too, because the 58 million women eligible to vote in November will outnumber men by more than four million.

What does it take to win?

The answer is simple. MORE VOTERS AT THE POLLS.

But to get registered voters to the polls takes a great deal of organization and teamwork.

What is the first step?

Action—YOUR action: JOIN THE TEAM.

Offer your services to the CANDIDATE of your choice. Offer your services to the PARTY of your choice. Be willing to work. Double your effort by taking a friend along with you.

Your first assignment will probably be to work in the precinct. The precinct is the logical and practical unit on which to build political organization for a candidate or for a party. Indicate your willingness to do any of the following jobs:

(1) Conduct precinct canvass work.

(2) Accumulate voter information and do other types of research.

(3) Recruit precinct teams; enlist other volunteers.

(4) Make personal contacts with all voters in your precinct.

(5) Write letters of endorsement to your friends.

(6) Hold "coffees," and encourage your friends to do the same.

(7) Staff a telephone committee.

(8) Establish a speakers bureau; aid the candidate in appearing before as many groups as possible.

(9) Help solicit funds for the candidate's campaign.

(10) Distribute literature.

On registration day or Election Day, participate in the following activities:

(1) Man the registration booth or the polls.

(2) Operate car pools.

(3) Baby-sit for voters.

(4) Distribute literature.

(5) Make sure all your supporters are at the polls.

(6) Follow up with telephone calls.

(7) Man the campaign headquarters office.

(8) BE SURE TO VOTE YOURSELF!

Personal contact is the most effective way to get people to vote and to persuade them to vote for your candidate. Political activity requires effort and personal attention.

...putting it up
...making it work

THE HOW-TO-DO-IT OF HELPING YOUR CANDIDATE EARLY AND EFFECTIVELY

No pep-talks are needed at this point, Doctor.

You wouldn't be reading this if you hadn't already decided to support the candidate of your choice, and if you weren't already sold on the necessity for coordinated action.

The solo effort is fruitless in effective campaigns for political office. Each vote is cast individually. But every other phase of the election process demands synchronized, concerted effort by the candidate's backers.

As you well realize, Doctor, November 6, 1962, isn't very far away. There is much to be done, and it must be done quickly. This pamphlet suggests the way to go about it.

Medicine's stake in the election needn't be spelled out in detail, for you know that President Kennedy's Administration has committed itself irrevocably to passage of the King-Anderson Bill, or some such similar measure for financing limited health care for the aged through the Social Security mechanism.

You know the challenge issued by the President of the United States: to purge conservative members of Congress who have opposed his position on this issue; and to elect liberals who will vote as he wants them to on this issue.

Finally, you know that the President has also promised to make Social Security medicine the key domestic issue of the 1962 political campaign.

Like every other citizen, you have a vitally important stake in electing good men and women to Congress.

But as a physician, you have an added stake in the outcome of the next election: your freedom to practice medicine in the manner which has made this the healthiest nation in history.

These issues being crystal clear to you, you now want to know how to help the candidate of your choice most effectively.

If you're an old hand at politics, much that follows will be old stuff. But some of it may be new.

If you're getting into politics on an organized basis for the first time, much that will follow will be new. But some of it may be familiar to you.

It doesn't matter. Physicians have worked out this format for political action themselves. This is a distillate of their experience.

It works.

Try it.

HOW VALUABLE CAN YOU BE?

You can not only be valuable, you can be decisive.

Physicians, their wives, their families, their friends, their patients, their associates in the healing arts professions:

Together they constitute a campaign resource of enormous potential.

Together they represent a substantial bloc of votes; a sizeable number of volunteer workers; and a vitally important source of political funds.

These are the things that successful candidates must have: enough votes, enough workers, enough dollars.

Physicians and the other members of the healing arts professions can expect an overdue reward for exercising their numbers. You can do it within your community. If, as leaders, you *exert* leadership, you will be decisive. Your candidate will win!

But you won't succeed by a token effort. Your opponents are experienced in the ways of politics, and well-heeled.

Candidates and their organizations win only if they run scared.

FIND THE CANDIDATE

Plan before you start.

Long before you set out to meet the candidate, be sure you know his views on medical care for the aged and any other issues you believe to be important. In the case of an incumbent Congressman, your state political action committee will probably have the answers if you don't. In the case of challengers for the Congressional seat, find out his point of view before you offer to support him.

Personal contact is necessary to forming a healing arts committee and to learn where the candidate stands on vital issues. If you don't know, find out.

A word of warning here:

When you talk to the candidate either to learn more about his political philosophy or to offer him your support, remember that you are not buying his vote—on medicine, or anything else. You couldn't if you tried. Candidates are not for sale—to you, or to anybody else.

They may be on the other side of the fence politically, but they are men and women of integrity. Exceptions to this are rare—so rare that it is a constant source of wonder that we get such an over-whelming majority of dedicated people to serve in Congress.

Remember that you will be offering to help elect a representative to the House, not purchase the services of an indentured political servant.

Let's assume you're satisfied that you know enough about the candidate's principles; and that you feel his candidacy merits your support as a physician, and the support of other members of the healing arts professions. Assume also that other physicians and allied professionals with whom you have talked share your conviction that an organized effort should be made to help the candidate win the election.

Your first step is to get a small delegation of physicians, and approach the candidate. Ideally, you should talk with him personally. If you can't, talk with his campaign manager.

Wherever you talk to, your group of perhaps five or six physicians should make a few things clear.

First, tell the candidate that you agree with his point of view on specific issues. If he is an incumbent who has had occasion in the past to support medicine's position, thank him for that support.

Second, ask how you can help—or *if* you can help.

Some candidates will say, in effect, "Thanks, but help isn't necessary. I have no problems in this campaign." In such a case, there is little else you can do besides giving your vote for the candidate and urging others to do the same. At least you will have made a effort to help, and the candidate will appreciate it.

Most candidates, however, will be not only grateful for the offer, but eager to have you form a healing arts committee. They will, that is, once you have explained how such a committee functions and what it can accomplish. You must remember, though, that many candidates will be unfamiliar with the healing arts committee technique.

This is nothing to worry about. Anyone experienced in politics will sense the potential of a healing arts committee instantly. Your candidate will prove no exception in the vast majority of cases, for he knows that volunteers willing to contribute time, money, effort, and votes to his cause are rare people indeed. Usually, in fact, he has to beat the bushes to find them.

WHEN OTHER TO HELP

And so, five or six physicians tell the candidate that they want to help. The candidate *replies* that he welcomes this assistance.

What do you do next?

Ask the candidate if you may proceed along the lines that this point-by-point suggests—the establishment of a physicians' committee, or a healing arts committee. Explain that you intend to solicit funds in his behalf; seek to turn out votes in his favor; and provide volunteers who will work for him at his, or his campaign manager's direction.

This latter proviso is very important. Your candidate is a professional in politics. If he is not, he is being advised by professionals. In either case, he is likely to know more about where volunteer help is needed than your committee. He will be happy to let you raise campaign funds on your own, and get out a supportive vote on your own. But he will probably be gun-shy about letting you proceed independently with the volunteers you recruit.

Effective campaigns must be kept in focus. Someone—the candidate or his campaign manager—must run them and coordinate them. The well-meaning efforts of uncoordinated volunteers can sometimes do more harm than good.

So, make it clear to the candidate that your committee and its volunteer workers are at his disposal.

Similarly, the subject of how to spend a campaign dollar to best effect is a matter studied over the years by every professional in politics. And even the best-informed, most thoughtful politicians often disagree on details, if not basics.

The money your committee raises should be made available to the candidate for use as he sees fit. If he prefers that your committee handle the spending of this money, that's up to him. But spend it as he directs, on projects that he approves.

Make this clear to the candidate, too, when you are discussing the formation of the committee.

Should the candidate desire, you may wish to apply for supplementary funds from medical political action committees outside the Congressional District. Such an application should be made to your state political action committee. If it is approved, however, be sure you find out whether the candidate wants this information known to his constituency. In some cases, he won't mind in the slightest. In others, he will insist that the out-of-district financial support be held in confidence. There is a realistic political reason for this latter attitude:

Campaign funds from outside a Congressional District can sometimes work *against* the candidate. COPE support, for instance, has often been used as an issue against COPE-backed candidates. AMPAC support, or funds from your state political action committee, might also be turned into an issue against the candidate you are trying to help. So why furnish his opponents with free ammunition?

On this one, let the candidate decide what he wants to do—and abide by his decision.

You understand, of course, that outside help from other medi-

cal political action groups must *always* be supplementary. The main fund-raising effort by physicians and other members of the healing arts professions must always be made at the district level.

One more point:

Healing arts committees have been formed many times in the past, but on a somewhat sporadic basis. Most physicians will be involved in this activity for the first time during this election. You should remind the candidate of this, so that he can inform his regular party workers of the new reinforcements.

Remember that precinct workers, ward leaders, regular volunteers, and others have been laboring in the vineyards, year in and year out, in behalf of their party.

The members of your healing arts committee will be newcomers, for the most part, to the political scene.

The candidate and the party workers will welcome your reinforcement, but the candidate should be asked to smooth the way for you. He may ask that you make a few courtesy calls. If so, oblige. Remember that you are new members of a team that has worked together to elect many candidates over many years. You will find it pays to be tactful in dealing with your political seniors regardless how large or how small their role in the overall effort.

Now, having talked things over with the candidate; having offered your help and received his approval to go ahead; having clarified such matters as using your volunteers and the money you collect at his direction; having been given the green light to form your physicians' committee, or healing arts committee, the next step is easy:

Ask the candidate to provide you with whatever guidance you need to comply with your state election laws. Such matters as reporting procedures, opening your committee, and setting up separate methods of banking and disbursing money are familiar ground to him. Either the candidate will guide you himself in these areas, or he will see that you are advised by some other knowledgeable person.

There's nothing complicated about setting up a candidate committee. Thousands are formed every election year. But the few things that should be done are better done promptly, and review from the candidate will help you avoid unnecessary confusion.

Your committee's name should be self-explanatory to the type of committee you set up — a physicians' committee, or a healing arts committee. Thus, "Physicians for Congressman Smith," or "Healing Arts Committee for the 15th Congressional District."

Whatever name you choose, clear it with the candidate.

If you have a friend who is an accountant, ask him to set up the simple accounting system you'll need.

Elect officers. You'll need a chairman and a treasurer. It's a good idea to authorize a third person to be co-signatory to checks along with these two. It is also a good idea to specify that the treasurer always be one of the authorized persons signing a check on your committee's account.

FLESHING THE SKELETON

Ideally, it would be better if your committee signed off with, say, 19 to 20 per cent of the physicians in your Congressional District. But practically, it is never possible so to involve very few persons, since it is sometimes hard to get a representative proportion of your district physicians together on too many occasions.

Start with a nucleus of five to ten, and prepare to expand.

Having cleared your activity with the candidate or his campaign manager; having touched bases with an accountant; having decided on a name for the committee and set up a bank account in that name; and having elected officers, it is now time to add other committee members.

Who they will be depends upon whether you decide to make this a physicians' committee or a healing arts committee.

Which is preferable?

It depends entirely upon your local situation.

If a candidate would prefer a healing arts committee, on which dentists, pharmacists, veterinarians, hospital administrators, nurses, etc. are of service. This is easy enough to understand: the more professions involved, the greater the potential in terms of votes, financial support, and volunteers. It is simply a matter of numbers.

A physicians' committee is easier to organize, but more limited in scope.

The decision on whether it is to be a healing arts committee or a physicians' committee depends entirely upon your local situation. But for the purposes of this pamphlet, we will deal with a healing arts committee—more complex, but identical in technique to a physicians' committee.

Let us assume we are dealing with the Healing Arts Committee for Congressman Jones.

At the moment, it consists of six physicians, a name, an arrangement for banking, two key officers (a chairman and treasurer), and the candidate's blessing.

It must be broadened by the recruitment of dentists, pharmacists, veterinarians, hospital administrators, nurses—whatever mix of professional people fit the local situation.

Find them—choosing the most influential people available. Select the bellwethers, and get them to a meeting. Explain what you're trying to do. Add them to your committee and make them responsible for the health professions they represent.

Hold an informal meeting, during which you fill them in on the purpose of the healing arts committee; the candidate's wishes; and the things you hope to accomplish.

By all means include several key women in your community—wives of physicians, pharmacists, dentists, or whomever—at this first strategy meeting. The women are essential to the volunteer services your committee will provide to the candidate. Women do 90 per cent of the volunteer work in any campaign, and constitute a resource to the candidate even more important than money.

You are now ready to plan your one large meeting.

MOBILIZING THE HEALING ARTS PROFESSIONS

Get lists of every member of the healing arts professions within your Congressional District. This is easy to do. Then every physician should agree, with his colleagues, on who should invite whom to your one—and only—large gathering. Dentists, nurses, and the other groups represented should do the same.

Divide the list, according to profession, with each committee member taking on the responsibility of inviting those colleagues with whom he is most familiar.

You'll want as many people as you can turn out to attend this meeting, which is vital to your committee's future success.

Set a place of meeting within a week at the outside. And get busy urging fellow physicians, pharmacists, and the others to attend.

Extend invitations in person, if humanly possible. If not, telephone. And if neither of these two courses is possible, a poor alternative remains: the written invitation. If a written invitation is the best you can do, at least write a personal letter. Physicians know how much junk mail crosses their desks daily (an average of 89 pieces). You will appreciate, therefore, that a mimeographed invitation is apt to wind up in the wastebasket.

You should seek, in your contacts with your colleagues, to impress

them with the urgency of their attendance at the scheduled meeting. You should tell them what it is about. And you should make it clear that the leaders of your profession are taking the political campaign [illegible] enough to serve on the healing arts committee and consider their time to it.

If your Congressional District is geographically large, you may wish to set up subcommittees within each county, organized in [illegible] like the healing arts committee as a whole. The initial meeting of the professionals should, in this case, take place at some convenient place in each of the counties concerned.

THE MEETING

The purpose is threefold:

1. To raise money for the candidate.
2. To enlist volunteer workers.
3. To solicit the votes of healing arts professionals, their families, the adult members of their families, their organizations, their customers, to the maximum degree that this is possible.

Have available blank checks made out to the committee; receipts; a volunteer enlistment form similar to the attached; the candidate's campaign materials; and the candidate himself, if he is available.

The committee chairman should explain the reason for forming the committee; introduce its officers and members briefly; stress the urgency of supporting the candidate's campaign with votes, money, and volunteer effort; outline the stake of the healing arts professions in good Congressional representation; and make it clear that there is no time to waste if the committee is to be effective.

The chairman should then say that the candidate—unfortunately—has an appointment at another meeting and must leave within a half hour. The candidate should then be introduced.

Elapsed time thus far should be [illegible] or less.

It is suggested that the candidate talk for longer than ten or fifteen minutes, during which time he should make his position clear to the audience on issues of most interest to it.

The meeting should then be thrown open to questions.

Promptly at the agreed time the candidate should excuse himself and proceed to his next appointment.

Experienced political fund-raisers say that people hesitate to contribute to a campaign fund without meeting the candidate first. This is the purpose of arranging the candidate's brief appearance before your group. However, the candidate should not be present when the money is being solicited. He won't want to, in the first place. But in the second place, his presence would inhibit discussion and checkwriting.

When the candidate has departed, the chairman should announce that committee members will pass among the audience bearing blank checks, receipts, and volunteer forms. Have a supply of ball point pens handy.

It is a good idea to have coffee and doughnuts, beer and pretzels, or cocktails and hors d'oeuvres available, too.

Committee members should concentrate their attention on the members of their own profession. Women serving on the committee should work with the women present. All should collect checks, write receipts if requested, and see that the volunteer enlistment forms are filled out.

What should your financial goal be? You'll know the answer to that better than anyone else. Obviously, this will vary from district to district. Urban districts require larger campaign expenditures than districts heavily rural. A very close race will require more financial support than a race in which your candidate seems reasonably sure to win.

But no matter what Congressional District is involved, it takes a lot of cash to make the race. In the suburbs, or in a small city-and-district, the cost will usually run somewhere between $15,000 and $25,000. But in a tight campaign in a big city district, the budget may reach $75,000, $50,000, or even more.

There are, on the other hand, predominantly rural districts where a vigorous campaign can be run for $5,000 to $10,000.

Talk to people experienced in your district's politics. Reporters are usually knowledgeable on the subject, as are your party's professionals. Further, your preliminary discussion with the candidate should give you a pretty fair idea of how much money he expects the campaign to cost.

It is a good idea to set a realistic quota for your committee before the large meeting is held. Do this after discussion at the preliminary meeting of your core committee—not at the open meeting.

Check attendance at the large meeting against your lists of professional people within the district (all of whom have presumably been invited). Check off those who have attended and contributed so that you don't solicit them later on by mistake.

THE FOLLOW UP

Total your contributions and weigh them against your fund-raising quota.

Divide the lists of those who could not, or did not attend, for it is important that they be followed up as quickly as possible.

These normally assigned the responsibility of motivating the absent colleagues should begin as quickly as possible, to solicit their support. This mop-up solicitation should seek not only financial contributions, but volunteer effort and votes.

You may find it helpful to use the assistance of individuals who *did* attend the meeting in order to reach those absent promptly.

Send your volunteer enlistment forms to the candidate or his campaign manager. And as you collect additional volunteers in weeks to come, turn the new enlistment forms over to the proper person as quickly as you can.

In terms of fund-raising, the following cannot be stressed too strongly:

Physicians raise money most effectively when they approach their fellow-physicians on a person-to-person basis. Ideally, the fund-raiser should be a personal friend of the colleague he solicits. Less ideally, he should be an acquaintance. But even if a physician is a stranger to the colleague he approaches for support, experience proves conclusively that he will be more successful than a non-physician.

Person-to-person is the answer to successful fund-raising.

No other method is comparable in terms of results.

If person-to-person is impossible, a telephone call is the next best thing.

And if neither of these methods is feasible, a mail solicitation should be tried.

Every physician, druggist, dentist, or other person whose profession is included in the healing arts committee should be asked to contribute to the candidate through the committee. Use the check-lists to insure this.

Remember: even if a contribution is smaller than you think it should be, it gives the contributor a personal stake in the candidate's election. Having backed the candidate with hard cash, the contributor is more apt to vote and encourage others to vote in support of the candidate.

Even surer to guarantee voting on election day, and enthusi-

active support of a candidate, is some expenditure of time and effort in volunteer work.

VOLUNTEER EFFORT IN THE CANDIDATE'S BEHALF

Just about every candidate knows that it is psychologically preferable not to use the proffered help of volunteer workers. If there were nothing for them to do, a candidate would still try to find something for excess volunteers to do.

However, there is *always* something for volunteers to do. The candidate's problem—*always*—is to find enough workers to do the myriad things that need doing during a campaign.

Everyone—repeat, *everyone*—can be useful in a campaign.

Teenagers can telephone, or monitor the opposition's radio and television programs. Children can distribute handbills, and get a practical lesson in civics at the same time. Teen-agers can drive people to the polls, or baby sit on election day.

Physicians, no matter how busy they are, can find time to talk politics—either with their friends or neighbors, or with patients. They can write letters to friends or patients asking support for a candidate.

True, not all members of the healing arts professions can spare a substantial number of hours from their busy schedules. But it is surprising how many busy professional people manage to accomplish an astonishing amount of work in a candidate's behalf during one single campaign.

Women, of course, are the backbone of volunteer effort in politics. But the busiest physician, dentist, pharmacist, hospital administrator, veterinarian, or nurse can spare some time to help the candidate.

What sort of volunteer work will the candidate or his manager ask your people to do?

That depends upon the campaign, and what needs doing. But telephones must be manned to turn out the vote; people must be available to drive voters to the polls; typists are needed to address envelopes; volunteers are needed to run mimeograph machines, ring doorbells, stuff mailings, act as poll-watchers; help with publicity; write speeches; schedule the candidate's appearances; take messages; check registration records; hold coffee-klatches.

There is no person, no matter how [illegible] who can't play some vital role—however small—in a political campaign.

Thus, when your healing arts committee develops its list of volunteers, be sure that the committee is prepared to use that volunteer help promptly. Discuss with the candidate the way in which he would like to use your committee's volunteers, and see that he be prepared to assign them to the jobs he can do best as soon as possible following the primary.

Responsibility must be assigned clearly and specifically. Let the candidate, or his campaign manager, take over the assignment of these people. But if, for some reason, volunteers are going idle, get in touch with the campaign manager *at once*, and ask him to get them moving.

Usually, idle volunteers are a cause for alarm. If they are not, either your committee or the campaign manager is doing something wrong.

[illegible]

The best organized political campaign ever waged will become, at times, a hectic affair. This is to be expected.

Even your healing arts committee—a group of physicians' committee—operating for the candidate on a [illegible] basis, is apt to get chaotic at times.

The big thing to remember is that [illegible] either the candidate or his campaign manager [illegible] what is going on. Before your healing arts committee is [illegible] part of the candidate's team. Initiative is wonderful thing, but if you want to achieve

maximum effectiveness in support of a candidate, remember that your healing arts committee is simply one battalion fighting on a broad front—one group among many groups.

The doctor may know best—in the consulting room, the laboratory, or the operating theatre.

But in a campaign for public office, his job as a member of a physicians' committee, or a healing arts committee, is to help the candidate as effectively as possible. And here, the candidate knows best.

Let him call the shots!

Whether you form a physicians' committee or a healing arts committee; whether you short-cut this suggested format or expand on it; this flexible method of helping the candidate has been tried before, in countless forms, and proved to be effective.

Common sense will dictate the way you adapt it to your own local need. Just remember that there's nothing mysterious about effective politicking, and that the blueprint outlined here is easy and tested.

Follow it, and you will get results.

With this blueprint, your committee—like dozens of other healing arts committees in the past—may well tilt the scales in favor of a sound candidate.

One last thing:

In terms of your committee's volunteer effort, don't bite off more activities than you can chew. The candidate would rather see you assume responsibility for fewer projects if this means you will do them well.

And don't, in the confusion of helping your candidate, forget to cast your own vote. This does happen—believe it or not. Don't let it happen to any member of your committee, for in the final analysis, only votes will elect the candidate.

And that's what we're after—the election of the candidate.

Finally, if you need advice or guidance, get in touch with your state political action committee, or AMPAC itself.

Both organizations are not only willing but anxious to help.

HEALING ARTS COMMITTEE—1962—VOLUNTEER ENLISTMENT FORM

(Dr.) (Mr.) (Mrs.) (Miss) _____ Last Name _____ First _____

Profession _____

Home Address _____ Street & Number _____ City _____ State _____

Home Telephone Number _____ Zone _____

Precinct _____ Ward _____ Precinct _____

Business Address _____

Business Telephone _____ Ext. _____ Best time to reach _____

I would like to volunteer for:

1. Fund Collection:
   1. Direct mailing _____
   2. Mailing assignments _____
   3. Door-to-door _____
   4. Housing _____
   5. Other work: General _____ Mailing Project _____ Typing _____ Other _____
   6. Distribution of campaign materials _____
   7. Other ideas for candidate _____
   8. I can give an hour _____. Can you sometimes supply a car? _____

II. Other Ideas:

1. Other ideas: Call Worker _____
2. _____
3. _____
4. _____ (day) _____ (night) _____

MODEL
CONSTITUTION AND BYLAWS

of the
(Name of)

_____

ARTICLE I

Name and Definition

The name of this Committee is _____, hereinafter referred to as the Committee, or (state PAC). It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee, or of any national, state or county medical association.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, the important political issues, and the records of office holders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

EXHIBIT 2

ARTICLE III

Membership, Dues, and Contributions

Section 1 - Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3 - Dues

(State PAC) dues shall be:

Active Membership	$ _____
Sustaining Membership	$ _____
Other (Family, Student, etc.)	$ _____

Section 4 - Contributions

Contributions to (state PAC) shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board of Directors shall consist of (number) members. (number) of whom must be members of the Woman's Auxiliary to the (state medical association or society), and members of (state PAC). The other (number) shall be Doctors of Medicine who are members of (state PAC).

Section 3 - Selection and Terms

The members of the Board of Directors shall be appointed by the (governing body) of the (name of the state medical society or association) for a term of one year, beginning (date) and ending (date). No members shall serve for more than five years.

ARTICLE V

Officers

Section 1 - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, a Treasurer and an Assistant Treasurer. The Chairman and Secretary shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve until the next annual meeting. No Chairman or Secretary shall serve for more than two terms.

The Treasurer and Assistant Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2 - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3 - The Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Secretary shall automatically become acting Chairman until the next meeting of the Board.

Section 4 - The Treasurer

The Treasurer or Assistant Treasurer shall perform such duties as are customarily performed by the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

Meetings

Section 1 - Annual Meeting

The annual meeting of the Board of Directors shall be held (time of meeting).

Section 2 - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 - Quorum

(Number) directors shall constitute a quorum. A simple majority shall carry any motion except as provided in Article IX.

ARTICLE VII

Committees

The (name of committee) shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meeting.

Revised 9/9/62; 6/63; 1/73.
AMPAC, 520 North Michigan Avenue, Chicago, Illinois 60611

AMPAC

American Medical Political Action Committee

520 NORTH MICHIGAN AVENUE - CHICAGO 11, ILLINOIS

Suite 1224

AMPAC

GUNNAR GUNDERSEN, M.D., *La Crosse, Wis.*
chairman

MILTON V. DAVIS, M.D., *Dallas, Texas*
secretary-treasurer

FRANK C. COLEMAN, M.D., *Des Moines, Iowa*
JOHN B. FARLEY, M.D., *Pueblo, Colo.*
MILFORD B. HATCHER, M.D., *Macon, Ga.*
GEORGE J. LAWRENCE, JR., M.D., *Flushing, N. Y.*
J. J. MONFORT, M.D., *Batesville, Ark.*
MRS. EARL W. ROLES, *Prospect, Ky.*
MALCOLM C. TODD, M.D., *Long Beach, Calif.*
DONALD E. WOOD, M.D., *Indianapolis, Ind.*

JOE D. MILLER, *Executive Director*

February 7, 1963

Mr. Lee Isenberg
179 Allyn Street
Suite 305
Hartford 3, Connecticut

Dear Lee:

I hope you will recall our conversation of several weeks ago, wherein you promised to send me an accounting of the $6,000.00 of educational funds sent to you by AMPAC on September 25, 1962. I had hoped to receive your report in time to make my report to the AMPAC Board of Directors. I have been specifically asked to follow-up on this and to make sure that such a report is forthcoming.

I would appreciate your prompt attention to this matter.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Assistant Director

LAE:dm

112000

Exhibit 4

MINUTES OF

KaMPAC ORGANIZATIONAL MEETING

TIME AND PLACE: Sunday, August 26, 1962 at 10:00 a. m.
Broadview Hotel, Emporia, Kansas

CHAIRMAN: L. S. Nelson, Sr., M. D.

ATTENDANCE:

L. S. Nelson, Sr., M. D., Chairman
C. H. Benage, M. D.
C. V. Black, M. D.
T. P. Butcher, M. D.
O. W. Davidson, M. D.
N. L. Francis, M. D.
D. B. McKee, M. D.
J. W. Manley, M. D.
G. R. Maser, M. D.
R. T. Parmley, M. D.
C. Pokorny, M. D.
M. E. Schulz, M. D.
B. G. Smith, M. D.
L. Speer, M. D.
J. R. Twinem, M. D.
J. W. Warren, M. D.
J. W. Welch, M. D.

Woman's Auxiliary Members present:

Mrs. V. E. Brown
Mrs. O. W. Davidson
Mrs. F. J. Eckdall

Guests present:

Mrs. Lee Ann Elliott, representing the American Medical Political Action Committee
Mr. A. M. Edwards, A. M. A. Field Representative
Mr. Kirke W. Dale, Attorney for the Kansas Medical Society.

Also present were Mr. Oliver E. Ebel and Mr. James S. Imboden

Dr. L. S. Nelson, Chairman, called the meeting to order and introduced himself to those present. He then asked each person present to introduce himself or herself. Doctor Nelson stated the purpose of the meeting: if it be the wish of those present, to establish a state political action committee to cooperate with the American Medical Political Action Committee.

The Chairman then introduced Mrs. Lee Ann Elliott, Assistant Director of AMPAC. Mrs. Elliott spoke briefly on the history and development of AMPAC and described its method of operation. She stated three basic principles necessary for the success of a State-PAC:

1. State medical society approval
2. A firm belief on the part of the State-PAC Board of Directors in personal contact
3. Actual personal contact of professional people by members of the State-PAC Board

Exhibit 5

Following Mrs. Elliott's remarks, the Chairman introduced Mr. A. M. Edwards, field representative for the A.M.A. Mr. Edwards distributed literature published by Labor's Committee On Political Education, commonly referred to as COPE. Mr. Edwards informed the Committee that COPE is planning an all-out campaign, prior to the general election in November, in Congressional Districts 1, 3, 4 and 5. He explained that these are considered, in political jargon, to be "marginal" congressional districts where the incumbents were elected by less than 5% majority of the votes. He explained that Congressman Avery, of the second district, was not a target of COPE since his victory in the primary was not marginal.

The Chairman introduced Dr. Bruce Smith, President of the Kansas Committee of the Association of American Physicians and Surgeons, asking if there were any remarks he might wish to make at this time. Doctor Smith told those present how the Kansas Committee of AAPS was the first state committee to become organized. He listed three areas of primary interest to the AAPS:

1. Political education
2. Medical economics
3. Public relations

He called attention to the next meeting of the Kansas Committee of AAPS at the Schimmel Inn, Wichita, Kansas, on September 30, 1962. Doctor Smith concluded his remarks by stating his belief that every physician should belong to AAPS and every member of AAPS should belong to AMPAC.

Mr. Edwards reiterated how AAPS and AMPAC complement each other.

In answer to a question from Mr. Dale, Mrs. Elliott explained that AMPAC has two distinct and separate funds - one educational; one political.

Mr. Edwards quoted from the speech by Mr. C. Joseph Stetler, attorney for A.M.A., an example of AMPAC educational activity and political activity.

Doctor Schulz asked for an explanation of the basic difference between COPE and AMPAC. Mrs. Elliott replied that there are a number of differences in basic philosophy but that one of the chief differences is that COPE uses corporate funds for political activity, whereas AMPAC does not. These corporate funds or contributions are not found in the congressional records. She went on to explain that it is common knowledge these corporate funds, though not registered by COPE, are being used to support individual candidates in their political campaigns

The question was raised as to whether or not contributions to AMPAC are deductible. The answer is that they are not. Contributions to AAPS are deductible.

The Chairman, at this point, said that he would entertain a motion that a Kansas political action committee be formed. Dr. C. Pokorny moved that a Kansas Chapter of AMPAC be organized. Dr. M. E. Schulz

seconded the motion. Considerable discussion followed. Doctor Schulz pointed out the political activity of the opponents of the medical profession, stating that because of this political activity the medical profession faces an urgent need for greater political education and political activity, both on the part of individual physicians and the medical profession as a whole.

Dr. N. L. Francis reviewed the action of the Council authorizing him as President of the Kansas Medical Society to appoint the group here assembled. Mr. Edwards pointed out that the medical profession is engaged in a war and each effort of the opposition to bring about socialized medicine is only one battle with the war going on constantly. He brought out the fact that the problem is far greater than the political issue of Medical Care for the Aged; that it reaches into our very way of life and that the over-all aim of the opposition is to continuously increase centralized government.

Mrs. F. J. Eckdall commented on the lack of communication between the Kansas Medical Society and the Woman's Auxiliary in matters pertaining to legislation of interest to the Medical profession. Mrs. Eckdall read an editorial which she prepared for publication in the Auxiliary News, urging increased Auxiliary interest and action in legislative affairs. She stated that the creation of a state medical political action committee might be the means for better communication between the Medical Society and the Auxiliary on legislative matters.

Doctor Pokorny's motion to organize a state medical political action committee was unanimously passed.

Mrs. Elliott produced a model copy of constitution and by-laws for the consideration of those present. She suggested that the group at this time alter this model copy to fit the specific needs of Kansas. Each of the nine articles and the sections within individual articles were discussed and modified in order. (A copy of this revised constitution and by-laws is attached.)

Dr. L. S. Nelson called for nominations from the floor for chairman. Dr. T. P. Butcher moved the nomination of L. S. Nelson, Sr., M.D. Dr. C. Pokorny gave his second to this motion. Dr. J. R. Twinem moved the nominations be closed. Doctor Butcher called for the question and Doctor Nelson was unanimously elected chairman.

Dr. L. S. Nelson, Chairman, appointed Drs. C. H. Benage and T. P. Butcher members-at-large of the Board of Directors.

The Board of Directors of KaMPAC is composed of the following persons:

Chairman -	L. S. Nelson, Sr., M. D., Salina
Auxiliary -	Mrs. F. J. Eckdall, Emporia
Congressional District #1	C. V. Black, M. D., Pratt M. E. Schulz, M. D., Russell

Congressional District #2	J. A. McClure, M. D., Topeka E. D. Yoder, M. D., Denton
#3	O. W. Davidson, M. D., Kansas City G. R. Maser, M. D., Mission
#4	C. Pokorny, M. D., Halstead J. W. Warren, Jr., M. D., Wichita
#5	D. B. McKee, M. D., Pittsburg B. G. Smith, M. D., Arkansas City
Members At Large -	C. H. Benage, M. D., Pittsburg T. P. Butcher, M. D., Emporia

Dr. Cyril Black moved that the Board of Directors be impowered to elect a representative from the Board to attend the annual meeting of the American Medical Political Action Committee. Dr. J. W. Warren seconded the motion which passed unanimously.

Doctor Nelson called for nominations for the office of secretary-treasurer. Doctor Smith nominated Dr. James A. McClure, of Topeka, for this office. Doctor Blake gave his second to the motion and moved the nominations cease. Doctor McClure was unanimously elected Secretary-Treasurer.

Mrs. Eckdall suggested that the wives of those members of the Board of Directors who represent individual congressional districts be utilized to head up the solicitation of Auxiliary members for membership in KaMPAC. Those present agreed that this would be wise.

Dr. George Maser asked what the Committee now should do in the time remaining before the general election in November. Mr. Edwards and Mrs. Elliott spoke to this question listing numerous activities in which physicians and Auxiliary members should engage themselves. It was decided that further information listing many of these ideas should be forwarded to the Board of Directors in the immediate future. Members of the Board of Directors representing each of the five congressional districts reported on candidates from each of those districts. The doctor speaking for each district reported the stand of each candidate in regard to legislation of interest to the medical profession. Considerable discussion followed these reports. Much of this discussion centered on what should be done to mobilize physicians to support the candidate of their choice.

There being no further business to come before the meeting, the meeting was turned over to the Public Relations Committee.

Respectfully submitted,

Charles Pokorny, M.D.

Charles Pokorny, M. D.,
Acting Secretary

JSI:vb

Read!

A MANUAL
For Members of
Boards of Directors of
State Political Action Committees

Prepared by
The American Medical Political Action Committee
Chicago, Illinois 60611
1972

EXHIBIT 6

FOREWARD

This manual was compiled for the members of the Boards of Directors of the political action committees of the 50 states, the District of Columbia and the Virgin Islands.

This manual is meant to be a guide to the successful formation, organization and implementation of a state political action committee.

AMPAC hopes that the suggestions contained in these pages will offer solutions to some of the problems which state PACs have and will face. However, it is not intended that every state PAC will benefit from every suggestion offered. It must be remembered that just as the 50 states differ in a variety of ways, so it follows that the 50 state PACs must reflect these state differences.

Although state political action committees work in close cooperation with the American Medical Political Action Committee, these state PACs are not subsidiaries of AMPAC. They are separate, autonomous and independent organizations.

This manual does not seek to make each and every state political action committee identical in operation and administration. The intent of this manual is to provide guidelines which experience has proved to be successful operational procedures.

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SECTION I

DEFINITION

What is a state political action committee?

A state political action committee is a voluntary, non-profit, unincorporated committee of individual physicians and others. The committee is an independent and autonomous organization and has no branches or subsidiary committees. It is not affiliated with any political party. It operates in one state.

The state political action committee is also referred to as a "state PAC".

Who should belong to a state political action committee?

Physicians and their wives, of course. Many others may want to join such as state, county, or specialty society medical executives. Some state PACs also recruit dentists, osteopaths, nurses, medical technicians, veterinarians and medical assistants.

AMPAC accepts those persons who have been accepted by the state PAC.

What is the function of a state political action committee?

The function of a state PAC is to promote and strive for the improvement of government by encouraging and stimulating all physicians and others to take a more active and effective part in the political process.

Its function is also to encourage all physicians and others to concern themselves with the nature and actions of their government, to understand the importance of the elective process, and to inform themselves on the records of office holders and candidates.

It should assist physicians and others in organizing themselves for:

1) effective political action

2) responsible civic participation

What is the relationship of a state political action committee to the state medical association?

The state political action committee is a separate and autonomous organization from the state medical association.

It should be organized with the approval of the state medical association to do the things that the law prevents the medical association from doing because the medical association is a corporation. The medical association may also encourage the state political action committee to conduct projects which the medical association is permitted to conduct, but which can be handled more expeditiously by the state political action committee.

Most state medical associations pass resolutions approving the formation of the state political action committee, and invite the state PAC to make regular reports to the profession during the annual and clinical meetings of the medical association and to meetings of its Board or Council.

It is preferable that the Board of Directors of the state PAC be chosen by the Board of Trustees or the Council of the state medical association. The appointment of medical leaders to the state PAC Board shows approval of the movement by the state medical association and thereby encourages membership and participation.

What is the relationship between a state political action committee and AMPAC?

There is no formal or informal relationship between the state political action committee and AMPAC. Each state political action committee is independent and autonomous. Likewise, AMPAC has no branches or subsidiaries.

Membership in state political action committees and membership in AMPAC are two separate memberships even though state PACs collect AMPAC memberships and forward them to AMPAC.

AMPAC recognizes the expertise of state PACs and leans heavily on their judgment when deciding whom to support. AMPAC does not support any candidate for office, except at the specific request of the state PAC.

SECTION II

ORGANIZATION

Who runs a state political action committee?

The Board of Directors has general supervision and control over the affairs and funds of the committee and should establish and carry out all policies and activities of the committee. The members serve without compensation.

How should the Board of Directors be selected?

It is preferable that the Board of Directors of the state PAC be chosen by the Board of Trustees or the Council of the state medical association. While not all state PAC Boards are chosen in this manner, this is the preferable and the most efficient way.

When state PAC Board members are chosen by the state medical association council, there is likely to be a keener understanding of the problems and goals of each of the groups. The appointment of medical leaders to the state PAC Board shows approval of the movement by the state medical association and thereby encourages membership and participation. This "seal of approval" is very valuable to the progress of state political action committees.

How big should the Board of Directors be?

Big enough to do the job. Small enough to work efficiently. The actual size depends on a number of factors and these factors should be weighed carefully.

Geographic areas of the state should be represented on the Board. It must be bipartisan. It should include members of the Woman's Auxiliary. All points of view should be represented on the Board in approximate proportion to the varying views of physicians in the state.

Many state PACs have one representative from each congressional district plus several members at large. This does not work well in states with very few congressional districts or states with large numbers of congressional districts. It does work for a vast number of states, however.

As a general rule the number on the Board should range from 10 to 15.

How long should a state political action committee Board member serve?

A state PAC Board member should be appointed annually.

PAC Board members who serve actively and effectively should be reappointed for several terms. Unless unusual circumstances exist, no Board member should serve for more than ten years.

The members of the Board should be rotated from time to time so that new and fresh ideas come to the Board and at the same time continuity and experience is maintained on the Board.

Board members who do not attend PAC Board meetings or do not participate and support the PAC programs through membership solicitation and other assignments should not be reappointed.

What are the responsibilities of state political action committee Board members?

Every PAC Board member should be a member of AMPAC and the state PAC. Support for the political action movement is greatly enhanced when every state PAC Board member becomes a sustaining member. All AMPAC Board members become sustaining members every year.

In addition to their own membership obligations, state PAC Board members should recruit PAC contributions at every available opportunity. Although it is recommended that state PAC Boards have a membership and sustaining membership committee, the success of these committees depends on every PAC Board member.

Each PAC Board member is asked to attend all PAC Board meetings and functions; and to participate vigorously in all activities sponsored by the state PAC.

It is also the responsibility of every PAC Board member to be informed on the political situation in the state and congressional district. Not only should PAC Board members be informed themselves, but they should be able to advise other members of the profession intelligently and objectively.

How often should a state political action committee Board of Directors meet?

A state political action committee Board of Directors should meet from four to eight times a year. !

The annual meeting of the state PAC Board is usually held in January to elect officers, appoint committees, and establish goals and programs for the year.

Other meetings are held to plan political education workshops, PAC luncheons or dinners and other PAC sponsored functions. They also meet to review membership and plan political strategy.

State PAC Boards meet during the annual and clinical meetings of the state medical association since members of the state PAC Board are usually medical activists and attend these meetings for other reasons.

Low attendance when Bd. ?

Should a state political action committee be incorporated?

No! Corporations are specifically and clearly prohibited from political action.

The political action movement was begun because state medical associations are prohibited from political action, since they are corporations.

State medical associations and other corporations can engage in political education but they cannot support candidates or contribute to the election of candidates for federal office.

How are state political action committees staffed?

State PACs can be staffed either by employees of the PAC or by volunteers.

It is obvious that more will be accomplished when state PACs are staffed by employees who work at the job every day. There is no question that full time staff relieves the officers of the Board from some of the time-consuming duties which they would have to perform if staff were not available. Staff also provides continuity to the PAC in the state.

State PACs that do not have employed staff must rely on volunteers to do the routine work of the PAC. Sometimes members of the Board, members of the medical association staff, or wives or employees of the Board members volunteer for staff functions.

Under current federal election laws, corporations such as state medical associations are expressly allowed to "establish, administer, and solicit contributions to a separate, segregated fund to be used for political purposes"(such as PACs).

State associations should consult their legal counsel for an opinion as to whether they might provide in-house staff assistance at the state association level for the bookkeeping and other administrative functions of the PAC as necessitated by the federal elections laws.

What is the role of physicians' wives in the political action movement?

Women may be full members of state political action committees and of AMPAC. They should be a part of the decision making process.

Women serve on PAC Boards in almost every state. In many cases, these women serve as liaison members between the political action movement and the Woman's Auxiliary of the state medical association.

Women have organizational skills and creative talents which are in demand by candidate support committees, and state political action committees. In most cases, a committee is successful in direct proportion to the activity of women in the effort.

Physicians' wives are well equipped for political activity. In addition to being active in the Woman's Auxiliary, physicians' wives are involved in many civic activities. Political activity demands of physicians' wives the same type of skill which makes them successful in their work in the community. They also have a built-in potential volunteer force from the contacts they have made in other organizations.

Political activism through the PAC movement gives physicians' wives an opportunity to fulfill their own needs as responsible citizens, while participating in the political needs of the community.

Women can be depended upon to do a variety of jobs in the political action movement. In addition to serving on the state PAC Board, women PAC members can coordinate membership drives (especially in the Auxiliary); direct volunteer activity in candidate support committees; engineer social functions to raise political dollars and to promote PAC activity; and perform many other valuable tasks in order to broaden the base of support for the medical political action movement.

SECTION III

OFFICERS

What officers should be elected on a state political action committee Board of Directors?

State PAC Boards of Directors must elect a Chairman and Secretary-Treasurer at the very minimum. Some state PACs also elect a Vice Chairman or Chairman-elect.

The officers of the state PAC plus other members of the Board should serve on the Executive Committee. Three to five members is recommended as the optimum size of the Executive Committee.

What are the duties of the state political action committee Chairman?

The Chairman of the state political action committee is the spokesman for the state PAC. As the chief executive officer, he should preside at the meetings of the Board of Directors of the state PAC and appoint all chairmen and committee members subject to the approval of the Board of Directors.

In addition to these functions, the Chairman should travel his state on behalf of the state PAC. Speaking ability is a valuable talent in this job.

The Chairman should be innovative and should plan stimulating and interesting programs as part of PAC functions.

He should have administrative and supervisory talents so that he can keep the committees of the Board working effectively and constructively. Diplomatic attributes are also valuable talents.

What are the duties of the Secretary/Treasurer?

The Secretary/Treasurer is often the same person in state political action committees. In some states, however, the duties of the Secretary and the duties of the Treasurer are performed by two persons.

The Secretary should perform the customary duties of a Committee Secretary, but it is essential that the Secretary sees to it that an accurate copy of the minutes of state PAC Board meetings are kept on file. The Secretary should also see that the correspondence of the Board is handled promptly.

The Treasurer is custodian of the funds of the committee. He is responsible for collecting all membership contributions and other funds of the committee. He must maintain accurate records of the names and addresses of the members and should forward these names and addresses to AARPAC, along with the AARPAC membership contributions as they are collected.

The Treasurer has the responsibility to see to it that the educational account and the political accounts of the state PAC are kept separate at all times. He should be alert to the fact that corporate funds cannot be used for political purposes and should never deposit corporate money in the political fund.

The Treasurer should keep full and accurate accounts and should present financial statements to the Board.

He should write all the checks on behalf of the state PAC in accordance with the instructions of the Board of Directors. He should also prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

Continued

Certain reports and statements must be filed with the person the Federal Elections Campaign Act of 1971 (Pl 92-225) calls the "supervisory officer". The supervisory officer in races involving the U.S. House of Representatives would be the Clerk of the House; the supervisory officer in races involving the U.S. Senate would be the Secretary of the Senate; the supervisory officer in races involving the President or Vice-President of the United States would be the Comptroller.

The Secretary/Treasurer must file a statement of organization with the supervisory officer at least ten days after the PAC is organized on the forms provided by the supervisory officer. The Secretary/Treasurer is responsible for reporting any changes in this original statement to the supervisory officer.

The Secretary/Treasurer is required to file reports of contributions and expenditures with the supervisory officer by March 10, June 10, September 10, and fifteen and five days preceding the election (primaries and general elections included) and on January 31.

The Secretary/Treasurer must see that the following legend appears on all solicitations of funds by the PAC; "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

The Secretary/Treasurer must keep all records which the supervisory officer requires political committees to keep.

A copy of an analysis of the Federal Elections Campaign Act appears as an appendix in this manual and should be carefully studied by every Secretary/Treasurer of a political committee.

How long should officers of a state political action committee serve?

The terms of office for state PAC officers should be limited to two terms of one year each. Preferably, the first term should begin in January of an odd-numbered year and continue through December of an even-numbered year. The reason for this, of course, is so the officers will be able to serve over a complete campaign period.

The number of terms an officer should serve depends on many factors. State PACs are reluctant to not re-elect effective officers who have done their jobs well It must be remembered, however, that holding a PAC office is very time consuming and places a real professional and financial burden on the officer. Further, the state PAC will be strengthened when new leadership is developed and new ideas are brought to the board.

SECTION IV

COMMITTEES

What committees should a state political action committee have?

There is no set number of committees which a state PAC should have. Committees should be established to accomplish the priority projects of the state PAC, of course.

Membership is the responsibility of every member of the state PAC Board but a membership committee is still desirable. This committee should keep careful track of the membership status of the medical leadership in the state and make extra efforts to see that these leaders are members in good standing every year. This Committee should also follow and keep records by county or medical society so that recruiting efforts can be directed toward those counties with the greatest potential. They may also plan for and staff exhibits at medical association meetings.

In addition to the membership committee, many states also have a sustaining membership committee, which recruits sustaining members from the previous year's sustaining rolls, as well as encouraging active members to become sustaining members.

The political education committee or communications committee of the state PAC should plan and execute the educational program of the state PAC. Part of this program may include a workshop or seminar for members and a periodic newsletter.

The finance committee has the responsibility of preparing a budget for the educational activities of the state PAC and may seek to raise funds for the support of the PAC from corporate sources, including the medical association.

The candidate selection committee should follow all the political races in the state of interest to the state PAC. Their research will determine to a large extent which candidates should be supported.

How often should committees of the Board meet?

With few exceptions, committees of the Board should meet more frequently than the Board meets as a whole.

Each committee should establish goals for the year and develop a program of activity to accomplish these goals.

Each committee of the Board should give a progress report to the Board at every meeting.

The more effective the committees of the Board are in their work, the more will be accomplished by the Board as a whole.

SECTION V

EDUCATIONAL FUNDS

What is the "educational fund" of a state political action committee?

The educational fund of a state political action committee is the fund from which operating expenses are paid along with political education and membership solicitation programs.

The educational funds are often contributed by corporations such as the state medical association and others, and should be carefully handled to make sure that none of these funds are used for purposes which could possibly be construed as political.

It is suggested that the educational fund be kept in a separate bank from the political fund so that there can be no confusion of accounts in making deposits or withdrawals.

If there is ever any doubt as to whether an expenditure is political or educational, the expenditure should be made from the political account.

Can a medical association and other corporations contribute to a state political action committee?

Yes. Medical associations and other corporations can contribute to the educational aspects of the state PAC. These funds can be used for membership promotion pamphlets, workshops, newsletters, staff and other organizational and educational activities. Every precaution should be taken to assure that these funds are kept separate from political funds and that they are used exclusively for educational purposes.

What is meant by "hard" and "soft" dollars?

Hard dollars refer to political dollars or the membership contributions which should be used solely for political purposes. Membership is the only source for the political account; and these dollars should be jealously guarded since they are always in short supply for candidate-supporting activities.

Soft dollars are corporate funds which can be used for political education purposes but which can never be used for political action purposes.

Soft dollars and hard dollars should be kept separately --- even in separate accounts in different banks. Confusion of these accounts is a federal offense and great care should be taken to see that these funds are expended in accordance with both the spirit and the letter of the law.

SECTION VI

POLITICAL FUNDS

How much should a state political action committee's membership contributions be?

State PAC membership contributions should be set at a level to encourage membership and at the same time build a political fund that will be adequate to finance the political goals and objectives of the state PAC. An active membership in AMPAC is at least $10 and is collected by the state PAC.

Most state PACs have set their active membership contribution at $15 and others have set $10. A few others have set $20 and $25 as membership contributions.

A state PAC membership schedule should always provide for larger contributions through sustaining membership. Sustaining membership can be more successfully solicited if state PAC Board members are sustaining members. This display of confidence by PAC leadership will encourage other members of the profession to give just as generously of their time and money.

What should membership contributions be used for?

Membership contributions should be jealously guarded for use during a political campaign. These individual membership contributions are the only funds available to support candidates.

These political funds are always in short supply and should be conserved for direct contributions to candidates. They should not be used for political education purposes unless absolutely necessary.

Why should a state political action committee have a sustaining membership category?

Many physicians are sophisticated enough to know that a campaign for the election to any office is expensive. These physicians truly care about the election outcome and are willing to support the effort.

One of the functions of a state political action committee is to support candidates and the larger the political fund the more effective this effort can be. It is just as easy to collect $100 as it is to collect $25 or $35 and this membership classification permits physicians to make a larger contribution.

Physicians who contribute at least $50 to their state PAC and $50 to AMPAC are considered sustaining members of both political committees. Those who become sustaining members of their state PAC and contribute over $100 to AMPAC are recorded on AMPAC's record of honor and their names are included in AMPAC's report to the Clerk of the House of Representatives and the Secretary of the Senate. (See Page [illegible]).

What is "joint billing"?

Joint billing is an opportunity for all physicians to join the state PAC and AMPAC at the same time that they join their professional associations. Both of these amounts are put on the same bill with county, state and national medical association dues and sent to physicians at the usual billing time in the state.

Even though joint billing is used, it is still necessary for the membership committee of the state PAC to follow up, and personally solicit those members that do not join.

It is also necessary for the state PAC to give physicians' wives an opportunity to join. Special mailings and follow up programs should include physicians wives.

Joint billings constitute a "solicitation of funds" under the election laws. Therefore, may wish to put on the front of the billing the following legend:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

Why do state political action committees collect AMPAC membership contributions?

From the very outset of the formation of political action committees, it was felt that physicians should consider dual membership in their state PAC and in AMPAC. The eyeball-to-eyeball approach is an effective method of promoting membership and is more effective than national mailings.

Most state PACs feel that they prefer to contact physicians on behalf of the movement and do not want AMPAC to contact physicians directly in this regard. The differing time schedule in the various states would make national solicitations arrive at inopportune times in some states.

When should membership contributions be remitted to AMPAC?

Membership contributions should be remitted to AMPAC just as soon as they are received, even if this means every week during several months out of the year.

When memberships are coming in slowly, memberships should be remitted at least once a month. They should never be held for a period longer than one month.

When AMPAC receives the membership, it is processed for the computer system and is submitted weekly until the month closes on the 22nd day of the month. The computer process takes about two weeks and the membership reports are run after this processing.

Only after the membership report has been run and validated are membership cards and pins sent to members as an acknowledgement of AMPAC membership. If memberships are delivered at the above level an undue amount of time elapses before the member receives his card, pin, Political Stereoscope, and other educational mailings.

Are contributions to state political action committees and/or AMPAC eligible for favorable tax treatment?

No. Contributions to state PACs and AMPAC are not eligible for favorable tax treatment; contributions to candidate support committees are eligible for the favorable tax treatment.

According to the Revenue Act of 1971 (PL 92-178) (see Appendix) enacted December 10, 1971, eligible contributions are those given to a committee "organized and operated exclusively for the purpose of influencing the nomination or election" of an announced candidate.

Contributions will not qualify for deduction or credit if made to political action committees which engage in general political, educational, or legislative activities. A campaign committee may be run in conjunction with such a political action committee (i.e. a candidate support committee), but contributions to the campaign committee will be eligible only if received directly from individual taxpayers and not from the political action committee. Contributions made by individual taxpayers to a political action committee will not be eligible even if such contributions are later contributed by the political action committee to a campaign committee.

Eligible contributions are explained in detail in this manual in the chapter on candidate support committees.

The fact that state PAC and AMPAC nonfederal contributions are not eligible for favorable tax treatment should not inhibit formation of state and professional political committees. Ultimately stress the double-standard of both individual and professional approaches when examining the PAC movement.

Continued

and makes it possible for physicians to make maximum use of these voluntary contributions.

Most sophisticated physicians and their wives will surpass the $100 maximum eligible for favorable tax treatment in their contributions to candidate support committees, state and local candidates, and for regular party membership and activities. thus, their PAC membership would not be eligible, in any case.

What is the best fiscal year for a state political action committee?

The best fiscal year for a state PAC is the calendar year. The Federal Election Campaign Act of 1971 requires cumulative reports to be filed by AMPAC and state PACs four times a year for off election years and six or eight times a year for an election year.

In addition, AMPAC computes membership awards for state PACs on a calendar year basis.

AMPAC can count as members only those memberships received during a calendar year. Membership records are sent to state PACs every month which show the cumulative membership since January 1 of the year.

SECTION VII

POLITICAL EDUCATION

What is the first function of the political education program of the state political action committee?

The first function of the political education program of the state PAC is to acquaint each physician and his family with the purposes and functions of the state political action committee.

Almost every political action committee has a promotional brochure which is used for this educational purpose.

How can the state political action committee be promoted?

The ways a state PAC can be promoted are endless and are limited only by the imagination and energies of the state PAC Board. Some of the successful ways that have been used thus far are:

1) Messages included in the President's Page of the state or county medical journal

2) Messages from the state PAC chairmen included in the medical journals

3) Regular reports of the state PAC before the House of Delegates of the state medical association

4) Membership identification programs at medical meetings

5) Newsletters to the profession at large informing them of political situations of interest

6) Exhibits at medical association meetings by the PAC including an opportunity to join

7) Luncheons and dinners sponsored at the time of medical meetings

8) Regular and interesting reports to Auxiliary groups

9) Workshops which are devoted to political education subjects.

10) Articles in state Auxiliary newsletters

What are state political action committee membership identification programs?

State PAC membership identification programs have been used most successfully in many states to promote membership in state PACS and AMPAC. They are held in connection with state medical association or county medical society meetings.

A ribbon or sticker is put on the name identification badge to identify those who are members of the state PAC. This shows the meeting participants that the leadership of the medical association and others are supporting the PAC. It also shows which participants are not yet members so that they can be solicited by members of the state PAC Board.

What materials are available for political education programs?

Many public affairs programs throughout the nation have produced excellent films, slide-sound presentations, and brochures which would be valuable additions to political education programs.

Many types of materials on diverse subjects have been produced for AMPAC and are available at no charge from AMPAC. The political education committee of a state PAC should carefully screen these materials for their programs and become familiar with them so that they can recommend the most appropriate film for a group sponsoring a program.

A "Catalog of AMPAC Materials" is available from the AMPAC office.

Members of the AMPAC Board and staff will be glad to help with the development of a political education program. Members of the Board and staff are also available as speakers at these functions.

Are workshops effective educational forums for state political action committees?

All state political action committees which have sponsored workshops report good results.

Some workshops are held for an hour or two in connection with some other large medical meeting in the state.

Others last as long as three days and are well attended even though there is no other medical meeting held in conjunction with them.

Workshops should stress political education. Their main goals should be toward making each member more politically astute and toward making the political action committee stronger and more effective. If the program fails to stress such items as these, it has missed its mark.

SECTION VIII

POLITICAL ACTION

What candidates should a state political action committee support?

State political action committees should support friendly candidates who are in need or jeopardy.

First consideration should be given to the candidates for the U.S. House of Representatives. One piece of federal legislation can be more helpful -- or harmful -- to the profession at large than one measure passed by a state legislature. Further, the contributions that can be raised by candidate support committees, state PACs and AMPAC can make a greater impact on House races than in more expensive races.

Second priority should be given to races for the United States Senate. Again, federal legislation is the most helpful or most damaging to the greatest number and it is essential to have [illegible] friends in the Senate. Senate races are far more independently and yet often have a great impact on the House races.

Many state political action committees support candidates for the state legislature. The more successful PACs do get involved in state races after they have done the best they can in races for federal office.

How should candidates be selected?

The candidate selection committee of the state PAC usually recommends to the state PAC Board those candidates that should receive support. It is more efficient for a small committee of the Board to review each race and make recommendations than for the full Board to discuss candidates.

The candidate selection committee must be absolutely political and leave all their wishful thinking and philosophical hang-ups at home.

In most cases the candidate selection committee must make a choice between two candidates and not a great number of candidates with a wide spectrum of philosophies. Sometimes it is better to support a candidate that votes with you half of the time than to stay out of a race where the winning candidate would vote against you all of the time.

Philosophy of the candidate is just one factor that should be considered. The candidate's chances of winning are very important. This can be estimated by a look at the campaign organization, budget, voting statistics and other guides. Whether or not the candidate has a full time, paid, professional campaign manager or a campaign consultant is an important factor. Also important is whether or not the campaign has included research in the budget.

A candidate that spends for fingernail files, plastic rain coats, and other campaign frills is seldom spending his campaign budget wisely.

The attitude of immigrant opinion makers in the community and in the political hierarchy is often important.

The one factor that should not be taken into consideration in telling upon candidates is the party label.

Continued

Conducting interviews and mailing questionnaires to candidates alienates candidates who do not receive support by the PAC and seriously troubles those candidates who do receive support. Every candidate has a track-record somewhere, such as a state legislative record, that is a better guide to his philosophy than a series of Yes and No questions.

What should state political action committees expect of candidates they support?

Physicians should expect a full and respectful hearing from the candidates they support on legislative issues which involve the medical profession and the health of the nation.

To support a candidate for office in no way means that the candidate will vote the way physicians want in every case.

Sophisticated political action committees know that the legislation in Congress at campaign time seldom reaches the next Congress in the same form, if at all. Asking a candidate to express himself on a specific issue before the current Congress is of little value. It is much more important to determine the candidate's general philosophy and his application of this philosophy to current problems.

Should a state political action committee become involved in a primary?

There is no yes or no answer to this question.

In some states winning the primary is tantamount to election. To avoid participation in such a primary would mean the state PAC would not be making a real and lasting contribution to the race.

In a few other states, the filing date and the primary dates are so late that waiting until after the primary avoids where the real decisions are made.

As a general rule, however, most state PACs do not become involved in primaries. Very few get involved for any reason before the filing date. There is no reason to become involved in a primary unless there is a real philosophical difference between the candidates. Neither is there a real need to become involved in primaries that involve incumbent office-holders.

If a PAC does become involved in a primary, it is required to make additional contributions and expenditures reports to the Supervisory officer on the fifteenth and fifth day preceding the primary. (The federal election laws regard primaries as elections for reporting purposes.)

Should a state political action committee become involved in state legislative races?

Yes, if they have already done the best they can for candidates for the U.S. House of Representatives and for the Senate of the United States.

While there are often state legislative problems which are very difficult for physicians in some states, there is no doubt that neglect of federal races could quickly produce legislation in the Congress that would be extremely harmful to physicians in every state.

In the long run and on balance, federal legislation is more helpful -- or harmful -- to a greater number, and for a longer period of time than state legislation in almost every state.

State PAC's that feel the necessity of becoming involved in state legislative races should set aside enough funds high enough to construct a budget which will allow them to participate fully in congressional races and still have enough political funds to participate in state legislative races. Occasionally, state legislators do move up and run for Congress.

How much should be contributed to a candidate by a state political action committee?

The amount contributed to a candidate from a state PAC depends on two main factors:

1) the need of the candidate

2) the amount available for allocation from the political fund.

Obviously, a state PAC with low membership cannot do as good a job as a state political action committee that has a high membership.

Some candidates for office just want to be loved and are more than content when a candidate support committee is established on their behalf.

Many politically astute incumbent friends in [illegible] would [illegible] that they [illegible] contributions the would have that [illegible] and small contributions into our [illegible] to their opposition candidates could [illegible] with the incumbent.

Some candidates will not win without large amounts of help from many groups, including the state PAC.

As a general rule, a state PAC should contribute between one and ten percent of a campaign budget. The need to contribute more is usually an indication that the candidate does not have broad-based support and may not win. Extenuating circumstances do prevail occasionally, however.

Some PAC's are encouraged in different their [illegible] [illegible] [illegible] [illegible] than to [illegible] in "[illegible] contests" with [illegible] contributions.

How should money be delivered to candidates?

Political funds from AMPAC, the state political action committee or the candidate support committee should be presented to the candidate or his campaign manager at a small meeting with a few members of the candidate support committee. There should be a series of these meetings with these two persons throughout the campaign to report to the campaign the progress made by the candidate support committee.

Candidates often appear and speak at meetings and leave after an exchange of views. The campaign manager will sometimes remain for a short time to discuss specifics of the campaign and will gladly accept the contribution on the candidate's behalf.

Contributions should always be made in check [illegible] [illegible] check is necessary as dom- [illegible] the [illegible] [illegible] [illegible].

There should never be [illegible]. [illegible] would be [illegible] [illegible] to maximize [illegible]tion of the medical profession as stated earlier. The purpose of the contribution is to ensure for the PAC a receptive hearing by the candidate and is never intended to influence his vote on a particular issue.

Should a state political action committee support both candidates in the same race?

PAC effectiveness is decreased if the PAC makes a financial contribution to opposing candidates. Some state PACs feel that they have hedged a bet when they take this action. Presumably, there may be circumstances where this might seem to be the wisest action.

Remember that this "double support" will not stay a secret. Both candidates will know what has happened. This may reflect on the political sophistication of the PAC and could possibly alienate both candidates.

There are often occasions where candidate support committees are organized for both candidates in the same race. It is, in fact, an ideal situation when physicians find both candidates acceptable. There is usually little need for the state PAC to become involved financially in such ideal race.

How can money for a candidate be requested from AMPAC?

A candidate support committee which feels that its candidate needs supplemental help in a financial way should immediately contact the state political action committee, making a full disclosure of the political situation in the district and the activities of physicians and their wives on behalf of the candidate. Included in this report should be an estimate of a specific dollar amount of the additional funds that are needed and can reasonably be expected.

In most cases, the state political action committee will be able to respond to the request, at least in large measure, and it is not necessary to get supplemental help from AMPAC.

If the state political action committee feels that the race needs AMPAC assistance, then the state PAC chairman contacts AMPAC.

The AMPAC Congressional Review Committee considers every request from state PAC chairmen. One of the main criteria for AMPAC support is the amount of help that is being given to the candidate by the physicians and their wives in the district and by the state PAC.

SECTION IX

CANDIDATE SUPPORT COMMITTEES

What is a candidate support committee?

A candidate support committee is the basic unit of the political action movement.

It is a voluntary, bi-partisan group of members of the healing arts professions and their wives and friends, who band together temporarily to elect a candidate to Congress.

It should be integrated into the candidate's campaign and work under the direction and with the permission of the campaign manager.

A committee is more successful if it is organized under the leadership of the state political action committee. Its chairman and organizers should be members of the medical community and should be both respected and well liked.

This committee must obtain written permission from the candidate in order to raise funds and totally support the candidate's campaign.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402."

What are the functions of the candidate support committee?

The main functions of the candidate support committee are to raise funds and encourage workers and votes for the candidate. It can be the source of an untapped reservoir of volunteer help of all types.

The establishment of a candidate support committee permits Democrats, Republicans and Independents to work together under a bi-partisan banner for the election of a candidate admired by the medical profession.

When should the activities of a candidate support committee begin?

The activities of a candidate support committee should begin just as soon as the PAC decides whom it will support, and as soon as the campaign manager sees a need for such a committee.

In most cases, candidate support committees get down to business immediately after the primary. In those districts where the primary is tantamount to election, candidate support committees begin their activities after the filing dates.

In most cases, activities of candidate support committees should begin about six to eight months before the election and should continue throughout the campaign.

As soon as the candidate support committee is organized, it must file a "statement of organization" with the proper supervisory officer in Washington, D.C. and a copy should go to the Secretary of State.

Political committees must file reports of expenditures and contributions by March 10, June 10, September 10, and on the fifteenth and fifth days preceding the election (including primaries and general elections) and January 31st.

What is the single biggest mistake a candidate support committee can make?

The single biggest mistake a candidate support committee can make is to promise something -- financial support or volunteer activity -- to a candidate or his campaign manager and fail to produce.

The second biggest mistake is to not deliver promised activity at the time that it was promised.

A candidate support committee should never promise what it cannot deliver. It is most important to set realistic goals and then surpass them to everyone's pleasure.

Are contributions to candidate support committees eligible for favorable tax treatment?

Yes. Contributions to candidate support committees are eligible for favorable tax treatment; contributions to state PACs and AMPAC are not eligible.

According to the Revenue Act of 1971 (PL92-178) (see Appendix), enacted December 10, 1971, an individual taxpayer, filing a joint return, who donates to the candidate support committee is allowed to take a tax credit (reduce his liability) equal to one-half of his total contributions up to a maximum of $25 ($12.50 on a separate return). As an alternative, an individual taxpayer filing a joint return who donates to the candidate support committee is allowed to take a tax deduction (reduces his taxable income) for his total contributions up to a maximum of $100 ($50 on a separate return.

Contributions may be made any time during the calendar year (after 1971) as long as the candidate being supported by the committee has announced his candidacy by the end of the year.

A candidate support committee should keep accurate and adequate records of the amounts of contributions which are and are not eligible for the deduction or the credit. As a general rule, a candidate support committee which receives a contribution from an individual of $100 or less should account for it as an eligible contribution; any portion of any contribution to a candidate support committee from an individual which exceeds $100 will be accounted for by the candidate support committee as ineligible. It is not necessary to maintain separate bank accounts for eligible and ineligible funds.

For proper verification, the candidate support committee should use the special receipt, authorized by the IRS.

Continued

The candidate support committee must file IRS Form 4900 with the IRS before the end of the calendar year in which the contribution was made.

Candidates or campaign committees should be careful to refrain from misleading donors by stating categorically that the contributions to them will give rise to a credit or a deduction. Prior contributions to other candidates or committees may have exhausted the credit or deduction which a contributor may claim.

SECTION X

LEGAL AND RELATED MATTERS

Should a state political action committee retain legal counsel?

Definitely yes.

The Board should rely on legal counsel to make sure that the activities of the state PAC are in strict accord with both the spirit and the letter of the law.

Some states have no laws at all relating to state political action committees while others have laws which are very directive and which require reports at specific times of the year.

Are state political action committees required to file reports with the Federal Government?

Yes. The state PAC must file reports with the Clerk of the House of Representatives concerning contributions made to candidates for the House. Likewise, reports must be filed with the Secretary of the Senate concerning support of Senate candidates. Copies of both of these reports must be filed with the Secretary of State of the individual state.

Rules and regulations concerning these reports are published by both supervisory officers and forms to be submitted are furnished.

Should the financial records of the state political action committee be audited?

It is very important that they should and that a clear and concise statement on the stewardship of the funds be obtained from the outside auditor that is retained.

Confidence in the state PAC will be enhanced if such an audit is made on a yearly basis.

What records must be maintained by a state political action committee?

What records a state political action committee must keep are prescribed by the Federal Election Campaign Act which became effective on April 7, 1972.

In addition to these federal requirements, some states have laws which require additional records.

Legal counsel should advise the state political action committee of the laws that apply to the committee.

SECTION XI

MISCELLANEOUS

Should state political action committee Board members be active members of the party of their choice?

Of course. It is helpful to the state PAC and to the profession at large when physicians and their wives are active party workers.

It must be understood, however, that when such activists sit on the state PAC Board of Directors that they do not represent their party but must make decisions from a professional point of view. The more active a person is and the more he knows about political realities, the easier it is for him to make wise political decisions leaving party labels out of the considerations.

A strong state PAC has activists of both parties on the Board.

What should the press policy of the state political action committee be?

Remember who your audienc is -- physicians and their families and the members of the Congress.

It is usually best to leave publicity concerning candidate support to the campaign manager who has his announcements timed into the campaign so that they add substantially to the campaign. Disclosures other than those required by the federal election laws which have not been cleared with the campaign manager may seriously throw off the timing of the campaign.

APPENDIX

The Federal Election Campaign Act of 1971
Conference Report

This bill contains four titles relating to: campaign communications, amendments to the United States criminal code, procedures to provide for the disclosure of federal campaign funds, and general provisions.

Title I - Campaign Communications

Definitions

The bill defines the term "communications media" to mean broadcasting stations, newspapers, magazines, outdoor advertising facilities, and telephones. With respect to telephones, an expenditure would be deemed to be spending or an expenditure for the use of communications media only if it is for the costs of telephones, paid telephonists, and automatic telephone equipment used by a candidate for a federal elective office to communicate with potential voters. It would exclude any telephone costs incurred by a volunteer for his use of telephones.

Communications media.

The term "broadcasting station" would have the same meaning it has under the Communications Act of 1934.

Broadcasting station.

The term "federal elective office" would mean the office of President of the United States, or of Senator or Representative in, or Resident Commissioner or Delegate in, the Congress of the United States, and would include the office of Vice President for certain purposes.

Federal elective office.

The term "legally qualified candidate" would mean any person who meets the qualifications prescribed by the applicable laws to hold the federal elective office for which he is a candidate and is eligible under applicable state law to be voted for by the electorate directly or by means of delegates or electors.

Legally qualified candidate.

The term "voting age population" would mean the resident population eighteen years of age or older.

Voting age population.

Media Rate

The bill would amend the Communications Act of 1934 to provide that the charges made for the use of any broadcasting station by any person who is a legally qualified candidate for any public office in connection with his campaign for nomination for election, or election to this

office could not exceed (1) during the 45 days preceding the date of a primary or primary runoff election, and during the 60 days preceding the date of a general or special election in which the person is a candidate, the lowest unit charge of the station for the same class and amount of time for the same period, and (2) at any other time, the charges made for comparable use of the station by other users. *Limits.*

The Communications Act of 1934 would further be amended to provide that a station license could be revoked for willful or repeated failure to allow reasonable access to or to permit purchase of reasonable amounts of time for the use of a broadcasting station by a legally qualified candidate for federal elective office on behalf of his candidacy. *Penalties.*

The bill would provide that to the extent that any person sells space in any newspaper or magazine to a legally qualified candidate for federal elective office or for nomination to a federal elective office in connection with the candidate's campaign, the charges made for the use of this space in connection with this campaign could not exceed the charges made for comparable use of this space for other purposes. *Newspaper and magazine rates.*

Expenditures for Communications Media

Subject to provisions below, no legally qualified candidate in any election, including a primary or primary runoff election for a federal elective office other than President, for a federal elective office could (a) spend for the use of communications media on behalf of his candidacy in the election, a total amount in excess of the greater of (1) ten cents multiplied by the voting age population of the geographical area in which the election for this office is held, or (2) $50,000, or (b) spend for the use of broadcast stations on behalf of his candidacy in this election a total amount in excess of 60% of the amount above determined with respect to that election. For purposes of this provision, a primary runoff election would be treated as a separate primary election. *Limits.*

No person who is a candidate for Presidential nomination could spend (1) for the use of communications media in a state, or (2) for the use of broadcast stations in a state, on behalf of his candidacy for this nomination, a total amount in excess of the amounts which would have been determined above had he been a candidate for election for the office of Senator, Delegate, or Resident Commissioner in that state. *Presidential limits.*

Definition of Presidential candidate.

A person would be deemed to be a candidate for Presidential nomination if he makes, or any other person makes on his behalf, an expenditure for the use of any communications medium on behalf of his candidacy for any political party's nomination for election to the office of President. He would be considered to be such a candidate during the period (1) beginning on the date on which he or some other person first makes an expenditure or, if later, January 1 of the year in which the election for the office of President is held, and (2) ending on the date on which the political party nominates a candidate for the office of President. For the purposes of these provisions, a candidate for Presidential nomination would be considered a legally qualified candidate for public office.

Apportionment.

The Comptroller General would prescribe regulations under which any expenditure by a candidate for Presidential nomination for the use of a communication medium in two or more states would be attributed to the candidate's expenditure limitation in each state. These regulations would be based on the number of persons in the state who could reasonably be expected to be reached by the communications medium.

Price index and base period defined.

The term "price index" would mean the average over a calendar year of the consumer price index (all items - United States city average) published monthly by the Bureau of Labor Statistics. The term "base period" would mean the calendar year 1970.

Limits adjusted.

At the beginning of each calendar year, commencing in 1972, as the necessary data becomes available from the Bureau of Labor Statistics, the Secretary of Labor would certify to the Comptroller General and publish in the Federal Register the percentage difference between the price index for the 12 months preceding the beginning of that calendar year and the price index for the base period. Each amount determined to be an allowable amount to be spent for use of communications media in general and for the use of broadcast stations as provided above, would be increased by this percentage difference. Each amount as increased would be the amount in effect for that calendar year.

Voting age population certified.

Within 60 days after the date of enactment of this bill, and during the first week of January in each year, the Secretary of Commerce would certify to the Comptroller General and publish in the Federal Register an estimate of the voting age population of each state and congressional district for the last calendar year ending before the date of certification.

Funds attributed to candidates.

Amounts spent for the use of communications media on behalf of any legally qualified candidate for federal elective office, or for nomination to this office, would be deemed to have been spent by the candidate. Amounts spent for the use of communications media by or on behalf of any legally qualified candidate for the office of Vice President of the United would be deemed to have been spent by the candidate for the office of President of the United States with whom he is running.

For purposes of the bill, spending and charges for the use of communications media would include not only the direct charges of the media, but also agent's commissions. Any expenditure for the use of any communication medium by or on behalf of the candidacy of a candidate for federal elective office or nomination to this office would be charged against the expenditure limitation applicable to the election in which the medium is used.

Approval of Expenditures

Written approval of expenses required.

No person could make any charge for the use by or on behalf of any legally qualified candidate for federal elective office or for nomination to this office of any newspaper, magazine, or outdoor advertising facility unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies in writing to the person making the charge that the payment of the charge would not violate the expenditure limitations provided above.

The bill would provide that no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate for federal elective office or nomination to this office unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate any of the provisions relating to limits on expenditures for communications media.

If a state by law expressly (1) has provided that a primary or other election for any office of the state or a political subdivision is subject to this provision, (2) has specified a limitation upon total expenditures for the use of broadcasting stations on behalf of the candidacy of each legally qualified candidate in the election, (3) has provided in any such law an unequivical expression of intent to be bound by this provision, and (4) has stipulated that the amount of the limitation could not exceed the amount which would be determined for the election under the

provisions of this bill if the election had been for a federal elective office or for nomination to this federal elective office, then no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate in that election unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate the state limitations.

Penalties.

Whoever willfully and knowingly violates the above provisions requiring notice to station licensees would be punished by a fine not to exceed $5,000 or imprisonment for a period not to exceed 5 years, or both. The present penalty provisions of the Communications Act would not apply to violations of either of the above provisions.

Broadcasting station defined.

The bill would define a "broadcasting station" to include a community antenna television system. When used with respect to a community antenna television system, the term "licensee" and "station licensee" would mean the operator of this system.

Penalties.

Persons who willfully and knowingly violate provisions of this bill relating to allowable charges for space in newspapers or magazines or for allowable expenses for use of communications media or of regulations implementing these provisions, would be punished by a fine of not more than $5,000 or imprisonment of not more than 5 years, or both.

Title II - Criminal Code Amendments

Definitions

The bill amends provisions of the U.S. criminal code relating to elections and political activities.

Election.

The term "election" would mean (1) a general, special, primary, or runoff election, (2) a convention or caucus of a political party held to nominate a candidate, (3) a primary election held for the selection of delegates to a national nominating convention of a political party, (4) a primary election held for the expression of a preference for the nomination of persons for election to the office of President, and (5) the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States.

Candidate.

The term "candidate" would mean an individual who seeks nomination for election, or election to federal office whether or not the individual is elected. An individual

for election, or the election of any person to federal office, for the purpose of influencing the result of a primary held for the selection of delegates to a national nominating convention of a political party, or for the expression of a preference for the nomination of persons for election for the office of President, or for the purpose of influencing the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States, (2) a contract, promise, or agreement, express or implied, whether or not legally enforceable, to make any expenditure, and (3) a transfer of funds between political committees.

The terms "person" and "whoever" would mean an individual, partnership, committee, association, corporation, or any other organization or group of persons.

Promise of Employment

The bill would provide that whoever, directly or indirectly, promises any employment, position, compensation, contract, appointment, or other benefit provided for or made possible, in whole or in part, by any act of Congress, or any special consideration in obtaining this benefit, to any person as consideration, favor, or reward for any political activity or for the support of or opposition to any candidate or any political office in connection with any general or special election to any political office, or in connection with any primary election or political convention or caucus held to select candidates for any political office, would be fined not more than $1,000 or imprisoned not more than 1 year, or both.

Contribution and Expenditure Limitations

Candidate's spending.

No candidate could make expenditures from his personal funds or the personal funds of his immediate family, in connection with his campaign for nomination for election, or for election, to federal office in excess of (a) $50,000 in the case of a candidate for the office of President or Vice President, (b) $35,000 in the case of a candidate for the office of Senator, or (c) $25,000 in the case of a candidate for the office of Representative, Delegate, or Resident Commissioner.

The term "immediate family" would mean a candidate's spouse and any child, parent, grandparent, brother or sister of the candidate and the spouses of these persons.

No candidate or political committee could knowingly accept any contribution or authorize any expenditure in violation

of the provisions of this bill. Violations of the provisions of this bill relating to expenditures by the candidate would be punishable by a fine not to exceed $1,000, imprisonment not to exceed 1 year, or both. The bill would repeal the present law relating to maximum contributions and expenditures by political committees. *Penalties.*

Contributions by Banks, Corporations or Labor Organizations

Provisions of present law relating to contributions or expenditures by national banks, corporations, or labor organizations would be amended to add the following provision which would define "contribution or expenditure" to include any direct or indirect payment, distribution, loan, advance, deposit, or gift of money or any services or anything of value, except a properly executed loan of money by a national or state bank, to any candidate, campaign committee, or political party or organization in connection with any election to any of the offices referred to in this bill, but would not include communications by a corporation to its stockholders and their families or by a labor organization to its members and their families on any subject; non-partisan registration and get out the vote campaigns by a corporation aimed at its stockholders and their families or by a labor organization aimed at its members and their families; or the establishment, administration, and solicitation of contributions to a separate, segregated, fund to be utilized for political purposes by a corporation or labor organization: provided that it would be unlawful for such a fund to make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisals, or the threat of force, job discrimination, or financial reprisal, or by dues, fees, or other monies required as a condition of membership in a labor organization or as a condition of employment or by monies obtained in any commerical transaction. *Defined.*

Contributions by Government Contractors

Present provisions relating to contributions by government contractors would be amended to provide that whoever (a) entering into any contract with the U.S. or any department or agency of the U.S., either for the rendition of personal services or the furnishing of any material, supplies, or equipment to the U.S. or any department or agency, or for selling any land or building to the U.S., if payment for the performance of the contract or payment for the material, supplies, equipment, land, or building is to be made in whole or in part from funds appropriated by the Congress, at any time between the commencement of negotiations for and the later of (1) the completion of the performance under, or (2) the termination of negotiations for, the contract or the furnishing of the material, supplies, *Prohibited activity.*

equipment, land, or buildings, directly or indirectly makes any contribution of money or other thing of value or promises expressly or impliedly to make any such contribution to any political party, committee, or candidate for public office or to any person for any political purpose or use, or (b) knowingly solicits any such contribution from any such person for any such purpose during any such period, would be fined not more than $5,000 or imprisoned not more than 5 years, or both.

Title III - Disclosure of Federal Campaign Funds

Title III defines the terms election, candidate, federal office, political committee, contribution, expenditure, and person in the same way as these terms are defined in Title II. It also defines the term "supervisory officer" to mean the Secretary of the Senate in the case of Senatorial candidates, the Clerk of the House of Representatives for candidates as Representative, Delegate, or Resident Commissioner, and the Comptroller General in any other case.

Supervisory officer.

Organization of Political Committees

Every political committee would have to have a chairman and a treasurer. No contribution and no expenditure could be accepted or made by or on behalf of a political committee at a time when there is a vacancy in the office of chairman or treasurer. No expenditure could be made for or on behalf of a political committee without the authorization of its chairman or treasurer or their designated agents.

Requirements.

Every person who receives a contribution in excess of ten dollars for a political committee would have to, on demand of the treasurer, and in any event within five days after receipt of the contribution, render to the treasurer a detailed account of the contribution including the amount, the name and address, occupation, and the principle place of business, if any, of the person making the contribution, and the date on which it was received. All funds of a political committee would have to be segregated from and could not be commingled with any personal funds of officers, members, or associates of the committee.

Reports to treasurer.

Records of Treasurer

It would be the duty of the treasurer of a political committee to keep a detailed and exact account of (1) all contributions made to or for the committee, (2) the full name and mailing address of every person making a contribution in excess of ten dollars and the date and amount of the contribution, (3) all expenditures made by or on behalf of

the committee and (4) the full name and mailing address of every person to whom any expenditure is made, the date and amount of the expenditure and the name and address of and the office sought by each candidate on whose behalf the expenditure was made.

It would be the duty of the treasurer to obtain and keep a receipted bill stating the particulars for every expenditure made by or on behalf of a political committee in excess of $100 in amount and for any expenditure in a lesser amount if the aggregate amount of these expenditures to the same person during a calendar year exceeds $100. The treasurer would preserve all receipted bills and accounts which are required to be kept for periods of time to be determined by the supervisory officer.

Notice of lack of authority.

Any political committee which solicits or receives contributions or makes expenditures on behalf of any candidate that is not authorized in writing by the candidate to do so, would include a notice on the face or front page of all literature and advertisements published in connection with the candidate's campaign by the committee, or on its behalf, stating that the committee is not authorized by the candidate and that the candidate is not responsible for the activities of the committee.

Report availability.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds: "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C., 20402."

Annual report.

The supervisory officer would compile and furnish to the public printer, not later than the last day of March of each year, an annual report for each political committee which has filed a report with him under this title during the period from March 10 of the preceding calendar year, through January 31 of the year in which the annual report is made available to the public printer. Each annual report would contain (1) a copy of the statement of organization of the political committee as required below together with any amendments to this statement of organization, and (2) a copy of each report filed by the committee, also as provided below, from March 10 of the preceding year through January 31 of the year in which the annual report is furnished through the public printer.

Contents.

The public printer would make copies of the annual reports available for sale to the public by the Superintendent of Documents as soon as practicable after the are received from the supervisory officer.

Registration of Political Committees

Each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 would file with the supervisory officer a statement or organization within ten days after its organization, or if later, ten days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000. Each committee in existence at the date of enactment of this bill would file a statement or organization with the supervisory officer at the time he prescribes. *Who required.*

The statement of organization would include (1) the name and address of the committee; (2) the name, addresses, and relationships of affiliated or connected organizations; (3) the area, scope, or jurisdiction of the committee; (4) the name, address and position of the custodian of books and accounts; (5) the name, address, and position of other principle officers, including officers and members of the finance committee, if any; (6) the name, address, office sought, and party affiliation of (a) each candidate whom the committee is supporting for nomination for election, or election, to any public office whatever, or if the committee is supporting the entire ticket of any party, the name of the party; (7) a statement whether the committee is a continuing one; (8) the disposition of residual funds which will be made in the event of dissolution; (9) a listing of all banks, safety deposit boxes, or other repositories used; (10) a statement of the reports required to be filed by the committee with state or local officers, and if reports are so required, the names, addresses and positions of these state and local officers; and (11) other information required by the supervisory officer. *Information required.*

Any change in information which has previously been submitted in a statement of organization would have to be reported to the supervisory officer within a ten-day period following the change.

Any committee which, after having filed one or more statements of organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 would so notify the supervisory officer.

Committee Reports

Each treasurer of a political committee supporting a candidate or candidates for election to federal office, and each candidate for election to office, would file with the

appropriative supervisory officer reports of receipts and expenditures on forms to be prescribed or approved by him. These reports would be filed on the tenth day of March, June, and September in each year and on the fifteenth and fifth days preceding the date on which an election is held, and also by the 31st day of January. These reports would be completed as of the date the supervisory officer prescribes, which would not be less than five days before the date of election, except that any contribution of $5,000 or more received after the last report is filed, prior to the election, would be reported within 48 hours of it's receipt.

Information required.

Each report under these provisions would disclose, (1) the amount of cash on hand at the beginning of the reporting period; (2) the full name and mailing address of each person who has made one or more contributions to or for the committee or candidate, including the purchase of tickets for events such as dinners, luncheons, rallies, and similar fund-raising events within the calendar year in an aggregate amount or value in excess of $100 together with the amount and date of these contributions; (3) the total sum of individual contributions made to or for the committee or candidate during the reporting period and not reported under number (2) above; (4) the name and address of each political committee or candidate from which the reporting committee or the candidate received, or to which that committee or candidate made, any transfer of funds together with the amounts and dates of all transfers; (5) each loan to or from any person within the calendar year in an aggregate amount or value in excess of $100 together with the full names and mailing addresses of the lender and endorsers, if any, and the date and amount of the loans; (6) the total amount of proceeds from (a) the sale of tickets to each dinner, luncheon, rally, and other fund-raising event, (b) mass collections made at these events, and (c) sales of items such as political campaign pins, buttons, badges, flags, emblems, hats, banners, literature, and similar materials; (7) each contribution, rebate, refund, or other receipt in excess of $100 which has not otherwise been listed under the above provisions; (8) the total sums of all receipts by or for the committee or candidate during the reporting period; (9) the full name and mailing address of each person to whom expenditures have been made by the committee or on behalf of the committee or candidate within the calendar year in an aggregate amount or value in excess of $100, the amount, date and purpose of each expenditure and the name and address of any office sought by each candidate on whose behalf the expenditure was made; (10) the full name and mailing address of each person to whom an expenditure for personal services, salaries, and reimbursed expenses in

excess of $100 has been made and which is not otherwise reported, including the amount, date, and purpose of the expenditure; (11) the total sum of expenditures made by the committee or candidate during the calendar year; (12) the amount and nature of debts and obligations owed by or to the committee, in the form the supervisory officer prescribes, and a continuous reporting of their debts and obligations after the election, at the periods the supervisory officer requires, until the debts and obligations are extinguished; and (13) other information required by the supervisory officer.

The above required reports would be cumulative during the calendar year to which they relate, but where there has been no change in an item reported in a previous report during the year, only the amount need be carried forward. If no contributions or expenditures have been accepted or expended during a calendar year, the treasurer of the political committee or candidate would file a statement to that effect.

Reports by Others

Every person, other than a political committee or candidate, who makes contributions or expenditures, other than to a political committee or candidate, in an aggregate amount in excess of $100 within a calendar year, would file with the supervisory officer a statement containing the information required for reports by political committees and candidates. The statements required by this provision would be filed on the dates on which the reports by political committees are filed but would not have to be cumulative.

Formal Requirements

A report or statement required under this bill to be filed by a treasurer of a political committee, a candidate, or by any other person, would be verified by the oath or affirmation of the person filing the report or statement taken before any officer authorized to administer oaths.

A copy of a report or statement would be preserved by the person filing it for a period of time to be designated by the supervisory officer in a published regulation.

The supervisory officer could, by published regulation of general applicability, relieve any category of political committees of the obligations to comply with the required reports if the committee (1) primarily supports persons seeking state or local office and does not substantially support candidates (as defined in this bill), and (2) does not operate in more than one state or on a state-wide basis. Exemption.

The supervisory officer would, by published regulations of general applicability, prescribe the manner in which contributions and expenditures in the nature of debts and other contracts, agreements, and promises to make contributions or expenditures would be reported. These regulations would provide that they be reported in separate schedules. In determining the aggregate amount of contributions and expenditures, amounts reported as provided in the regulations would not be considered until actual payment is made.

Reports on Convention Financing

Each committee or other organization which (1) represents a state or a political subdivision of the state or any group of persons, in dealing with officials of a national political party with respect to matters involving a convention held in the state or political subdivision to nominate a candidate for the office of President or Vice President, or (2) represents a national political party in making arrangements for the convention of the party held to nominate a candidate for the office of President or Vice President would, within 60 days following the end of the convention, but not later than 20 days before the date on which presidential and vice presidential electors are chosen, file with the Comptroller General of the U.S. a full and complete financial statement, in the form and detail prescribed by the Comptroller General of the sources from which it derived its funds and the purposes for which the funds were expended.

Duties of Supervisory Officer

It would be the duty of the supervisory officer (1) to develop and furnish to the person required by the provisions of this bill prescribed forms for the making of the reports and statements required to be filed with him; (2) to prepare, publish, and furnish to the person required to file these reports and statements a manual setting forth recommended uniform methods of bookkeeping and reporting; (3) to develop a filing, coding, and cross-indexing system consonant with the purposes of this bill; (4) to make the reports and statements filed with him available for public inspection, commencing as soon as practicable but no later than the end of the second day following the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, as requested by any person, at the expense of that person, provided that any information copied from the reports and statements could not be sold or utilized by any person for the purpose of soliciting contributions or for any commercial purpose; (5) to

preserve the reports and statements for a period of ten years from the date of receipt, except that reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years from the date of receipt; (6) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate; (7) to prepare and publish an annual report including compilation of (a) total reported contributions and expenditures for all candidates, political committees, and other persons during the year, (b) total amounts expended, according to such categories as he determines, and broken down into candidate, party, and non-party expenditures on a national, state, and local level, (c) total amounts expended for influencing nominations and elections stated separately, (d) total amounts contributed according to such categories of amounts as he determines and broken down into contributions on the national, state, and local levels for candidates and political committees, and (e) aggregate amounts contributed by any contributor shown to have contributed in excess of $100; (8) to prepare and publish from time to time special reports comparing the various totals and categories of contributions and expenditures made with respect to preceding elections; (9) to prepare and publish other reports he deems appropriate; (10) to assure wide dissemination of statistics, summaries, and reports prepared under this bill; (11) to make, from time to time, audits and field investigations with respect to reports and statements filed under the provisions of this bill and with respect to alleged failures to file a report or statement which is required under the bill; (12) to report apparent violations of law to the appropriate law enforcement authorities; and (13) to prescribe suitable rules and regulations to carry out the provisions of this bill.

Streamlining procedures.

The supervisory officer would encourage, and cooperate with, the election officials in the several states to develop procedures which would eliminate the necessity of multiple filings by permitting the filing of copies of federal records to satisfy the state requirements.

Studies of election administration.

It would be the duty of the Comptroller General to serve as a national clearinghouse for information in respect to the administration of elections. In carrying out these duties, the Comptroller General would enter into contracts for the purpose of conducting independent studies of the administration of elections. These studies would include, but not be limited to, studies of (1) the method of selection of and type of duties assigned to officials and personnel working on boards of elections, (2) practices relating to the registration of voters, and (3) voting and

counting methods. Studies made under this provision would be made public by the Comptroller General and copies would be available to the general public upon the payment of the cost of the copy. Nothing in this provision would be construed to authorize the Comptroller General to require the inclusion of any comment or recommendation of the Comptroller General in any study.

Filing complaints.

Any person who believes a violation of this bill has occurred could file a complaint with the supervisory officer. If the supervisory officer determines there is substantial reason to believe a violation has occurred he would expeditiously make an investigation which would also include an investigation of reports and statements filed by the complainant, if he is a candidate, of the matter complained of. Whenever in the judgment of the supervisory officer, after affording due notice and an opportunity for a hearing, any person has engaged or is about to engage in any acts or practices which constitute or will constitute a violation of any provision of this bill or any regulation or order issued under the bill, the Attorney General, on behalf of the United States, would institute a civil action for relief including a permanent or temporary injunction, restraining order, or any other appropriate order, in the district court of the United States for the district in which the person is found, resides, or transacts business. Upon a proper showing that the person has engaged, or is about to engage, in these acts or practices, a permanent or temporary injunction, restraining order, or other order would be granted without bond by the court.

Federal action.

In any action brought under the above provision, subpenas for witnesses who are required to attend a United States district court, could run into any other district.

Judicial review.

Any party aggrieved by an order granted under the above provision could at any time within 60 days after the date of entry, file a petition with the U.S. Court of Appeals for the circuit in which the person is found, resides or transacts business for judicial review of the order.

The judgment of the court of appeals affirming or setting aside, in whole or in part, any order of the district court would be final subject to review by the Supreme Court of the United States.

Any action brought under the above provision would be advanced on the docket of the court in which filed and put ahead of all other actions other than other actions brought under this provision.

Statements Filed with State Officers

A copy of each statement which is required to be filed with a supervisory officer would be filed with the Secretary of State or the equivalent state officer of the appropriate state. For the purposes of this provision, the term "appropriate state" would mean (1) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of President or Vice President of the United States, each state in which an expenditure is made by him or on his behalf, and (2) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of Senator, Representative, Delegate, or Resident Commissioner, the state in which he seeks election.

Duties of state officer.

It would be the duty of the Secretary of State or the equivalent state officer (1) to receive and maintain in an orderly manner all reports and statements required by this bill to be filed with him, (2) to preserve these reports and statements for a period of ten years from date of receipt except that the reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years, (3) to make the reports and statements filed with him available for public inspection and copying during regular office hours commencing as soon as practicable but not later than the end of the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, requested by any person, at the expense of the person, and (4) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate.

No person could make a contribution in the name of another person and no person could knowingly accept a contribution made by one person in the name of another person.

Penalties.

Any person who violates any of the provisions of this title would be fined not more than $1,000 or imprisoned not more than one year, or both.

In the case of any conviction under this title where the punishment inflicted does not include imprisonment, the conviction would be deemed a misdemeanor conviction only.

Title IV - General Provisions

Extension of Credit by Regulated Industries

The Civil Aeronautics Board, the Federal Communications Commission, and the Interstate Commerce Commission would each promulgate, within 90 days after enactment of this bill, it's own regulations with respect to the extension of credit without security by any person regulated by the Board of Commission to any candidate for federal office or to any person on behalf of the candidate, for goods furnished or services rendered in connection with a campaign of the candidate for nomination for election, or election, to the office.

Prohibition of Use of Certain Federal Funds

No part of any funds appropriated to carry out the Economic Opportunity Act of 1964 could be used to finance, directly or indirectly, any activity designed to influence the outcome of any election to federal office or any voter registration activity or to pay the salary of any officer or employee of the Office of Economic Opportunity who in his official capacity engages in any such activity.

Effect on State Law

Nothing in this bill would be deemed to invalidate or make inapplicable any provision of any state law except where compliance with that provision of law would result in a violation of a provision of this bill.

Notwithstanding the above provision, no provision of state law could be construed to prohibit any person from taking any action authorized by this bill or from taking any expenditure which he could lawfully make under this bill.

If any provision of this bill, or the application of any provision to any person or circumstance is held invalid, the validity of the remainder of the bill and the application of the provision to other persons and circumstances would not be effected.

The bill would repeal the present Federal Corrupt Practices Act.

The provisions of this bill would become effective on December 31, 1971 or 60 days after the date of enactment, whichever is later. *Effective date.*

The Revenue Act of 1971

Enacted December 10, 1971

The Revenue Act of 1971 contains eight titles providing broad amendments to the Internal Revenue Code. The following analysis is of those provisions which may be of interest to medicine.

Bribes, Kickbacks, Medical Referral Payments, etc.

Kickback defined.

The law amends past provisions relating to allowable business deductions by providing that the term "kickback" would include a payment in consideration of the referral of a client, patient, or customer.

Prohibition of deduction.

The law provides that no deductions would be allowed for any payment made directly or indirectly to any person if the payment constitutes any illegal bribe, illegal kickback, or other illegal payment under any law of the United States or under any law of a state (but only if the state law is generally enforced) which subjects the payor to a criminal penalty or the loss of license or privilege to engage in a trade or business.

Burden of proof.

The burden of proof with respect to the issue as to whether a payment constitutes an illegal bribe, illegal kickback, or other illegal payment will be upon the Secretary or his delegate to the same extent as he bears this burden of proof when the issue relates to fraud.

Kickbacks, Rebates, and Bribes under Medicare and Medicaid

Prohibition of deduction.

No deduction will be allowed for any kickback, rebate, or bribe made by any provider of services, supplier, physician, or other person who furnishes items or services for which payment is or may be made under the Social Security Act, or in whole or in part out of federal funds under a state plan approved under the Social Security Act, if the kickback, rebate, or bribe is made in connection with the furnishing of these items or services or the making or receipt of these payments. For the above purposes, a kickback includes a payment in consideration of the referral of a client, patient, or customer.

Effective date.

The above provisions relating to Medicare and Medicaid apply only with respect to kickbacks, rebates, and bribes, the payment of which is made on or after the date of enactment of this bill. Other provisions above relating to kickbacks rebates, and bribes, apply with respect to payments after December 30, 1969.

-- Legislative Department, American Medical Association --

Expenses for Household and Dependent Care Services Necessary for Gainful Employment

The law provides that in the case of an individual who maintains a household which includes as a member, one or more qualifying individuals, as defined below, there will be allowed as a deduction the employment related expenses, as defined below, paid by him during the taxable year.

Qualifying individual defined.

The term "qualifying individual" means (a) a dependent of the taxpayer who is under the age of 15 and with respect to whom the taxpayer is entitled to a deduction, (b) a dependent of the taxpayer who is physically or mentally incapable of caring for himself, or (c) the spouse of the taxpayer if he is physically or mentally incapable of caring for himself.

Employment related expenses defined.

The term "employment related expenses" means amounts paid for the following expenses, but only if they are incurred to enable a taxpayer to be gainfully employed: (a) expenses for household services and (b) expenses for the care of a qualifying individual.

An individual will be treated as maintaining a household for any period only if over half of the cost of maintaining that household during that period is furnished by the individual and his spouse.

Deduction limit.

A deduction will be allowed under these provisions for employment related expenses incurred during any month only to the extent that the expenses do not exceed $400.

Condition.

Except as provided below, a deduction will be allowed for employment related expenses only if they are incurred for services in the taxpayers household.

Allowable out of household expenses.

Employment related expenses which are incurred for services outside the taxpayer's household will be taken into account only if they are incurred for the care of a qualifying individual and only to the extent that the expenses incurred during any month do not exceed $200 in the case of one individual, $300 in the case of two individuals, and $400 in the case of three or more individuals.

Income limitation.

If the adjusted gross income of the taxpayer exceeds $18,000 for the taxable year during which the expenses are incurred, the amount of the employment related expenses incurred during any month of the year which may be taken into account will be further reduced by that portion of one-half of the excess of the adjusted gross income over $18,000 which is properly

allocable to that month. For the purpose of the above sentence, if the taxpayer is married during any period of the taxable year, there will be taken into account the combined adjusted gross income of the taxpayer and his spouse for that period.

Further conditions.

For purposes of these provisions, if the taxpayer is married at the close of the taxable year, the deduction will be allowed only if the taxpayer and his spouse file a single return jointly for that taxable year. If the taxpayer is married for any period during the taxable year, there will be taken into account employment related expenses incurred during any month only if (a) both spouses are gainfully employed on a substaintially full-time basis, or (b) the spouse is a qualifying individual as described above.

An individual who, for the taxable year would be treated as not married under provisions of the Internal Revenue Code because his spouse had died during the year, will be treated as not married under these provisions for that taxable year.

No deduction will be allowed for any amount paid by the taxpayer to an individual bearing a relationship to the taxpayer which would qualify the individual as a dependent of the taxpayer.

Further reductions.

In the case of employment related expenses incurred during any taxable year solely with respect to a qualifying individual other than an individual who is also a dependent of the taxpayer and who is under the age of 15, and with respect to whom the taxpayer is entitled to a deduction, the amount of the expenses which may be taken into account for purposes of these provisions before application of the provisions limiting the amount that can be deducted will be reduced (a) if the individual is a physically or mentally impaired dependent of the taxpayer, by the amount by which the sum of (1) the individual's adjusted gross income for the taxable year, and (2) the disability payments received by the individual during that year, exceeds $750, or (b) in the case of a qualifying individual who is a physically or mentally impaired spouse of the taxpayer, by the amount of disability payments received by the individual during the taxable year.

Disability payment defined.

The term "disability payment" means a payment other than a gift which is made on account of the physical or mental condition of an individual and which is not included in gross income.

The Secretary or his delegate will prescribe those regulations necessary to carry out the purposes of these provisions.

The above amendments will apply to taxable years beginning after December 30, 1971.

Effective date.

Tax Incentives for Contributions to Candidates

This law establishes new provisions providing for tax incentives for contributions to candidates for public office. The law provides that in the case of an individual, there will be allowed, subject to the limitations described below, as a credit against the taxes imposed under the Internal Revenue Code for the taxable year, an amount equal to one-half of all political contributions the payment of which is made by the taxpayer within the taxable year.

Tax credit authorized.

The above authorized credit will be limited to $12.50 for an individual or $25 in the case of a joint return.

Amount.

This credit will not exceed the amount of the tax imposed for the taxable year reduced by the sum of the credits allowed for foreign taxes, partially tax exempt interests, retirement income, and investment in certain depreciable property.

This credit will be allowed with respect to any political contribution only if the contribution is verified in the manner the Secretary or his delegate prescribes by regulations.

Verification required.

The term "political contribution" means a contribution or gift to (a) an individual who is a candidate for nomination or election to any federal, state, or local elective public office in any primary, general, or special election, for use by the individual to further his candidacy for nomination or election to the office, (b) any committee, association, or organization, whether or not incorporated, organized and operated exclusively for the purpose of influencing or attempting to influence the nomination or election of one or more individuals who are candidates for nomination or election to any federal, state, or local elective public office for use by the committee, association, or organization to further the candidacy of the individual or individuals for nomination or election to that office, (c) the national committees of a national political party, (d) the state committee of a national political party, as designated by the national committee of the party, or (e) the local committee of a national political party as designated by the state committee of the party.

Political contribution defined.

The term "candidate" means with respect to any federal, state, or local elective public office an individual who (a) has publicly announced that he is a candidate for nomination or election to the office, and (b) meets the qualifications prescribed by law to hold that office.

Candidate defined.

The term "national political party" means (a) in the case of contributions made during a taxable year of the taxpayer in which the electors of President and Vice President are chosen, a political party presenting candidates or electors for these offices on the official election ballot of ten or more states, or (b) in the case of contributions made during any other taxable year of the taxpayer, a political party which met the qualifications described above in the last preceding election of a President and Vice President.

National political party defined.

The term "state" means the various states and the District of Columbia and the term "local" means a political subdivision or part, or two or more political subdivisions or parts, of a state.

State and local defined.

The law provides that an estate or trust will not be allowed to take the tax credit for political contributions authorized above.

The law further provides that a tax deduction will be allowed in lieu of the above authorized credit.

Tax deduction authorized.

For purposes of the tax deduction, in the case of an individual there will be allowed as a deduction any political contribution the payment of which is made by the individual during the taxable year.

The deduction will not exceed $50 for an individual or $100 in the case of a joint return.

Amount allowed.

The deduction will be allowed with respect to any political contribution only if the political contribution is verified in the manner the Secretary or his delegate prescribes by regulation.

Verification required.

This provision for a tax deduction will not apply in the case of any taxpayer who, for the taxable year, elects to take the credit against tax provided above. This election will be made in the manner and at the time the Secretary or his delegate prescribes by regulations.

Choice of credit or deduction.

An estate or trust will also not be allowed the deduction for contributions to candidates for public office.

These amendments relating to credits and deductions for political contributions will apply to taxable years after December 31, 1971, but only with respect to political contributions the payment of which is made after that date.

Effective date.

Financing of Presidential Election Campaigns

Beginning with tax year 1972, the law authorizes each individual to designate that one dollar of his tax funds be paid to the presidential election campaign fund for the party of his choice. If he does not designate a particular party but does authorize the one dollar deduction, the money would go into a general account for all candidates.

Authorization.

Presidential and vice presidential candidates of a major political party, one which had received over 25% of the vote in the preceeding election, would be entitled to receive payments equal to 15 cents multipled by the total number of residents within the United States who have attained the age of 18 as of the first day of June of the year preceeding the year of the presidential election.

Amount paid to parties.

Candidates of a minor party, one which had received between 5% and 25% of the vote in the previous election, would receive payments in proportion to the number of popular votes received by that party in that election compared to the votes received by the major parties.

Amounts received by the parties from the Presidential Election Campaign Fund can be used to meet qualified campaign expenses, as that term is defined in the bill, which are incurred during the course of the election.

AMPAC
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
Chicago, Illinois 60611, AREA CODE 312 644-1585

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue. #12
Helena, MT. 59601

March 19, 1975

Andrew McKane, M.D.
The Western Montana Clinic
501 West Broadway
Missoula, Montana 59801

Dear Doctor McKane:

In your recent correspondence with the American Medical Association in connection with the special assessment of AMA members, you asked why the financial report of the AMA did not mention financial support given to politicians directly from AMA funds. The answer is very simple in that the American Medical Association never has, and never will make a contribution to any candidate for federal office because it is illegal to do so.

Because state political action committees and the American Medical Political Action Committee, both of which are autonomous from their respective medical associations, do contribute to candidates your letter was referred to us for reply. I believe you should know that AMPAC has never supported a candidate in any state except at the request of the state medical political action committee. In the case of Montana in 1974, every cent contributed to candidates in Montana was at the request, in writing, of the state medical political action committee. Further, the money that was contributed by AMPAC was sent to the Montana Medical Political Action Committee and deposited in their account, and from there was given to the candidate.

Since your letter was disseminated to members of the Congress I hope you will find an opportunity to let them know that the American Medical Association does not spend AMA funds for the support of specific political candidates. It never has and it is unlawful to do so as I mentioned earlier.

more -

Exhibit 2

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Further, through AMPAC and each state medical political action committee, physicians and their families are encouraged to support and contribute directly to the candidate he endorses. The small membership contribution to both the state pac and AMPAC cannot begin to fulfill a physician's political obligations. Further, his activity should not end with financial support but he should use his special talents of opinion making to do what he can for the candidate he supports.

Certainly, the American Medical Political Action Committee has been direct and open concerning it's activity. The enactment of the Federal Election Campaign Act of 1971 was a full disclosure law and required AMPAC to report. In 1974 alone, AMPAC filed 198 reports with the Clerk of the U.S. House of Representatives and the Secretary of the Senate as required by law. Further, every time one of these reports involved political activity in Montana we sent a copy of this report to the Secretary of the State of Montana as is required by law.

AMPAC does not lobby nor does it become involved in legislative issues. The AMA, however, keeps the medical leadership in all counties and state medical associations up to date concerning all governmental and legislative issues affecting medicine. Further, AM NEWS has up to the minute coverage on all legislative issues affecting the practice of medicine which goes to all physicians.

Our state pacs tell us that the candidates that they supported are very grateful for the support that they have received. It is for this reason that American medicine has many friends in the halls of Congress.

As far as we know the only adverse comments on the activity by political action committees are from those few who fell for the erroneous coverage by CBS and the Washington Post.

Physicians in Montana have participated in a very effective political action committee for many years. MONTPAC shares AMPAC's views that physicians should be individually involved for candidates of their choice. Physicians can be found along the entire spectrum of political philosophy. When they are confronted with political reality, however, and find they must make a choice between two candidates they often agree and find bipartisan support for the candidate of their choice. Physicians in Montana have shown a high degree of leadership in this regard.

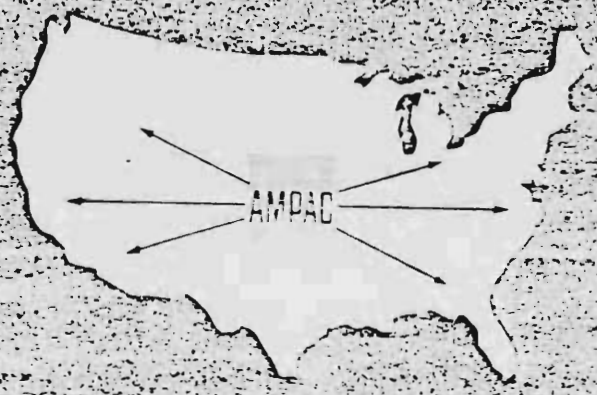
Sincerely,

James C. MacLaggan M.D.

James C. MacLaggan, M.D.
Chairman
AMPAC Board of Directors

JCM:ts

STATE PACs and AMPAC NEED YOU



FOR INFORMATION ON HOW TO JOIN YOUR STATE PAC AND AMPAC WRITE TO AMPAC POST OFFICE BOX 4449 CHICAGO, ILLINOIS 60680

AMPAC + STATE PAC = Effective Political Action

AMPAC

American Medical Political Action Committee

Exhibit 8

POLITICS IS NOT SOMETHING TO AVOID OR ABOLISH OR DESTROY. IT IS A CONDITION, LIKE THE ATMOSPHERE WE BREATHE. IT IS SOMETHING TO LIVE TO INFLUENCE IF WE WISH, AND TO CONTROL IF WE CAN. WE MUST MASTER ITS WAYS OR WE SHALL BE MASTERED BY THOSE WHO DO.

This statement was never as true as it is today. Political scandals which have rocked the nation from coast to coast, at every governmental level, and in both parties, are enough to turn away the novice and even demoralize the more seasoned political enthusiast. The cynics are grateful for this gift of a ready-made excuse to dodge their civic responsibilities, and to use the scandals as their ultimate reason for inactivity.

These scandals should not be a reason to avoid political action, but a reason to become involved politically. Now more than ever, we must use the avenues, opportunities, and possibilities unique to our system to leap into the fray, and by our own dynamic action, help to bring forth positive change. Constructive change can occur when problems are viewed positively as challenges, and crises are viewed optimistically as opportunities for creative change.

Politics will not permit a vacuum. If honest patriots fail to fill leadership positions, then not-so-honest opportunists will step in to fill the void.

The alternative to chaos, and to dishonest leadership, is political action.

- *Political action as an individual, and in a group effort.*
- *Political action with your time as well as your pocketbooks.*
- *Political action in the party of your choice.*
- *Political action on behalf of the candidate of your choice.*

A physician, a physician's spouse, or a member of an allied medical profession, has the medical political action movement as a vehicle for his own activity. For legislation is determined not in legislative session, but in the voting booth on election day.

The American Medical Political Action Committee, AMPAC, was organized to meet medicine's need for identification in the elective process.

In 1961, AMPAC was created by the American Medical Association to meet the need of providing the medical profession with an opportunity to assume a more active and effective role in electing candidates to public office.

AMPAC is a national, voluntary, non-profit, unincorporated group whose membership consists of physicians, their spouses, and members of allied medical professions. State political action committees are separate, autonomous units which function independently of, but in cooperation with, AMPAC.

AMPAC has two primary objectives. First, it seeks to educate its membership in the political process. Second, it hopes to involve that membership in effective political action.

AMPAC is led by a ten-member Board of Directors, which is appointed for one-year terms by the Board of Trustees of the American Medical Association. As the parent association, the AMA generously supports AMPAC's education activities. The lawful and specific right of the AMA to establish and support such a political action committee was reaffirmed in the Federal Election Campaign Act of 1971, and the 1974 Amendments to that Act.

Membership contributions to AMPAC and the state PACs are usually made at the state level.

Everyone can join AMPAC. Usually the state or county medical society collects the state PAC/AMPAC contribution along with other professionally-related dues. This is called joint billing and most states use some form of this method. In states where no joint billing method is used, the dual contribution is made directly to the state PAC.

The state PAC Chairman then asks for AMPAC political funds (again, membership dollars).

Each state PAC sets its own contribution schedule. Active membership in AMPAC is $10; sustaining membership in AMPAC is $50. The state PAC contribution is over and above these figures.

Active membership in AMPAC entitles the member to PAC identification among his peers, and a subscription to AMPAC's newsletter POLITICAL STETHOSCOPE.

Sustaining membership in AMPAC entitles the sustaining member to a prestigious "99 Plus" pin, and a subscription to all of AMPAC's periodical publications.

Membership contributions to AMPAC and the state PACs are used for candidate support.

The district medical candidate support committee is the basic political unit of the medical political action movement.

It is at this level that the physician plays his most important role as political decision-maker.

The candidate support committee is a group of physicians and their spouses in a given congressional or legislative district who have voluntarily and temporarily formed an organization to help elect a candidate. The candidate support committee provides financial support as well as volunteer manpower to elect the best man to office.

Candidate support committees are composed of Democrats, Republicans and any other party affiliates who, as members of the medical candidate support committee, recognize that political principles are more important than party labels. A candidate welcomes this kind of support because it shows bipartisan activity on behalf of his candidacy.

Once the candidate support committee has done all it can in raising funds for the candidate and in providing manpower for his election effort, it may decide to turn to the state political action committee for further support. From its political funds (membership dollars), the state PAC may decide to augment the local effort.

Sometimes the state PAC may feel that the race is important enough to call on AMPAC for further support.

AMPAC and the state PACs spend membership dollars wisely.

AMPAC and the state PACs use proven methods of evaluation in deciding whether or not to contribute to a candidate. The primary aspects of a campaign which are evaluated before political funds are allocated are: 1) the degree of active and financial support on the part of local physicians for the candidate; 2) the disposition of the candidate toward giving medicine's views a fair hearing; 3) the candidate's chances for success; 4) the degree of professionalism in the campaign; 5) the need of the candidate for additional political funds.

AMPAC doesn't contribute to a candidate in any state without a request from the state PAC. Membership dollars are contributed to physician-officers, and are spent by physician-officers. Physicians make the decision about the disposition of all political funds. Local physicians decide which candidate to support. AMPAC and the state PACs supplement the efforts of local candidate support committees.

AMPAC does not participate in every congressional race, nor is its financial participation in one congressional race unduly large in proportion to the campaign budget as a whole. AMPAC and the state PACs develop campaign contribution policies which reflect the volunteer activities on the part of the local medical community.

AMPAC and the state PACs are respected by leaders of both major political parties.

Federal and state party officials and public officials know of the success of the medical political action movement. Since its inception, AMPAC and the state PACs have steadily grown in number of members, as well as in political effectiveness. Leaders in both parties work in close cooperation with AMPAC and the state PACs. They recognize that AMPAC's educational and political activites have positive benefits for their own organizations. Read what current party leaders have to say about medical political action on the reverse side of this page. Then, make sure your first political contribution this year is to AMPAC and the state PAC. You owe it to yourself, your profession and your country to support the medical political action movement.

For information on how to join your state PAC and AMPAC, please write to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.

What the Party Leaders Think about PAC

Robert S. Strauss, Chairman, Democratic National Committee

"The Democratic Party strongly endorses the concept of political action by physicians across America, and encourages physicians, their husbands and wives, to become actively involved in returning America back to the people."

Mary Louise Smith, Chairman Republican National Committee

"Programs such as those developed by AMPAC which seek to involve more people in the American political process are vital to the future of this nation. Our very way of life depends upon citizen participation. As the wife of a physician, the work of AMPAC is particularly significant to me. I have followed with interest your successes in the past and urge even more active involvement by men and women of the medical community through AMPAC in the future.

Senator Theodore F. Stevens Chairman, Republican Senatorial Campaign Committee

"The American Medical Political Action Committee is to be highly commended for its leading role in actively encouraging individual members to support the cause of good government. The National Republican Senatorial Committee heartily endorses this concept and congratulates AMPAC on its past achievement. May your outstanding service long continue."

Senator J. Bennett Johnston Chairman, Democratic Senatorial Campaign Committee

"Some of the most difficult choices facing our country today relate to our ongoing efforts to guarantee quality health care to all who need it. In formulating national health policies, the input of physicians and other health professionals is crucial. I applaud the role of AMPAC in furthering this dialogue."

Congressman Wayne L. Hays, Chairman, Democratic National Congressional Committee

"The American Medical Political Action Committee is one of the leaders in encouraging political participation among its membership. I encourage you to contribute to help your voice be heard and to support the efforts of your organization."

Congressman Guy Vander Jagt, Chairman, National Republican Congressional Committee

"Physicians have a right and indeed a professional duty to be concerned about the political health of our Nation. AMPAC provides the means for directing that concern into the elections process."

Action of the AMPAC
Congressional Review Committee
Friday, January 9th, 1976

The Committee felt that there was little value in rubbing shoulders with persons in attendance at the function.

It was left to the Executive Committee of the AMPAC to decide who would attend these functions.

POST APPROVAL

The following expenditures were given post-approval by the Committee. All involved functions held in the Washington, D.C., area.

Tom Downey (D)	New York - 2nd C.D.	$100
John Rhodes (R)	Arizona - 1st C.D.	$100
John Slack (D)	West Virginia - 3rd C.D.	$ 50
Senator John Glenn (D)	Ohio - 1974 deficit	$100
Joe Waggonner (D)	Louisiana 4th C.D.	$500
William J. Hughes (D)	New Jersey 2nd C.D.	$100
Robert W. Edgar (D)	Pennsylvania 7th C.D.	$100
Robert Krueger (D)	Texas 21st C.D.	$ 50
Brock Adams (D)	Washington 7th C.D.	$100
George E. Danielson (D)	California 30th C.D.	$100
Thomas P. O'Neill, Jr. Congress Fund	unearmarked	$1,000
William Alexander (D)	Arkansas 1st C.D.	$100
Les Au Coin (D)	Oregon 1st C.D.	$100

more -

Action of the AMPAC
Congressional Review Committee
Friday, January 9th, 1976

The Committee was informed that four requests between September 9th and December 31st, 1975 were not approved.

Record approved,

Rex Kenyon, M.D., Chairman

W.J. "Jack" Lewis, M.D.

Edgar T. Beddingfield, M.D.

William H. Cooper, M.D.

James C. MacLaggan, M.D., Ex Officio

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Sunday, July 13th, 1975

United Red Carpet Conference Room

O'Hare Airport

Chicago, Illinois

PARTICIPANTS: Rex Kenyon, M.D., Chairman
Edgar T. Beddingfield, M.D.
James C. MacLaggan, M.D., Ex-Officio
W.J."Jack" Lewis, M.D.,(could not attend)
William Cooper, M.D.,(could not attend)

William Watson
Mrs. Lee Ann Elliott
Mike Riley

I. CALL TO ORDER

The meeting was called to order by Rex Kenyon, M.D., Chairman, at 9:40 a.m.

II. VERIFICATION OF PREVIOUS MINUTES

Members of the Congressional Review Committee signed the minutes of previous Congressional Review Committee meetings.

III. FINANCIAL REPORT

It was announced to the Committee that AMPAC has $587,035.70 in it's political account. Of this amount $538,750.37 is invested. Cash on hand amounts to $48,285.33.
Of this latter amount $25,000 has been previously committed by the AMPAC Congressional Review Committee, but has not been dispersed as yet.

MORE -

EXHIBIT 10

Action of The AMPAC
Congressional Review Committee
July 13th, 1975

IV. MEMBERSHIP REPORT

Bill Watson, commented on the current membership situation and projected membership figures for 1975 and 1976. It was his estimation that the amount available for AMPAC expenditure for the combined two-year period would be about $1,200,000.

V. REPORT ON 1975 POLITICAL EXPENDITURES

It was reported to the Committee that AMPAC has spent $74,887.85 thus far in 1975. Of this amount, $57,000 has been spent on political action. The remaining $17,887.85 has been spent on taxes, consultant's salaries and other miscellaneous expenses.

VI. DISCUSSION OF PHYSICIANS COMMITTEE FOR GOOD GOVERNMENT

The problems concerning the Physicians Committee for Good Government were discussed in depth. The reasons for the establishment of such a Committee were reviewed and changes in the law that affect such expenditures were discussed.

It was suggested that after an immediate expenditure of $151.00 necessary to clear up certain obligations, that AMPAC make no further contributions to the Physicians Committee for Good Government.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

Since there still is a necessity for persons to attend fund raising functions in Washington, D.C., it was suggested that the following procedures be used on a trial basis and that certain informal guidelines be included in the trial period:

1. Requests for Washington fund raisers should be only for fund raisers for incumbent members of Congress. No request should be submitted for galas or fund raisers for other Washington committees.

2. The Executive Director continues to have a $5,000 revolving fund from which routine requests can be honored.

3. On receipt of a request for a fund raiser function in Washington, every effort is to be made by AMPAC staff to get clearance from the state political action committee.

4. All requests that are honored should be submitted to the Congressional Review Committee for post approval at it's next meeting.

5. If any request totals more than $250.00 the request should be referred to the Congressional Review Committee directly.

6. If the request is not approved by the state political action committee, then the request should be referred to the Congressional Review Committee.

7. Any unique or special requests should be referred directly to the Congressional Review Committee.

This procedure should be re-evaluated whenever the experience under these procedures warrants a review.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

VII. DISCUSSION OF SUPPORT OF PARTY DINNERS AND GALAS

This subject was referred to the Congressional Review Committee for re-examination by the AMPAC Board at it's meeting in Atlantic City.

After a full discussion the Committee expressed it's reservations concerning the value of attending such functions. With these reservations in mind, careful consideration will be given to any new requests for support of party functions of this type.

VIII. CONSIDERATION OF PENDING REQUESTS

CALIFORNIA

The Committee considered and approved a request from CALPAC for a $5,000 contribution to the California State Congressional Target Committee, and earmarked this expenditure for research.

UTAH -- POST APPROVAL

The full Committee discussed the request of the Utah Medical Political Action Committee for a research project to be used on behalf of Mr. Ralph Mecham. Since the Committee was unable to meet, the Chairman made the decision that this request should not be honored.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

XI. REPORT ON MARGINAL AND VULNERABLE 1976 HOUSE RACES

Mrs. Elliott gave a review of the marginal and vulnerable House races in 1976.

XII. BUDGET CATEGORIES

The Committee discussed the need for a meeting late in 1975 or early in 1976, to begin work on budgetary categories for the 1976 elections. No date was set for this meeting.

XIII. MEETING ADJOURNED AT 3:50 p.m.

Record approved,

Rex Kanyon, M.D., Chairman

Edgar F. Beddingfield, M.D.

James C. MacLaggan, M.D., Ex Officio

W.J. "Jack" Howell, M.D.

William Cooper, M.D.

WHOM DOES AMPAC SUPPORT? THE AMPAC BOARD OF DIRECTORS DEPENDS UPON THE STATE PAC BOARD, AND THE PHYSICIANS IN THE CONGRESSIONAL DISTRICT, TO GIVE IT GUIDANCE AS TO WHICH CANDIDATES AMPAC SHOULD SUPPORT. AMPAC SUPPORTS CANDIDATES ONLY AT THE SPECIFIC REQUEST OF THE STATE PAC. IN OTHER WORDS, AMPAC DOESN'T GET INVOLVED IN ANY RACES IN YOUR STATE UNLESS YOU ASK FOR THAT INVOLVEMENT.

DOES AMPAC EVER SAY NO TO A CANDIDATE SUPPORT REQUEST? YES, IT DOES AND I'M SURE YOU ARE PLEASED TO HEAR THAT BECAUSE WHAT KIND OF POLITICAL COMMITTEE WOULD AMPAC BE IF IT SAID YES TO EVERYONE. AMPAC HAS LIMITED RESOURCES TO SPEND. THOSE RESOURCES MUST BE SPENT WISELY. AMPAC HAS THE ENTIRE NATION TO VIEW WHEN MAKING CANDIDATE SUPPORT DECISIONS. IN ORDER TO SPEND YOUR CONTRIBUTIONS IN THE BEST INTEREST OF WHAT AMPAC'S CONTRIBUTORS BELIEVE, WE MUST GIVE WHERE OUR DOLLARS WILL DO THE MOST GOOD.

CERTAIN CRITERIA HAVE BEEN DEVELOPED WHICH ALLOWS THE AMPAC BOARD OF DIRECTORS TO RANK CONGRESSIONAL RACES. THE SAME KIND OF CRITERIA COULD BE USED BY THE PHYSICIAN AT THE CONGRESSIONAL DISTRICT LEVEL IN HIS EVALUATION OF THE RACES IN HIS DISTRICT. THAT IS WHAT MY SUBJECT MATTER IS TODAY. I'M GOING TO GIVE YOU A GENERAL PICTURE OF HOW AMPAC EVALUATES CAMPAIGNS, SO THAT YOU CAN EVALUATE THE CAMPAIGNS IN YOUR DISTRICT. I ALSO HOPE TO CONVINCE YOU OF SOME CHANGES WHICH MUST BE MADE IN THE PAC POLICY OF CANDIDATE SUPPORT, CHANGES WHICH WILL MAKE THE PAC MORE EFFECTIVE UNDER THE NEW CAMPAIGN LAW.

THE GOAL WHICH PHYSICIANS STRIVE FOR IN MEDICAL POLITICAL ACTION IS THAT OF CREATING A CLIMATE IN THE HALLS OF CONGRESS CONDUCIVE TO LEGISLATION WHICH WILL ENCOURAGE QUALITY MEDICAL CARE IN OUR NATION.

THAT MEANS THAT MEDICAL POLITICAL ACTIVISTS MUST DO TWO THINGS. PROTECT FRIENDLY INCUMBENTS WHO MAY BE IN DANGER AND TRY TO REPLACE UNFRIENDLY INCUMBENTS WITH LEGISLATORS WHO WILL ENCOURAGE QUALITY MEDICAL CARE IN OUR NATION.

IT IS ABSOLUTELY IMPERATIVE THAT WHEN EVALUATING A CAMPAIGN, AND MAKING CANDIDATE SUPPORT DECISIONS, WE SHED ALL OF OUR WISHFUL THINKING AND GET DOWN TO ROCK-BOTTOM REALISM AND OBJECTIVITY. IT IS EXTREMELY IMPORTANT TO AVOID PHILOSOPHY AND GENERALIZATIONS. WHEN WE CONSIDER CANDIDATES, WE MUST CONSIDER THE RACES ONE BY ONE. A REALISTIC EVALUATION OF THE CANDIDATE, THE CAMPAIGN, AND THE CONGRESSIONAL DISTRICT IS THE FIRST STEP IN MAKING THE RIGHT POLITICAL DECISION AS TO WHOM SHOULD BE SUPPORTED.

OPPORTUNITY RACES

OPPORTUNITY RACES ARE RACES WHERE THE INCUMBENT CONGRESSMAN WILL NOT BE A CANDIDATE FOR REELECTION, BUT IS EITHER RETIRING OR RUNNING FOR ANOTHER OFFICE. OPPORTUNITY RACES ARE CALLED THAT BECAUSE THEY GIVE THE PHYSICIANS CANDIDATE SUPPORT COMMITTEE THE MAXIMUM OPPORTUNITY TO BE EFFECTIVE.

OPPORTUNITY RACES ARE DIFFERENT FROM OTHER RACES BECAUSE THE CANDIDATES ARE RUNNING WITH NEW AND INEXPERIENCED TEAMS, AND BECAUSE THE TIMING OF THE CAMPAIGN SCHEDULE MUST BE ACCELERATED.

THE VERY MOMENT THAT THERE IS A HINT YOUR CONGRESSMAN WILL NOT SEEK REELECTION, YOU MAY BEGIN CONSIDERING THAT RACE AS AN OPPORTUNITY RACE FOR YOUR CANDIDATE SUPPORT COMMITTEE.

IN 1976, THERE WILL BE FEWER RETIREMENTS THAN THERE HAVE BEEN IN RECENT YEARS. THIS IS PRIMARILY BECAUSE THE CONGRESS GETS YOUNGER AND YOUNGER EVERY ELECTION. AND, THERE ARE MORE AND MORE FRESHMEN ELECTED EVERY ELECTION. THE HIGH NUMBER OF RETIREMENTS OCCURRED IN RECENT YEARS DUE TO A FAVORABLE RETIREMENT PLAN WHICH WENT INTO EFFECT IN 1970. MOST OF THOSE OLDER MEMBERS OF CONGRESS HAVE ALREADY RETIRED TO TAKE ADVANTAGE OF THE RETIREMENT BENEFITS. IT HAS ALSO BEEN SAID THAT THE PECULIAR PRESIDENTIAL ELECTION YEAR OF 1976 WILL PRODUCE MANY INCUMBENTS WHO PREFER TO STAY IN THE FAMILIAR AND SAFE HOUSE SEAT, RATHER THAN SEEK THE SENATORIAL AND GUBERNATORIAL SEAT.

INCUMBENT RACES

IF THERE WILL BE FEWER RETIREMENTS IN 1976, THERE WILL BE MORE INCUMBENT RACES. FRIENDLY FRESHMAN INCUMBENTS SHOULD BE HIGH ON YOUR PRIORITY LIST FOR CANDIDATE SUPPORT. CHALLENGERS TO UNFRIENDLY FRESHMAN INCUMBENTS SHOULD BE ALMOST AS HIGH. THE RACE FOR THE SECOND TERM IS A PARTICULARLY VULNERABLE TIME, AND THUS, THERE IS A HIGHER INCIDENCE OF DEFEAT WHEN THE INCUMBENT IS A FRESHMAN. NINETY-FOUR FRESHMEN, OR OVER 20% OF THE HOUSE, WILL FACE REELECTION IN 1976.

INCUMBENTS WHO HAVE BEEN ELECTED BY A SMALL VOTE MARGIN SHOULD ALSO BE SCRUTINIZED CAREFULLY. CONSIDERED "MARGINAL" WHEN THE RACE HAS BEEN WON BY LESS THAN FIVE PERCENTAGE POINTS, THESE CLOSE RACES MUST BE HIGH PRIORITY. MARGINAL FRIENDS MUST BE GIVEN MAXIMUM PROTECTION; CHALLENGERS TO UNFRIENDLY MARGINAL INCUMBENTS MUST BE GIVEN MAXIMUM SUPPORT.

THE VALUE OF INCUMBENCY SHOULD NOT BE DISCOUNTED. INCUMBENTS HAVE A BETTER CHANCE OF WINNING BECAUSE OF THE HIGH DEGREE OF NAME RECOGNITION, AND THE EASY ACCESS TO FREE MEDIA COVERAGE. ALSO, CONGRESSMEN HAVE THE FRANKING PRIVILEGE, WHICH ALLOWS THEM TO SEND MAIL TO THEIR CONSTITUENTS WITHOUT CHARGE. THESE ARE ONLY A FEW OF THE ADVANTAGES WHICH AN INCUMBENT HAS OVER A CHALLENGER.

THERE ARE SOME INCUMBENTS WHOM YOU WOULD LIKE TO SEE DEFEATED, BUT THE CASE WOULD BE HOPELESS. THE DECISION TO CHALLENGE SUCH AN INCUMBENT SHOULD BE MADE ONLY FOR GOOD AND SUFFICIENT REASONS. AND THESE REASONS MUST BE DEVELOPED INTO A PLAN OF ACTION FOR THE FUTURE. SOMETIMES IT HELPS TO CHALLENGE AN UNBEATABLE INCUMBENT JUST TO KEEP HIM AT HOME, WORRYING HIM, AND SPENDING HIS OWN MONEY. SOMETIMES, YOU CAN SUPPORT A CANDIDATE WHO CAN'T WIN THIS YEAR, BUT WHO CAN WIN WHEN THE INCUMBENT RETIRES TWO YEARS FROM NOW. SUCH SUPPORT IS AN INVESTMENT AND SHOULD BE RECOGNIZED AS AN INVESTMENT.

CRITERIA

WHETHER YOU ARE WORKING IN AN OPPORTUNITY RACE, AN INCUMBENT RACE OR A CHALLENGER'S RACE, THERE ARE OTHER FACTORS

YOU NEED TO CONSIDER.

THE FIRST IS THE CANDIDATE HIMSELF. WITH THE ADVENT OF TELEVISION, IT IS ABSOLUTELY ESSENTIAL THAT THE CANDIDATE HAVE A PLEASING PHYSICAL APPEARANCE, RADIATING HONESTY, NATURALNESS, ABILITY AND CHARISMA. HE MUST HAVE PUBLIC SPEAKING ABILITY, THE ABILITY TO MINGLE WELL WITH PEOPLE, AND HE MUST HAVE LEADERSHIP QUALITIES.

NOT ONLY MUST THE CANDIDATE HAVE THE APPEARANCE OF HONESTY, HIS RECORD MUST BE WITHOUT BLEMISH. AND, JUST AS IMPORTANT, HIS CAMPAIGN TEAM MUST HAVE UNQUESTIONABLE ETHICS AND REPUTATION.

THE ABILITY OF THE CAMPAIGN MANAGER WAS NEVER MORE IMPORTANT. THE CAMPAIGN MANAGER MUST BE EXPERIENCED, TOUGH, AND ABLE TO WITHSTAND SOME OF THE NONSENSE THAT SEEMS TO MARK THIS POLITICAL ERA. IN ADDITION TO ALL HIS USUAL CHARACTERISTICS, HE SHOULD BE ABLE TO WORK WELL WITH VOLUNTEERS AND MOTIVATE THEM TO EVEN GREATER EFFORT.

OVER THE YEARS, WE HAVE INSISTED THAT A SUCCESSFUL CAMPAIGN IS ONE BASED ON RESEARCH. WITH CAMPAIGN SPENDING LIMITED BY LAW, POLLS AND SURVEYS MAY BE THE FIRST THING CUT OUT OF A CAMPAIGN BUDGET. WATCH THIS. IT MAY BE A SIGN THAT THE MANAGEMENT MAY NOT BE AS CAPABLE AS YOU THOUGHT. POLLS AND SURVEYS ARE JUST AS IMPORTANT AS THEY EVER WERE, PERHAPS MORE IMPORTANT. YOU MIGHT SUGGEST TO A CANDIDATE WHO IS CONSIDERING CUTTING THE RESEARCH FROM HIS BUDGET THAT HE APPROACH HIS STATE POLITICAL PARTY FOR RESEARCH SPONSORSHIP. NEW CAMPAIGN LAWS GIVE STATE PARTIES MORE POTENTIAL FOR HELPING CANDIDATES WITH JUST SUCH PROJECTS.

THE TREASURER IN FUTURE CAMPAIGNS WILL BE A VERY IMPORTANT PART OF THE CAMPAIGN TEAM. BECAUSE OF THE FEDERAL REQUIREMENTS, THE TREASURER FOR MANY CAMPAIGNS MAY HAVE TO BE A PAID STAFF MEMBER. HE MUST BE RELIABLE, HONEST, A DETAIL PERSON, RESOURCEFUL AND A FINANCIAL WIZARD. THE TREASURER AND THE LEGAL ADVISOR ARE TWO VERY IMPORTANT PEOPLE IN A CAMPAIGN IN THIS ERA OF CAMPAIGN REFORM.

THE USE OF VOLUNTEERS AND OPINION MAKERS HAS NEVER BEEN MORE IMPORTANT. IN 1976, VOLUNTEERS WILL HAVE TO TAKE THE PLACE OF CAMPAIGN FINANCES, PURE AND SIMPLY. VOLUNTEERS WILL HAVE TO USE MAN HOURS TO DO WHAT DOLLARS WERE ABLE TO DO IN PREVIOUS YEARS.

CHANGES

NOW THAT YOU KNOW HOW A CAMPAIGN IS EVALUATED, WE HOPE YOU WILL APPLY THESE CRITERIA TO YOUR OWN CONGRESSIONAL DISTRICT RACE. BUT YOU ARE ONLY DOING ONE SMALL PORTION OF YOUR JOB IF YOU EVALUATE THE CAMPAIGN AFTER ALL THE IMPORTANT DECISIONS HAVE BEEN MADE. AND THE MOST IMPORTANT DECISION IN POLITICS, NEXT TO WHO GETS ELECTED, IS WHO GETS NOMINATED.

IN THE PAST, MEDICAL POLITICAL ACTION OPERATED UNDER THE GENERAL POLICY OF NON-INVOLVEMENT IN PRIMARIES, EXCEPT IN INSTANCES WHERE THE PRIMARY WAS TANTAMOUNT TO ELECTION. THIS POLICY WAS BASED ON THE FACT THAT THE TWO PARTY SYSTEM WAS PUTTING FORTH THE TWO BEST CANDIDATES. IT WAS ALSO NECESSARY IN OUR EARLY YEARS TO DISPLAY THE VERY ESSENCE OF BIPARTISANSHIP. IN ADDITION, INVOLVEMENT ON BEHALF OF THE NOMINEE KEPT THE

PHYSICIANS FROM WASTING THEIR ENERGIES IN PRE-PRIMARY STRUGGLES, WHILE SAVING OUR RESOURCES FOR THE MAIN CONTEST.

ALL THESE REASONS WERE VALID WHEN THEY WERE DEVELOPED, AND WOULD STILL BE VALID TODAY, IF LIMITATIONS ON CAMPAIGN SPENDING HAD NOT BECOME LAW.

AS THE LAW READS NOW, A CANDIDATE FOR THE U.S. HOUSE CANNOT SPEND MORE THAN $70,000 IN HIS PRIMARY AND $70,000 IN HIS GENERAL ELECTION EFFORT. WHILE THIS MAY SEEM A VERY GENEROUS FIGURE TO SOME, MOST OF US WHO HAVE BEEN INVOLVED IN A CONGRESSIONAL RACE KNOW THAT THIS IS NOT ENOUGH MONEY FOR MANY CONGRESSIONAL DISTRICT CAMPAIGNS. LIMITATIONS ON SPENDING WILL FORCE MEDICAL POLITICAL ACTION COMMITTEES TO GET INVOLVED BEFORE THE PRIMARY, IN ORDER TO MAKE MAXIMUM USE OF OUR CANDIDATE SUPPORT DOLLARS. THAT DOESN'T JUST MEAN THAT YOUR STATE PAC, OR AMPAC, WILL GIVE MONEY TO PRIMARY CANDIDATES. IT MEANS A WHOLE MYRIAD OF EXTENDED ACTIVITY FOR MEDICAL CANDIDATE SUPPORT COMMITTEES, AND PHYSICIANS INVOLVED IN POLITICAL CAMPAIGNS.

FOR ONE THING, IT MEANS THAT EVERY PHYSICIAN AND HIS SPOUSE SHOULD BECOME ACTIVE IN THE POLITICAL PARTY OF HIS CHOICE. POLITICAL PARTIES ARE THE VEHICLE FOR CITIZENS TO HAVE A SAY OVER WHO WILL BE THE NOMINEES IN THE GENERAL ELECTION. THE NOMINATION OF THE RIGHT CANDIDATE IS OF UTMOST IMPORTANCE. IN THE PAST, YOU AND I RELIED ON OUR POLITICAL PARTIES TO SEE THAT THE BEST MAN WAS NOMINATED. SOMEHOW, A VOID OCCURRED IN THOSE POLITICAL PARTIES, AND THEY ARE NOT NECESSARILY NOMINATING THE BEST MAN. SOMETIMES, TWO BAD CANDIDATES ARE

THE FIRST STEP TOWARD BECOMING FIRST-RANKING MEDICAL POLITICAL ACTIVISTS IS TO APPLY PROVEN CRITERIA TO THE CAMPAIGNS WE BECOME INVOLVED IN. I URGE YOU TO BE PRACTICAL ABOUT ALL ELSE, BUT DON'T BY STYMIED BY A TASK BECAUSE YOU THINK IT IS IMPOSSIBLE. EXPLORE THE OUTER REALM OF THE POSSIBLE BEFORE YOU GIVE UP.

WITH TRAINING AND COMMITMENT, OUR MEDICAL POLITICAL ACTION COMMITTEES ON THE CONGRESSIONAL LEVEL WILL BE MORE SUCCESSFUL IN 1976 AND THE YEARS BEYOND THAN WE EVER DREAMED POSSIBLE.

MISSOURI							
MONTANA							
NEBRASKA					2		
NEVADA					/		
NEW HAMPSHIRE							
NEW JERSEY	/	/		/			
NEW MEXICO			/				
NEW YORK		/					
NORTH CAROLINA	/	/					
NORTH DAKOTA	/				/		
OHIO	/	/			/		
OKLAHOMA							
OREGON					/		
PENNSYLVANIA	/	/			/		
RHODE ISLAND					/		
SOUTH CAROLINA					/		
SOUTH DAKOTA	/						
TENNESSEE			/				
TEXAS	/						
UTAH				/			
VERMONT			/				
VIRGINIA							
WASHINGTON		/					
WEST VIRGINIA							
WISCONSIN					/		
WYOMING							
	3	11	7	2	15	2	

EXIBITS #114-#135B MUR#253

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Ex # 114
P

MEDPAC

ORGANIZATIONAL

MANUAL

"The whole State must be so well organized
that every Whig can be brought to the polls.
So divide the country into small districts
and appoint in each a committee.
Make a perfect list of the voters and ascertain
with certainty for whom they will vote . . .
Keep a constant watch on the doubtful voters
and have them talked to by those in whom
they have confidence . . . .
On election days see that every Whig is brought
to the polls."

A. Lincoln

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INTRODUCTORY REMARKS

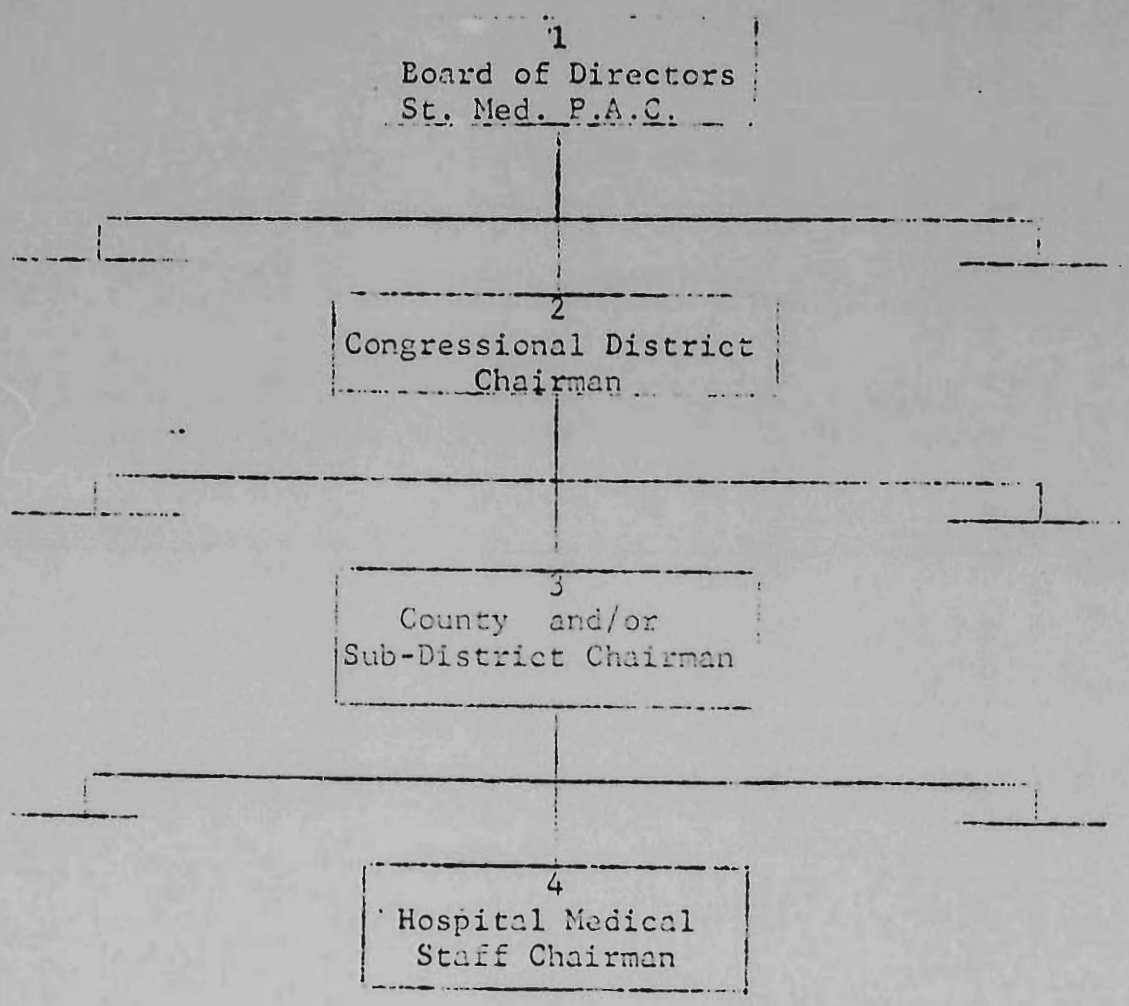
AMPAC sincerely hopes that you find this material informative and helpful in the development of a statewide activity which will provide each doctor and his wife an opportunity to become an active part of such a political action program. This kit is designed to offer you a few basic suggestions relative to the development and continuation of a physicians' political action committee and to establish the foundation for a cooperative working agreement between the state group and AMPAC.

Yours may be a state with an existing physicians' committee, candidate committees (past and present), or relatively inactive politically and you may or may not be involved momentarily with reaching an agreement with AMPAC. In any event, it is strongly urged that you look over all the enclosed copy and determine which is applicable to your situation. Some portions will be of interest to all concerned--particularly to those from states which desire to have a cooperating committee.

Among the enclosures are:

I Suggested Table of Organization for State Medical PAC.
II Suggested State Medical PAC Constitution and By-Laws.
III AMPAC Constitution and By-Laws.
VI Recent AMA Action re AMPAC.
V Typical Actions Taken by a few State Groups.
VI Permissible Political Activities Relating to Medical Associations and Political Action Committees.
VII Suggested Copy for Joint Membership Campaign.
VIII Typical AMPAC Mailing--Direct Appeal.
IX Resume' of AMPAC Member Records System.
X Sample AMPAC Membership Card.
XI Examples of Editorial and News Release Copy.
XII Suggested Schedule of Events.
XIII Bibliography of Source Material.
XIV Examples of PAC Pamphlets and Brochures.

SUGGESTED TABLE OF ORGANIZATION FOR (STATE) MEDICAL POLITICAL ACTION COMMITTEE



Comments:

1. Board of Directors

Membership of Board must be limited if the group is to have the flexibility needed for this type of activity. Would suggest that the power to appoint Board members be vested with the appropriate group within the state medical association, and that the same pattern existing between AMA and AMPAC be followed in determining this appointive group. Would strongly recommend that at least one Auxiliary representative be a member at all times.

Because effective political action groups must be non-partisan, it is urgently recommended that the Board be representative of both major political parties.

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2. Congressional District Chairman
The state PAC organization structure should call for a chairman in each congressional district. This person would assist the state committee in analyzing the local political scene, promoting membership, and coordinating the efforts of county and/or sub-district chairmen.

3. County and/or Sub-District Chairman
One physician should be selected to represent the state medical PAC and AMPAC in each county. In terms of the success or failure of medical political action committees, this physician necessarily assumes a major role. Political education, as well as action, will be his responsibility. Without the advantage of his knowledge of the local political situation, the state and national PACs will be severely handicapped. Equally important is the part he will play relative to the proper local identification of any AMPAC or state medical PAC political action. This physician would report to the Congressional District Chairman.

4. Hospital Medical Staff Chairman
Where indicated, one physician from each hospital medical staff should be appointed to serve as spokesman for the local state and national PACs. This physician would report to the county or sub-district chairman and would generally assist him in discharging the responsibilities listed above.

5. Other
A copy of the suggested state medical PAC by-laws is included in this kit. Please have your attorney review this information before taking any action.

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(STATE MPAC) FACT SHEET

The (State MPAC) is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, and others.

The newly created group's Board of Directors is composed of John Doe, M. D., Jonesburg, Chairman; James Smith, M. D., Gravel Switch, Secretary-Treasurer; Tom Jones, M. D., Smithland; Mrs. Paul Moore, Oakland, and _____, _____, _____.

The group was formed to meet an urgent need--the need of providing the medical profession with an opportunity to assume a more effective and a more active role in public affairs. (State MPAC's) dual role is (a) to help its members understand political issues; and (b) to organize them as an effective political action group.

(State MPAC) is not affiliated with either major political party. It will not be bound by Democratic or Republican party labels. The program and platform of the individual candidate will determine whom the group supports--not the candidate's party affiliation.

This activity is considered to be long range and permanent in nature. Many physicians and others throughout this state have indicated their desire to expand their knowledge of government and their activities in the field of political action. (State MPAC's) members are profoundly interested in making this organization an effective, year-in-and-year-out operation. Experience has demonstrated beyond argument that one-shot, one-issue membership programs for political education and action accomplish little; and that political effectiveness depends upon a knowledge by the individual and group of current issues, and continuity of their participation in political affairs.

(State MPAC) will use its resources in three ways: First, through education. (State MPAC) will develop and promote such programs as analyses of voting records; reviews of state legislative issues; voter registration drives; and publication of related [illegible] materials and information.

Second, (State MPAC) will follow proven patterns of campaign activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable state analyses, the marginal nature of the specific district, and other pertinent factors. Support for candidates will be based upon realistic political appraisal.

Third, (State MPAC) will coordinate its efforts with the efforts of those individuals and groups--medical and non-medical--who are actively engaged in programs designed to obtain good government.

(State MPAC) members should remain active in the political party of their choice. (State MPAC) simply furnishes the means whereby they can increase their political effectiveness substantially through combined effort.

(State MPAC) will function independently of all medical organizations and societies--national, state, and local. However, the group will cooperate, whenever possible, with the American Medical Political Action Committee in jointly soliciting membership and on matters of mutual concern.

The Committee's program will be supported by voluntary membership and contribution by interested friends. The dues structure for (State MPAC) is:

(State MPAC) will have its state headquarters at _____ _____. All inquiries should be directed to:

_____

_____

_____

p 7.

CONSTITUTION AND BY-LAWS

of the

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this committee is the American Medical Political Action Committee, hereinafter referred to as the Committee, or AMPAC. It is a voluntary, non-profit, unincorporated committee of individual physicians and others, and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

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(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1.--Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, and members of his immediate family. Associate membership shall be available to any other person who desires to support the aims and purposes of the committee. The Board of Directors is authorized to establish additional categories of membership.

Section 2.--Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed mimimum dues annually.

Section 3.--Dues

AMPAC's dues shall be:

Active Membership	$10.00 or more annually
Associate Membership	$10.00 or more annually
Medical Student Membership	$ 5.00 or more annually
Sustaining Membership	$99.00 or more annually

Section 4.--Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

ARTICLE IV

Board of Directors

Section 1.--Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.--Composition

The Board of Directors shall consist of ten members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association and a member of AMPAC. The other nine shall be Doctors of Medicine who are members of AMPAC.

Section 3.--Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term of one year. No member shall serve for more than five years.

ARTICLE V

Officers

Section 1.--Designations, Election, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the American Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than two terms.

Section 2.--The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.--Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1.--Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2.--Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

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ARTICLE VII

Committees

Section 1.--General

The American Medical Political Action Committee shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

Section 2.--National Advisory Committee

The National Advisory Committee to the Board of Directors of AMPAC shall be composed of one representative from each state having a state medical political action committee. Each state representative shall be designated by his respective committee.

ARTICLE VIII

Books, Records, and Finances

Section 1.--Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.--Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

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ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended, or repealed, and a new Constitution and By-Laws may be adopted, by two-thirds of the members of the Board of Directors; provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and By-Laws at such meeting.

RECENT A.M.A.
ACTION
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AMPAC

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Dictated by: HHH:eb-10/31/61 Supp. Rep. B

Submitted by: Board of Trustees
Hugh H. Hussey, Jr., M. D., Chairman

Subject: AMPAC

Referred to: Reference Committee on Reports of Board of Trustees.
Robert C. Long, M. D., Kentucky, Chairman

- -

The Board of Trustees, recognizing the need for an organization to provide physicians of this country with an effective, coordinated, political action effort, took action approximately one year ago to review the program and activities of existing political action committees and to determine what type of national medical political action group could be established under applicable federal laws.

In January 1961, the Council on Legislative Activities recommended to the Board of Trustees that a national medical political action committee be established with the approval of the AMA. This recommendation was approved by the Board on February 4, 1961.

On April 16, 1961, the Council on Legislative Activities formulated the framework of such a committee in conformance with the provisions of the federal law. Following this action by the Board of Trustees, the Board, at its May 1961 meeting, approved the proposed By-Laws of the Committee:

The Committee is a non-profit, voluntary, non-partisan, unincorporated political action committee. Emphasis is placed on the non-partisan aspect of AMPAC. Membership is available to physicians, their wives, immediate members of the family and others.

The purposes of AMPAC, as stated in the Constitution and Bylaws, are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the records, officeholders, and candidates for elective office.

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3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To do any and all things necessary or desirable for the attainment of the purposes stated above.

The governing body, known as the Board of Directors, is composed of seven members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association. The other six members must be Doctors of Medicine. The term of office for the members of the Board is set at one year and no member shall be allowed to serve for more than five years. Appointment to the Committee's Board is by action of the Board of Trustees of the American Medical Association.

The initial Directors of AMPAC were appointed at the time of the Annual Meeting in New York, June 1961. Dr. Gunnar Gundersen was selected as Chairman and the other members of the Committee are: Milton V. Davis, M. D., Secretary-Treasurer; Frank C. Coleman, M. D.; Dan Kilroy, M. D.; George Lawrence, Jr., M. D.; Mrs. Earl W. Roles, representing the Auxiliary; and Donald E. Wood, M. D.

The organizational meeting of the Committee was held on August 10 and since that date a concerted effort has been made to encourage the formation of state political action committees or to work with existing medical political action groups. Both the "educational" and the "political" activities of the Committee require the support of every physician and the members of his immediate family.

The members of the House are urged to endorse the action of the Board of Trustees and to encourage all physicians to join the American Medical Political Action Committee.

* *

The following is an excerpt from the Report of the Reference Committee on REPORTS OF BOARD OF TRUSTEES, presented by Robert C. Long, M. D., Chairman, Kentucky at the Clinical Session, November 28, 1961, Denver, Colorado:

"4. <u>AMPAC (Supplementary Report B)</u>

"Your reference Committee heartily approves of AMPAC. Your committee further approves of the purposes and goals of AMPAC as stated in Supplementary Report B.

"It was emphasized during the hearings before your reference committee that effective political action must be carried on

at the local level and that effective implementation must be done by local groups of physicians. The formation of AMPAC recognizes the need for a national medical political action committee to coordinate the political activities of physician groups at all levels throughout the country.

"It was further emphasized that AMPAC is an organization separate and distinct from the American Medical Association as required by Federal law.

"The members of this House of Delegates are urged to join AMPAC and to encourage all physicians, their wives and interested friends to join AMPAC and other political action committees in their states and communities.

"Mr. Speaker, I move the adoption of this portion of the report."

* *

The following are excerpts from the Report of Reference Committee on Legislation and Public Relations, presented by Warren L. Bostick, M. D., Chairman, California at the Clinical Session, November 28, 1961, Denver, Colorado:

"It is the opinion of your reference committee that the decision of the Board of Trustees in regard to Resolution 53 (House of Delegates, June 1961) is sound. It is clear that many of the objectives of that resolution are being vigorously pursued with real evidence of their attainment. Our American Medical Association already cooperates at many levels collectively with other groups in society sharing our common philosophy, to great advantage. We agree that there is no particular reason for these united efforts to result in the loss of the individual identity of those organizations participating in the common effort. Your reference committee believes that numerous activities are being pursued to inform the American public through various media. We are further aware of the current formation of AMPAC, which shares and can implement parallel objectives.

"Your reference committee recommends the approval of Supplementary Report D. of the Board of Trustees."

"<u>Reaffirmation of Opposition to Welfare Type Legislation (Resolution 25)</u>-- This resolution elicited vigorous and concerned participation by a majority of the audience. In the discussion

there was a general review of medicine's attitude and strong support of the Kerr-Mills law, and of the validity of medicine's distress at the dangers of the King-Anderson bill. All of the audience and your committee expressed unreserved approval of and support for the intent of this resolution. It was felt, however, that in some regards it should be clarified; and in a few points it alluded to concepts that were somewhat to one side of its main intent. Because of this, the committee proposes that the resolution be reworded as follows:

"Whereas, Physicians in the United States, guided by professional standards and under America's free enterprise system, are now providing excellent medical care for all citizens; and

"Whereas, American physicians, aware of the financial need of some of our elderly citizens, did support and help secure enactment of the Kerr-Mills law designed to meet this need in a practical and realistic manner with minimal government interference in the patient-physician relationship; and

"Whereas, The King-Anderson bill, seeking to place medical care for the aged, regardless of need, under Social Security taxation, would injure the patient-physician relationship and would finance medical care for some and yet deny it to others; and

"Whereas, The King-Anderson bill would impose a tremendous payroll tax increase and would open the door to the inefficiency and defects inevitable in the administration of welfare programs by the Federal government; and

"Whereas, The King-Anderson bill would result in a type of medicine that would be of decreased quality and yet more costly than that available through voluntary methods; now therefore be it

"Resolved, That members of the American Medical Association continue their vigorous opposition to King-Anderson type legislation for medical care; and be it further

"Resolved, That the House of Delegates instruct the Officers, Trustees and staff of the Association to continue to advise all members to contact and work with their Representatives in Congress in order to obtain informed cooperation in defeating this unnecessary and costly legislation; and be it further

"Resolved, That all physicians be encouraged to inform and enlist the support of their patients and friends in this effort."

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"Your committee is pleased to recognize that concrete action and efforts are being taken on the part of doctors in implementing their opposition to the above indicated types of socialistic legislation. It is felt that a particularly necessary and refreshing approach, long overdue and most necessary for the survival of the philosophies of any group, has been created in the proposals for AMPAC. We believe that it is only through such separate but collateral effort that the full impact of our sincerity in defending the public's health can be brought to the attention of the Congress with force. We believe defending the public health is a clear obligation of medicine and that every physician should give his wholehearted support to the high objectives of AMPAC."

"Implementation of the Bauer Amendment of June, 1961 (Resolution 26)- The audience participation in this discussion was varied, vocal and wide. It merged imperceptibly often with opinions expressed concerning the preceding Resolution #25. It was clear to your committee that all members present are truly concerned about the urgency of the challenges facing quality medicine and the excellence of health services for the people.

"There was wide discussion by representatives of various states concerning methods by which they were meeting the public needs and preventing the encroachment of massive Federal centralization into the personal health matters of the American people. Again it should be pointed out that the new approach through the organization of AMPAC provided an important additional avenue for effective united action."

"Your committee believes that it is the obligation of each and every delegate at this meeting to personally sense the urgency of this situation. He must return to his home with the personal responsibility and challenge to alert the individual physician members of his local society and to mobilize his friends, so as to achieve maximal results.

"United, as well as individual, effort is essential. And the new AMPAC organization must be used to its full potentiality--by letter and word of mouth--by all physicians. If each delegate does not assume a personal individual responsibility, our efforts shall not succeed regardless of what statements this House of Delegates or its Officers are inspired to make. To stop short of our total effort is to invite disaster and to let loose upon our beloved America irreversible forces which will ultimately destroy her. We cannot and we must not fail."

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TYPICAL ACTIONS TAKEN BY A FEW STATE GROUPS

Oregon

Ohio

Connecticut

Kentucky

Oregon State Medical Society
HOUSE OF DELEGATES
87th Annual Session
September 26-27-28-29, 1961
Salem

REPORT OF SPECIAL COMMITTEE TO STUDY THE ADVISABILITY OF CREATING AN OREGON COMMITTEE FOR POLITICAL ACTION AND EDUCATION

Recommendations

The Special Committee on the Study of the Advisability of Creating an Oregon Committee for Political Action and Education submits the following recommendations:

1. That the Special Committee favors the establishment of an independent committee of physicians, disassociated from the Society, for the purpose of promoting and encouraging political action and education among the physicians of Oregon be created.

2. That the Committee be voluntary, nonprofit, nonpartisan politically and unincorporated.

3. That the purposes of the Committee be:

   a. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

   b. To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

   c. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

   d. To do any and all things necessary or desirable for the attainment of the purposes stated above.

4. That membership on the Committee be available to any doctor of medicine, his spouse and other members of his immediate family.

5. That the Committee have a Board of Directors of five or seven members, one of whom shall be a member of the Woman's

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Auxiliary to the Oregon State Medical Society and that the Board of Directors be appointed by the Executive Committee of the Board of Trustees of the Oregon State Medical Society and serve for a term of one year and not be eligible for reappointment for more than five consecutive years.

6. That candidates for membership be subject to approval by the Board of Directors and to the payment of the full annual dues as established by the Board.

7. That the Committee be authorized to develop appropriate procedures for cooperating with organizations having similar objectives.

8. That the Board of Directors of the Committee select an appropriate name, develop a constitution and bylaws and establish procedural policies for carrying out its purposes and objectives which are in compliance with all applicable State and Federal statutes.

Comments

At the 1961 Mid-Year Meeting of the House of Delegates, a resolution was adopted which reads as follows:

> "THEREFORE BE IT RESOLVED, that the Board of Trustees be authorized to appoint a special committee to study and make recommendations regarding the feasibility and mechanism for establishing a committee for political action and education and report their findings and recommendations to this House of Delegates at its 1961 Annual Meeting."

In compliance with this action of the House of Delegates, the Executive Committee of the Board of Trustees appointed the undersigned members to serve as the Special Committee. This Committee, after reviewing the limitations of the Oregon State Medical Society and its component societies, has concluded that the creation of a formal organization to act independently of the Society was advisable and essential. Because of State and Federal laws, the Oregon State Medical Society and its chartered component societies are limited to political education and their entrance into the field of political action probably would jeopardize their tax-exempt status.

The Special Committee has been informed that the physicians in a number of other states have already established political action committees or similar organizations, some of which have been in existence for many years. In some instances, the success of these organizations has been especially noteworthy. Moreover, within recent weeks the American Medical Political Action Committee has been organized at the national level and its organizational structure and objectives will be

submitted to the House of Delegates of the American Medical Association at its Mid-year Meeting to be held in Denver, Colorado, this coming December. If the American Medical Political Action Committee receives the endorsement of the AMA House of Delegates at its forthcoming meeting, it will be essential for any comparable committee established in Oregon to be authorized to cooperate with and coordinate its activities with the National Committee.

This Special Committee believes that it is not only feasible but essential for the physicians of Oregon to establish a mechanism for political action and education and in the recommendations contained in this report, has expressed its opinion regarding certain basic principles which should be followed if such a committee is formulated.

This Committee hereby strongly recommends that this House of Delegates endorse the recommendations herein contained.

Respectfully submitted,

MAX H. PARROTT, PORTLAND, CHAIRMAN
BLAIR J. HENNINGSGAARD, ASTORIA
JOHN E. TYSELL, EUGENE
EUGENE V. MEYERDING, MEDFORD
DANIEL K. BILLMEYER, OREGON CITY
LOUIS J. FEVES, PENDLETON
EDWARD E. ROSENBAUM, PORTLAND
MELVIN W. BREESE, PORTLAND
JAMES H. SEACAT, SALEM

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AMPAC RESOLUTION

Approved by the Council of the Ohio State Medical Association on Sunday, December 17, 1961

Whereas, Through the impetus of the American Medical Association, a voluntary, non-profit, unincorporated organization known as the American Medical Political Action Committee has been established with headquarters at 520 North Michigan Avenue, Chicago, and

Whereas, the purposes of AMPAC are:

(a) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(b) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, office-holders and candidates for elective office.

(c) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(d) To do any and all things necessary or desirable for the attainment of the purposes stated above.

Whereas, Membership in AMPAC is open to licensed doctors of medicine, their spouses, members of their immediate family and employees of non-profit medical societies or associations, active membership dues being $10 and sustaining membership dues being $99, annually, therefore

Be It Resolved, That the Council of the Ohio State Medical Association:

(1) Endorses the formation and purposes of the American Medical Political Action Committee;

(2) Urges members of the Ohio State Medical Association and members of their family, when called upon to assist in financing AMPAC, to do so by becoming a member of AMPAC or by making a voluntary financial contribution;

(3) Requests members of the Ohio State Medical Association to actively support and cooperate with AMPAC in furthering its educational activities and other objectives.

CONNECTICUT STATE MEDICAL SOCIETY

HOUSE OF DELEGATES ACTION

DECEMBER 7, 1961

RE: MEDICAL POLITICAL ACTION COMMITTEE

WHEREAS: Organized medicine's views on health care and its quality and its financing are not always being adequately and effectively conveyed to members of legislative bodies, and

WHEREAS: Some candidates for public office and incumbent office holders often tend to minimize or ignore the opinions of organized medicine, apparently because they do not feel that the health professions constitute an important political force in public affairs, and

WHEREAS: Organized medicine has an obligation and duty, albeit politically non-partisan, to provide leadership to the people of the United States in matters pertaining to medical care and health, both personal and public, and

WHEREAS: The preservation of freedom in all fields of American enterprise is identical with, and in large measure dependent on, its preservation in the private practice system of medical care, therefore be it

RESOLVED: That the House of Delegates of the Connecticut State Medical Society commend and endorse the purposes and efforts of members of the Society who, on their own initiative, may choose to form or participate in a Connecticut medical political action committee which committee will coordinate its work with the American Medical Political Action Committee.

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KENTUCKY STATE MEDICAL ASSOCIATION

"KSMA's Board of Trustees gave unanimous approval to the formation of KEMPAC (Kentucky Educational Medical Political Action Committee) and for the Association to encourage membership participation in AMPAC (American Medical Political Action Committee). The trustees approved the Constitution and Bylaws of KEMPAC and endorsed the names of eleven members to compose the Board of Directors subject to their acceptance."

PERMISSIBLE POLITICAL ACTIVITIES RELATING TO MEDICAL ASSOCIATIONS AND POLITICAL ACTION COMMITTEES

PART I

MEDICAL ASSOCIATIONS

Interpretation of section 610 of the Federal Corrupt Practices Act indicates that incorporated medical associations are free to engage in many activities which relate to political parties or candidates for federal office, even though such activities may incidentally affect the results of an election and technically might appear to be a prohibited form of "contribution" or "expenditure." The legality of a particular activity, in the present state of the law, apparently depends upon its nature and whether the activity involves exercise of the basic first amendment rights of freedom of speech and freedom of the press.

It would appear that the following activities would be proper and legally permissible for incorporated medical associations:

(1) The preparation and publication of information, whether critical, favorable or factual only, describing the position or attitude taken by political parties, public officials and candidates for political office on any issue in which the association or its members has an interest.

(2) The preparation and distribution to its members of the voting records of members of Congress.

(3) The preparation and dissemination of information and advice on how physicians can or should organize for political action.

Information or viewpoints referred to above could be disseminated to association members through regular medical association publications, in special pamphlets, or other regular communications media. Also, so long as information of this character is designed to show only the general attitude of an association, such information could likewise be distributed or disseminated to other interested or affected groups.

In connection with actual elections, there are other activities which an association could probably engage in without violating the statute. Among these are:

(1) The distribution of information giving pertinent data regarding the position of particular parties or candidates, where they derive support, etc.

(2) Urge its members to evaluate the background, viewpoint, competence, etc., of candidates or political parties and, in publications going to members and regular subscribers, urge the support of or opposition to particular parties or candidates.

(3) Sponsor or encourage members to organize local "get-out-the vote" drives, including campaigns to get voters to register, arrangements for transportation of voters to polling places and the urging of physicians generally to participate in and assist such local "get-out-the-vote" drives.

(4) Promote organization of local committees of doctors to become more interested and active in local, state and national government, and in politics generally. However, if such committees become active in the support of particular candidates or parties, a medical association legally could not use its funds or staff in support of such efforts. While active assistance in organizing such committees would be permitted, an association could not use such committees as vehicles for contributing support to candidates or parties.

It will be noted that none of these permissible activities are contributions or expenditures made as part of an active program of direct assistance to political parties or candidates.

PART II

POLITICAL ACTION COMMITTEES

As defined by section 610 of the Federal Corrupt Practices Act, a political action committee is the lawful and accepted vehicle for the application of influence to federal elections and is recognized as such by Congress.

Specifically, quoting the Act:

"Any committee, association, or organization which accepts contributions or makes expenditures for the

purpose of influencing or attempting to influence the election of candidates or presidential and vice presidential electors (1) in two or more states, or (2) whether or not in more than one State if such committee, association or organization (other than a duly organized State or local committee of a political party) is a branch or subsidiary of a national committee, association, or organization."

The provisions of the Act therefore apply only to committees operating in more than one state or to those which are subsidiaries or branches of national committees. Thus, many medical political action committees would not be subject to the FCPA if they restricted their activities to their own locality or state.

The restraints of the federal law on the activities of a political committee are relatively minor. Under the Hatch Act such a committee may receive contributions and make expenditures for political purposes up to $3,000,000 in any calendar year. The FCPA requires every political committee to have a chairman and a treasurer. The treasurer must keep records of all contributions and expenditures, and the names and addresses of all contributors and recipients of expenditures. The treasurer must file statements with the Clerk of the House of Representatives three times each year and just before a general election showing:

(1) The name of each contributor and the amount if the contribution is $100 or over;

(2) The total sum of all contributions made to the committee;

(3) The name of each person to whom an expenditure is made in excess of $10.00;

(4) The total sum of all expenditures made during the calendar year.

An example of a political committee is the AFL-CIO's Committee on Political Education (COPE). COPE is highly organized with a large staff in its national headquarters, numerous field representatives, state directors in every state, and officers in every major industrial city and in many local unions. COPE divides its activities into those which are "educational" and those which are "political." The educational activities, such as voter registration drives, organization of local COPE units, news releases, posters, and pamphlets on political issues and candidate's voting records are financed

directly from the treasury of the AFL-CIO. COPE reported receiving $718,000 for these activities from the AFL-CIO over a recent eighteen month period. COPE's political activities are financed from voluntary contributions received from individual union members. It expected to receive more than $600,000 from this source during 1958.

By keeping its educational and political funds segregated, COPE is operating on the assumption that it is able to receive financing from a labor union without any violation of section 610 of the Corrupt Practices Act. So far as is known, no question has been raised by the government concerning the legality of this arrangement. A national or interstate medical political action committee could probably operate in much the same manner. (As noted above, intrastate or local committees are not subject to the FCPA). In other words, it could receive funds from a medical association to pay for its "educational" activities. The "political" activities would have to be financed by voluntary contributions from individual physicians or others.

SUGGESTED COPY
FOR
JOINT MEMBERSHIP CAMPAIGN
CONDUCTED BY
(STATE) MEDICAL POLITICAL ACTION COMMITTEE

Letter
Brochure
Membership Certificate
(State MPAC) Form for
Reporting Contributions to AMPAC

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(Suggested copy for joint membership appeal)

(STATE) MEDICAL POLITICAL ACTION COMMITTEE

Dear Fellow Physicians:

What happens in (State Capital) and Washington, D. C. will determine the conditions under which you and I and the rest of our colleagues practice medicine in the years ahead.

Next month our state legislature reconvenes (use where applicable). So will Congress. Your stake in the outcome of both sessions is too important to lose by default.

In (state capital), in addition to the (key state legislative issue) more than (no. of) bills will be introduced affecting the practice of medicine. In Washington, D. C. medicine's opponents have laid it on the line: they are making an all out effort to pass the King-Anderson bill during the coming session. As you know, this measure--to provide certain medical health benefits to those who are aged and eligible for social security--constitutes the current assault by the opposition on medicine's freedom to practice.

What can you do about it as an individual? You can raise your voice, of course. But you can amplify your voice a thousand-fold by the contribution of your dollars to an organized effort by your fellow physicians. Money must be made available to support those candidates for public office, and those officeholders, who will defend medicine's position at this critical stage. That money must be used effectively, realistically, where it really counts.

Responsible physicians must support this united effort if medicine's right to practice in freedom is to survive.

(State Medical PAC) and AMPAC, (American Medical Political Action Committee), have been formed to provide the means for effective, continued political action. Both need your support urgently. Both need your support now!

Fill out your check and mail it now. Your support is requested and will be appreciated.

Sincerely yours,

(SUGGESTED COPY FOR JOINT BROCHURE)

1. What is (Name of State MPAC).

The (State MPAC) is a voluntary, non-profit, unincorporated committee whose membership consists of physicians, their wives, members of their immediate families, and others.

2. Why was (State MPAC) organized?

To meet an unmet need--the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs. (State MPAC) dual role is (a) to help its members understand state and national political issues; and (b) to organize them as an effective political action group.

3. Is (State MPAC) affiliated with any political party?

No. It is not bound by Democratic, Republican, or any other party labels. The program and platform of the individual candidate will determine who (State MPAC) supports--not the candidate's party affiliation.

4. Is (State MPAC) a permanent organization?

Definitely. American medicine must have a well-planned, progressive, and consistent program of political expression, carried on vigorously year in and year out. Medicine's sporadic entry and withdrawal from the field of political action during the past twenty-odd years has been costly, and usually ineffective. Coordinated, continued effort on a permanent basis is imperative now--as never before--at both the state and national levels of politics.

5. What is the relationship between (State MPAC) and other medical organizations?

(State MPAC) will function independently of all medical organizations and societies--national, state, and local. However, under the law, medical associations and societies may contribute to the educational programs of (State MPAC). The political activities of (State MPAC) must be supported by contributions from individuals only.

6. Will (State MPAC) educational and political activity duplicate, or work at cross purposes with the activities of similarly oriented political action organizations?

No. As a statewide organization, (State MPAC) will coordinate and supplement--not supplant--the programs now being carried out

by other groups. (State MPAC) provides the means through which physicians can concentrate their material resources in an effective manner, thereby preventing duplication of effort.

7. Will (State MPAC) work with the American Medical Political Action Committee?

Yes. Although an independently functioning organization, (State MPAC) has reached an agreement with the American Medical Political Action Committee (AMPAC) to solicit membership jointly, and to work together, whenever possible, in achieving common objectives.

8. How will these two organization (State MPAC) and AMPAC--use their financial resources to best effect?

In three ways. First, these resources will be used to follow proven patterns of campaign activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, and other pertinent factors. Support for candidates and officeholders will be based upon realistic political appraisal. Second, through education. Programs will be developed such as: analysis of voting records; reviews of legislative issues; voter registration drives; and publication of pertinent materials and information. Third, both organizations will coordinate their efforts with those of other groups similarly engaged in activities designed to advance the cause of good government.

9. Who directs (State MPAC's) activities?

(State MPAC's) activities are directed by a Board of Directors composed of the following physicians:

_____ Chairman

_____ Secretary-Treasurer

_____

_____

_____

10. How can you become a member of (State MPAC) and AMPAC?

Complete your charter membership contribution certificate, attach your check--made out to (State MPAC)--and mail to:

(State Medical Political Action Committee)
(address)

(SUGGESTED FORM FOR JOINT MEMBERSHIP CERTIFICATE)

CHARTER MEMBERSHIP CONTRIBUTION CERTIFICATE

John Jones, M. D.
Secretary-Treasurer
(State MPAC)

Dear Doctor Jones:

In consideration of the urgent, immediate need for strong political action to preserve the independent practice of medicine, I have enclosed my charter membership contribution to (State MPAC). My check is made out to the (State MPAC). I understand that this contribution also covers my membership in the American Medical Political Action Committee, AMPAC.

/_/ $_____or more Active Membership in both State MPAC and AMPAC.

/_/ _____or more, Sustaining Membership in State MPAC and Active Membership in AMPAC.

/_/ _____or more, Sustaining Membership in AMPAC and Active Membership in State MPAC.

/_/ _____or more, Sustaining Membership in State MPAC and AMPAC.

_____Date

Name_____
(Please Print)

Address_____

_____

12/26/61

COMMENTS:

1. The use of the charter membership would not be appropriate in a few states, due to existing programs. The wording should be changed as necessary.

2. AMPAC must receive $10 or more in order to identify the contributor as an Active Member and $99 or more for identification as a Sustaining Member. The amount should be indicated on the certificate and this will depend upon the dues structure established by the state MPAC. For example, if your (State MPAC) dues are $15 Active and $100 Sustaining, then the certificate would provide for the following options:

   $25 or more --Active membership in both State MPAC and AMPAC.

   $110 or more--Sustaining membership in State MPAC and Active Membership in AMPAC.

   $114 or more--Sustaining membership in AMPAC and Active membership in State MPAC.

   $199 or more--Sustaining membership in State MPAC and AMPAC.

3. AMPAC will issue the appropriate membership card to each contributor upon notification of his or her full name, address and amount of contribution.

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(For Your Information Only)

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

MEMBER RECORDS SYSTEM

I. AMA addresses the AMPAC one part membership solicitation forms on an IBM 407, on a "selected state" basis at AMPAC's request. (This procedure will be used only in those states where AMPAC makes a direct membership appeal.)

II. The membership solicitation forms are mailed in window envelopes, with reply envelopes, brochures and letters enclosed, to prospective members. (This procedure will be used only in those states where AMPAC makes a direct membership appeal).

If states desire direct AMPAC mailing.

III. Doctors return their checks and completed forms to the national AMPAC office.

A. Adding machine tapes are run both on the checks and cash and on the forms.
B. The checks and cash are deposited and a posting is made in the cash receipts book, noting the date, amount, state, and batch number.
C. The membership forms are grouped by cash receipts batch and so identified.

If state committees are active (Joint membership appeal by State MPAC.

III. Doctors return their checks and completed forms to their state committee.

A. The state MPAC runs adding machine tapes both on the checks and cash on the membership application form.
B. The checks and cash are deposited in the state PAC's bank and properly posted in their cash receipts book.
C. Periodically the state will forward an AMPAC Membership Report and a check for the appropriate portion of the total amount to the national office.
D. The national office
   1. Assigns a report number.
   2. Checks the dollar amount of the check to the report received.
   3. Posts to cash receipts book and deposits check.

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IV. Periodically (probably weekly), AMPAC will forward the membership forms, or reports, to AMA, in properly labeled batches.

V. AMA, keeping the AMPAC forms (in the same batches or reports), and using their current "Look-Up File,"

A. Punches separate AMPAC IBM cards, indicating

1. Name and address
2. Kind of AMPAC membership
3. Amount of donation
4. Specialty information code
5. AMA code number, and
6. AMA membership status.

B. Lists all the information on the cards, by batch or report, and indicates the batch or report number and total amount of donations on each list.

C. Forwards the lists and membership forms to AMPAC.

D. Stores the AMPAC IBM cards for future use.

VI. Upon completion of a state "campaign,"

A. AMA prepares a complete listing, in duplicate, including all information contained in the AMPAC IBM cards and the total donation amount for the state.

B. AMA mechanically addresses the AMPAC "active" membership cards. AMPAC manually prepares all membership cards other than "active." Note: The membership cards can be prepared in conjunction with operation V B. if the state "campaigns" prove to be of long duration.

NOTE: AMPAC will reimburse the A. M. A. for the cost of providing the services listed above.

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Attached is a sample copy of the membership card. Every contributor will receive the appropriate identification, depending upon the size of his contribution. His or her name will be on the face of the card, using either the IBM process or typewritten.

Dear Member:

The Board of Directors of the American Medical Political Action Committee gratefully acknowledges your contribution.

Your 1962 AMPAC membership card is another certification of your dedication to medicine's fight to remain free. Carry it with you at all times and encourage others to become identified with this organization.

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE

1962

SUSTAINING

SIGNATURE

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12/21/61

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EXAMPLES OF EDITORIAL AND NEWS RELEASE COPY

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AMPAC to Back Candidates For Elective Office

MEDICINE has chalked up another first--this time in another area of vast concern to all freedom-loving individuals. Prior to the formation of the American Medical Political Action Committee (AMPAC), no comparable activity existed in the business and professional world. Labor, of course, has dominated this type of endeavor through its Committee on Political Education (COPE).

AMPAC's objectives simply stated are: 1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs. 2. To encourage physicians and others to understand the nature and actions of their government, as to important political issues and to the records of officeholders and candidates for elective office. 3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibility.

Leonard W. Larson, M.D., President
American Medical Association

AMPAC is not affiliated with either major political party and will not be bound by Democratic or Republican party labels. The program and platform of the individual candidate—*not* the candidate's party affiliation—will determine whom the committee supports.

AMPAC will support candidates who favor medicine's point of view and will oppose those who are known to have a position contrary to the maintenance and continuation of our private, free-enterprise system of medical care.

Decisions on candidates will be made by the bipartisan, 10-member Board of Directors after receiving proper advice and counsel from physicians and others in each state and congressional district.

AMPAC must do its job on a national level, but at the same time the committee is dedicated to the preservation of local prerogatives and the avoidance of preempting in any way the responsibilities of local doctors as individual citizens or as local political action groups.

As responsible citizens, physicians have an obligation to support and maintain medical political action and education programs. Repeatedly, individuals in all walks of public life have indicated that the lack of such activity traditional to a free society has seriously affected medicine's efforts to maintain the best system of medical care in the world. Others who may generally disagree or express displeasure with medicine's philosophy have looked upon AMPAC with respect. James A. Farley, in the November issue of *New Medical Materia*, said:

> Politics is the supreme challenge of American life. I consider politics as among the highest and most useful callings open to Americans of any profession. Thus, I find the formation of the American Medical Political Action Committee of considerable interest. . . . The new political action committee can perform a great service if it emphasizes to the individual doctor his part in politics at the local level.

Do your part by becoming a member of AMPAC. Participate with thousands of your colleagues in the important job of helping to elect men to public office who deserve the profession's support.

Leonard W Larson

Printed from The Journal of the American Medical Association
Vol. 179, No. 10, page 814, March 10, 1962

Political Advice From Jim Farley To The Medical Political Action Committee

By JAMES A. FARLEY

Politics is the supreme challenge of American life. I consider politics as among the highest and most useful callings open to Americans of any profession. Thus, I find the news (in September NEW MEDICAL MATERIA) of the formation of the American Medical Political Action Committee of considerable significance.

In recent years, the medical profession has assumed an increasingly active role in national politics. The new political action committee can perform a great service if it emphasizes to the individual doctor his part in politics at the local level.

He Must Learn the Rules

To become truly effective as a participant in government at any level, the physician must first learn the rules of the art of politics. Like the average businessman—and, indeed, the average citizen—the doctor usually does not understand these basic rules, except in small communities where he participates actively in communal affairs.

The best way he can learn these precepts is to accept and act on the first, most basic rule—to start at the bottom. By encouraging the individual physician in this approach, the new committee can render an important service to medicine and to the nation.

When the business or professional man decides to enter the political arena, his first mistake is often to assume he can start at the top. This is natural.

By virtue of his profession, the physician is a highly respected figure in his community. He feels his status entitles him to enter politics at a high level.

But such an attitude is poor preparation for entering a world of hard reality. You get into politics by affiliating with an organization and working with it at ground level until you learn your new "trade." In small communities, however, the doctor is a participant, by virtue of his daily calls on patients.

I was born and raised in a small town. I saw much evidence of the physician's influence on the political thinking of the people. Doctors, above all others, were aware of what their patients felt about a political situation. Of course, this does not generally prevail in the cities. That is where the physician will really have to work with an organization.

As the doctor learns the ground rules of politics, he soon finds he cannot apply the rules of medicine to his new field. Politics does not conform to the scientific approach he learned in medical school and uses in his practice.

In politics, all is based on artful compromise. The doctrine that "half a loaf is better than none" is fundamental in politics—even though it could be disastrous in medical practice.

The art of compromise is a lesson which the doctor must learn early in his political career. He must beware of advocating measures which lead only to political suicide—no matter how sincerely inspired.

The doctor, through experience, can arm himself against such an error. He can make himself aware of the realities of popular sentiment and political possibility. He must stop kidding himself that he has plumbed public opinion simply because he has surveyed the consensus among doctors in medical society meetings. This is like businessmen conferring only with businessmen at their own social level.

You learn more about grass-roots opinion in a barber shop or other public meeting places than you do in contacts with your professional peers, no matter how politically alert they may be, for they have insufficient contact with the man on the street.

For a doctor, starting at the bottom of politics may involve running for a local office or campaigning for a candidate he respects. He will learn new relationships with people and toughen himself to bear criticism and insult without becoming bitter about them.

By learning the rules of politics thoroughly, the physician will find his reward in becoming more effective as a participant in his community, his state, and the nation. That individual doctors have successfully entered the political arena is evident from the fact that seven physicians now serve in Congress. One of these doctors represents his state in the Senate.

Even if the doctor's ambitions do not soar this high, the experience to be gained from politics can be of great value to him as a citizen and as a physician. Through his efforts, the image of his profession can be enhanced in his community and in the nation. END

James A. Farley

[illegible] In this article he gives to the medical profession some observations based on his long experience in government.

The Angeles Times FRIDAY MORNING, MAY 4, 1962

State Doctors to Try Political Prescription

BY JAMES BASSETT, Times Political Analyst

Eighteen months ago the trustees of the American Medical Assn., representing 186,000 doctors, asked themselves: "How can we function more effectively in politics?"

Quite frankly, the AMA wanted to put its considerable weight behind congressional candidates who agreed with them that health aid to the aged under Social Security paved the way toward socialized medicine.

With a certain amount of envy, they'd observed the success of the AFL-CIO's Committee on Political Education (COPE), which espouses causes and endorses candidates friendly to organized labor.

COPE's liberal choices, of course, rarely coincide with those that might please the conservative AMA. But COPE's skillful use of money and campaign man-power has proved a potent weapon in U.S. politics.

Thus was born a nationwide group known as AMPAC — the American Medical Political Action Committee — which seems rather unabashedly to have taken its name from COPE's partial predecessor, the CIO's Political Action Committee.

★

Here in California, where the medical association has 18,000 members, AMPAC already has 2,000 participants contributing from $10 to $50 annually. Ultimately it aims at corralling 7,500 of the state's doctors, their wives and friends.

Dr. Malcolm C. Todd, Long Beach, is chairman of the California AMPAC.

He's no stranger to politics. Ten years ago, Mac Todd was one of three Southland doctors who travelled in relays with President Dick Nixon during the strenuous national campaign that made him Vice President. He performed this same chore in 1956 and again in 1960 when Nixon ran for President.

Inevitably, Todd learned what makes politicians tick, discovered how a man gets elected, and became a past master in the care and feeding of candidates.

As a conservative with a rare leavening of humor, Todd would appear to be a pretty good choice to head AMPAC in a state that soon will be No. 1 in the whole country.

With 7,500 physicians supporting the medicos' political action group at an average of $30 apiece annually, the California AMPAC should have a 1962 campaign war-chest in excess of $200,000.

It will be used for a fourfold program:

1—Educating doctors on "issues" deemed essential to their profession's well-being.

2—Promulgating the free enterprise system, of which AMPAC figures medicine is an integral part.

3—Coaching doctors in "political action" tactics.

4—Actually contributing to key congressional campaigns.

Todd reckons that $2,500 would be the maximum expended on any single candidate. This approximates the sum which COPE gives to labor-friendly House aspirants. The money will be allocated in hard-nosed political fashion, he indicated, in races where AMPAC-sponsored candidates have at least a fighting chance, and not wasted on hopeless cases.

(The California Medical Assn.'s chief lobbying arm, the Public Health League, has another $120,000 to assist approved state legislative candidates. Nationally, the AMA spent $1,000,000 in its Washington efforts last year. This, Todd says, compares to the AFL-CIO's $1 million outlay for "representation" at the capital.)

If AMPAC fears adverse criticism because of its burgeoning role in U.S. politics, it doesn't show it.

"We're voluntary, non-profit and non-partisan," said Todd. "Yes, and we're also conservative, particularly where government bureaucracy seems apt to take over control of medicine."

AMPAC, he explained, will function independently of the AMA itself. Having "invented" this political apparatus, the parent association has granted it full autonomy, and now AMPAC must even raise its own funds.

What really sparked AMPAC?

"When the Kennedy administration took one segment of U.S. society — the aged — and drafted legislation for specialized medical care," said Todd, "we rebelled. We want to insure proper health assistance for the elderly, but the Social Security-backed King-Anderson bill (still in a House committee) isn't the answer."

Instead, the AMA prefers the Kerr-Mills Bill, already law, which provides matching federal grants to the various states and establishes an aid formula.

Congressional candidates who promise to help kill the King-Anderson proposal (presently in committee) will gain AMPAC's support.

"Doctors," said Todd thoughtfully, "are good personal lobbyists."

He offered some statistics to illustrate the scope of this physician patient "lobby." The average medico sees 150-or-so patients every week. Assuming AMPAC obtains its 7,500 California members, that means 750,000 potential "political contacts" by these doctors.

And carrying this a bit farther, you can also assume that each patient has at least one relative who'll listen to the message he relays from his physician. Grand total—1.5 million persons!

Nerve center for AMPAC is a suite of offices at 2075 Wilshire Blvd., convenient to the County Medical Assn., where final screening of congressional candidates will take place.

Bassett

SUGGESTED ORDER OF EVENTS

1. Endorse AMPAC's program by official action of the state medical society and/or action of the appropriate state medical political action committee. (This endorsement is urgently needed).

2. Identify or establish the appropriate state group with which AMPAC should work. (Immediate action is indicated if medicine is to be politically effective during 1962).

3. Establish an agreement with AMPAC through the appropriate state group relative to a membership solicitation program. (Again, there is little or no time to spare).

4. Conduct membership campaign either through a state committee or by direct mailing from AMPAC.

5. Aid AMPAC with an analysis of Congressional Districts and Candidates.

6. Prepare for candidate and campaign activity.

7. Develop political education program and material for physicians and their families.

8. Notify AMPAC of your position relative to the above, if you have not done so. AMPAC is prepared to make a direct mailing on short notice to those states where this is considered the appropriate method of appeal.

XIII

BIBLIOGRAPHY OF SOURCE MATERIAL

Action Course in Practical Politics, Business Relations Department, Chamber of Commerce of the United States, 1615 H Street, N. W., Washington 6, D. C., $6.

Citizens At Work, National Association of Manufacturers, 2 East 48th Street, New York 17, N. Y., Complete six-week study course for a group of 20 persons $300.

How to Win, AFL-CIO Committee on Political Education, AFL-CIO Bldg. 815 16th Street, N. W., Washington, D. C., $3.

Democratic Precinct Handbook, United Publishing Co., 717 6th Street N. W., Washington, D. C., $.50.

The GOP Precinct Leaders' Manual, Tool & Armstrong Co., 911 Acoma Street, Denver 4, Colo., $9.10 per 100.

The Businessman's Guide to Practical Politics, J. J. Wuerthner, Jr., Henry Regnery Co., 64 East Jackson Blvd., Chicago 4, Ill., $3.75.

Government is Your Business, James Keller, Permabooks Division, Doubleday & Co., Garden City, N. Y., $.35.

27 Months of Politics in a Personal Perspective, Raymond Moley, New York: Published by NEWSWEEK by Funk & Wagnalls Co., $3.50.

Tom's Tour, William Redding, J. J. Lippincott, E., Washington Square, Philadelphia 5, Penn., $4.

Wisconsin Story, Film, Koster Film Studios, 1017 New Jersey Avenue, S. E., Washington, D. C., $22.50 prepaid.

Review of Federal Statutes and Court Decisions Relating to Political Activities of Medical Associations and Individual Physicians. AMPAC, 520 N. Michigan Avenue, Chicago 11, Ill., or Director, Legal and Socio-Economic Division, AMA, 535 N. Dearborn Street, Chicago 10, Ill.

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HELP I-HOPE BY:

1. Contributing.
2. Making Your Feelings Known to Your Congressman.
3. Knowing The Issues.
4. Becoming Active in Politics.
5. Registering and Voting and Seeing That Others Do Too!

INDIANA HEALTH ORGANIZATION FOR POLITICAL EDUCATION

1017 Hume Mansur Building
Indianapolis 4, Indiana
Melrose 9-2189

INDIANA HEALTH ORGANIZATION FOR POLITICAL EDUCATION

I HOPE

"If you are too busy to take an interest in government and feel that getting 'mixed up in politics' is beneath your dignity—then at least take time for one thing . . . teach your children to count in rubles . . . they'll need it with the inheritance you're leaving them."

HERE IS MY PLEDGE TO I-HOPE

(Checks Payable To: I-Hope and sent to I-Hope, 1017 Hume Mansur Bldg., Indianapolis 4, Ind.)

I enclose my check for $_____ as a voluntary contribution to I-HOPE.

In addition, I desire to pledge $_____ to I-HOPE for each of the years ☐ ☐ ☐

Please remind me of this pledge in _____ MONTH _____ of each year.

_____, M.D.

_____, M.D.

_____, M.D.

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• I-HOPE (Indiana Health Organization for Political Education) is composed of licensed physicians and others in Indiana dedicated to one prime objective—*preservation of the private practice of medicine and historic American freedom.*

• It was organized in August, 1960, after "grass roots" research underlined the need among doctors and others for a permanent, hard-hitting organization devoted entirely to political education and all that term implies.

FOUR PRINCIPLES

• I-HOPE is structured around these Four Principles:

1. To promote and to strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the political records, officeholders and candidates for elective office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their responsibilities of citizenship.

4. To uphold the tradition of individual liberty and undiluted Americanism.

• I-HOPE is politically non-partisan. Its Board of Directors—all physicians—represent both major political parties, and come from all sections of Indiana.

SUPPORT OF CANDIDATES

• Regularly established medical organizations (county, state and national) are prohibited by law from providing direct support to candidates. I-HOPE can—and does—perform this vital function, vigorously upholding office seekers and incumbents who are pledged to and have a record of strongly backing in Congress those measures dedicated to our cherished freedom and to battling the socializers.

• I-HOPE—infant though it was—had a remarkable record in the 1960 elections and three Hoosier Congressmen voluntarily stated that I-HOPE spelled the difference between victory and defeat!

• All Indiana Congressmen will be up for election in 1962 and unless I-HOPE and groups allied in the same principles come to the help of those who vote and practice Americanism, they will surely go down!

• I-HOPE opposes those who vote and lobby for socialistic measures just as vigorously as it fights for the defenders of the American way of life.

OTHER I-HOPE ACTIVITIES

• Support of dedicated candidates, however, is only one aspect of I-HOPE activities in behalf of the private practice of medicine and the free enterprise system.

• I-HOPE sponsors meetings where speakers forcefully outline the grave issues facing America—speakers such as Dr. Edward R. Annis. It thoroughly studies legislation and works for passage of sound, non-socialistic measures. It conducts political workshops. It strives to educate physicians, their wives and others in the basics of politics—because only through active participation at all levels can the medical and allied professions win their fight.

• Speakers are available for appearances before medical and other groups.

• All of these activities—and others planned for the future—require money. I-HOPE is voluntary—there are no dues or assessments. It believes that physicians and others dedicated to the cause of freedom have enough interest in Americanism to give voluntarily to support a program devoted entirely to our way of life.

HOW MUCH TO GIVE

• How much should each individual give?

• The answer to that lies in another question: "How Much Is Freedom Worth?"

• Donations to I-HOPE thus far have averaged about $33.00. Eighteen per cent of those giving have subscribed $100; 17 per cent have given $75.00; 26 per cent, $25.00.

• All I-HOPE funds are used solely for the programs outlined in this pamphlet. Money is disbursed for candidate support and educational activities at direction of the Board of Directors—all physicians.

• Some donors prefer to pledge over a period of time and, with that in view, a form for such purpose is included as a part of this pamphlet.

• Checks and pledges should be made payable to I-HOPE and may be sent to: I-HOPE, 1017 Hume Mansur Building, Indianapolis 4, Indiana.

• Information regarding speakers and other facets of the program may be obtained from the same address.

LET'S MAKE IT A TEAM EFFORT...

The Doctor and His Wife

If your husband is not an AMPAC member, please encourage him to join. If your wife is not an AMPAC member, please encourage her to join. Politics is truly a field where four hands are better than two.

As a team, you can do substantially more than you could do individually. Your leadership, your interest, your abilities will increase your effectiveness when you work together.

DOES AMPAC GET RESULTS?

". . . If it hadn't been for AMPAC, dozens of our good candidates wouldn't be members of the 88th Congress . . ."
—Rep. Bob Wilson (Cal.), Chairman, Republican Congressional Committee.

". . . In my judgment, the contribution made by physicians and their wives to my re-election was invaluable. Furthermore, I know a good many of my colleagues of the 88th Congress who say the same thing . . ."
—Rep. Walter S. Baring (D., Nev.)

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
520 NORTH MICHIGAN AVENUE
CHICAGO 11, ILLINOIS

YOUR 1963 membership

1963 is the year of preparation

AMPAC has already started to fill its 1964 war chest. Your 1963 AMPAC membership offers you the opportunity to put your dollars with the political dollars of many other physicians and their wives all over the country so that when the elections of 1964 come, we will be adequately prepared. Every cent of membership dues collected will be held ready to support candidates in crucial elections.

1963 is the year of preparation

AMPAC has already started an expanded program of political education. Your 1963 AMPAC membership offers you the opportunity to join with other physicians and their wives in programs designed to make each political hour more effective—each task easier—each dollar more productive.

AMPAC Membership

Active	$10—$ 98
Sustaining	$99—$5,000

Each AMPAC member should also be a member of the medical political action committee in his state. This, of course, means that the total minimum dues payment for combined membership will be in excess of the amounts listed above, depending upon the state PAC dues structure.

As a 1963 member of AMPAC, you can count on:

Identification as a participant in an effective, coordinated, nationwide medical political action program.

Recognition by the community of the part you play as a responsible citizen working for better government.

As a 1963 member of AMPAC, you may:

Concentrate your efforts in political activities which have been proven effective.

Participate in AMPAC—State PAC political education workshops and seminars.

As part of this program, you will also have access to brochures, films, exhibits, speakers, a lending library, and materials on party structure, voter registration, fund raising, vote fraud prevention, political press relations, candidate committees, and many other subjects.

As a 1963 member of AMPAC, you receive:

- A 1963 membership card
- A subscription to the newsletter, "Political Stethoscope"
- Sustaining members also receive a 99.9+ sterling silver pin.

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AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

1963

SUSTAINING

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Direct all inquiries and changes of address to:

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
500 North Michigan Avenue
Chicago 11, Illinois

AMPAC—Material Support for Political Success through programs designed to:

I. Promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs.

II. Encourage physicians and others to understand the nature and functions of their government, and the records of officeholders and candidates for elective office.

III. Assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

LET'S MAKE IT A TEAM EFFORT—

THE DOCTOR AND HIS WIFE!

If your husband is not an AMPAC member, please encourage him to join. If your wife is not an AMPAC member, please encourage her to join.

As a team, your leadership and your interest will spell political success.

This form may be used as an application.

NAME _____

ADDRESS _____

_____

☐ ACTIVE $10-$99

☐ SUSTAINING $100-$999

VOL. 1 NO. 1 JUNE, 1962

• Mailed to AMPAC members with this, the first issue of "Political Stethoscope," is the program for AMPAC DAY, Sunday, June 24, in Chicago's Palmer House.

You'll notice a blue-ribbon list of guest speakers for both events, including: Sen. John G. Gower (R-Tex.); Rep. Harold B. McSween (D-La.); Dr. Edward R. Annis; Stephen A. Mitchell, former Democratic National Chairman; and Sen. Thruston B. Morton (R-Ky.), former GOP National Chairman.

Plan to attend the morning political session and the 7 p.m. banquet, both in the Grand Ballroom. Press interest in AMPAC's activities is high. Let's show that our organization is off and running.

• A number of CONGRESSIONAL CANDIDATES have already received some degree of AMPAC support for their primary campaigns. Batting average so far: .666. Of these, most have completed their primary races, but two have yet to win their party nominations.

A third of the AMPAC-backed candidates were bucking the odds in tough primary situations and came from behind to win. Another third were slightly favored and won as front runners. Of the two primaries yet to be run, one candidate has a mean primary ahead but a clear track after that. The second has no primary trouble but faces a close race in the general election.

Of the losers, only one ran poorly. The others were defeated in runoffs by close margins, one by a gnat's eyelash.

AMPAC supported both Democrats and Republicans.

This rundown does not include, of course, a number of candidates supported by state PAC's at the district level. There were a good many of these.

• We're asked our BASIS FOR CANDIDATE SELECTION. Essentially, it's a matter of plain, common sense. But the factors involved include: what you tell us from the candidate's home district; his personal features; the candidate's position of leadership, based on the philosophy and psychologic test by students of life, victory or defeat; his voting record; the candidate's financial backing; and, last but not least, a new Congressional candidate running in a district where a special congressional election is actually — the principles for which the candidate stands. There being few sure things in politics, AMPAC supports dark horses as well as solid favorites.

• What's THE SCORE ON PRIMARY ELECTIONS? If party labels were always reliable, AMPAC would stay out of primaries. The trouble is, they aren't. Both major parties contain a broad spectrum of political belief and behavior. It is therefore simple realism to back the individual, not the party.

(continued on back page)

Published by American Medical Political Action Committee

CAMPAIGNING COSTS

Just what does it cost to run for Congress?

These days it takes a lot of cash to make the race—how much depends upon the individual district.

Rural districts take least. For instance, an Indiana Congressman was elected in 1958 with total expenses of $1,500 and defeated two years later after spending $13,000.

In the suburbs, or in a small city-rural district, the cost will run somewhere between $15,000 and $25,000.

But a tight campaign in a big city district usually runs between $25,000 and $50,000—and may well run higher.

Why so much? Because the men running for the House are usually less known to the voters than other candidates. Voters are apt to be more familiar with those seeking local offices, or those campaigning for the U. S. Senate, the Governorships, or the Presidency. The candidate for the House faces the high cost of making himself known.

There's a reason for this. The state party committees are primarily concerned with electing Governors and U. S. Senators. The local committees are mostly pushing key local candidates. Thus the Congressional candidate is more or less on his own, dependent upon party committees at several levels, sometimes in several counties.

Most of the candidate's budget goes for campaign literature, TV and radio time, newspaper ads, billboards, and so on. A smaller share of his expenditure may be used to hire clerical workers, pay for rent and telephone, buy supplies and postage. And there is also the cost of renting meeting halls, hiring sound equipment, and traveling around his Congressional district.

Where does the money come from? Liberal candidates count on a sizeable contribution from labor—not only in cash, but in freely given services. This cash donation—from national, local and state Committees On Political Education—can sometimes finance the greater part of the candidate's campaign.

Lacking labor support, a candidate must turn elsewhere. But neither of the two major parties come up with sufficient cash to solve the problem. In 1960, reportedly the best year yet for the Democratic National Congressional Committee, some $218,000 was distributed throughout the country. Assuming this was spread among the 150 or so most critical races, about the most any candidate received would have been around $2000.

This year the Democratic coffers should be in good shape. The Republican Congressional Campaign Committee will predictably be less flush. It seldom, in fact, ever contributes more than $2000 to a candidate.

Liberal candidates from either party can expect [illegible] little financial help from national, state and local party committees which concentrate their aid most often on national, statewide, or local races.

So where does a Congressional candidate go to raise campaign funds every two years? He solves his biennial headache by reaching into his own pocket, turning to his friends, getting help from his constituents, and accepting the support of groups interested in good government—like AMPAC, and local physician's committees.

POLITICAL BRIEFS

As of the moment, 41 states have organized their own political action committees . . . AMPAC membership continues to rise . . . Surveys indicate that 70% of the unregistered potential voters in the United States classify themselves as Democrats—which helps explain COPE's $750,000 registration drive. It will reportedly be concentrated in 21 states . . . Every executive secretary of a medical society in California is now a member of Volunteers for AMPAC, according to Dr. Malcolm Todd . . . The 1960 voting and census figures show that union members made up 37% of the voting population but represented only 23% of the votes cast, whereas executives and professional people making up 18% of the eligible vote cast 26% of the ballots. So reported Roy Reuther, head of the UAW political action department . . . The normal pattern in past off-year elections has been for a six-percent loss in Congressional [illegible] in the White House. [illegible] the GOP would gain 29 seats . . . [illegible] COPE estimate [illegible] will decline to 51 million [illegible] the vote cast in 1960 . . . For the GOP to win control of the House, there would have to be a remarkably wide swing in view of the fact that the Republicans gained 20 seats in 1960 while the Democrats were electing JFK. Republican gains this year would have to be more than double that number to win House control . . .

The Republicans are worried about the midwestern seats captured from the Democrats in the 1960 elections but believe Congressional redistricting will give them a minimum gain of 11 to 14 seats . . . Of the 38 Senate races this year [illegible] in New Hampshire [illegible]

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WAYS AND MEANS COMMITTEE

The Ways and Means Committee was established as a standing committee of the House of Representatives in 1802, but its roots go back to the Constitution.

The Constitution provides that "all bills for raising revenue shall originate in the House of Representatives . . ."

Today the Federal budget is almost $90 billion a year. A very small amount comes from such sources as patent and copyright fees, sale of timber from government lands, immigration fees, and so on. But the bulk of the funds to run the Federal government must come from taxes.

Tax laws are a primary responsibility of the House Ways and Means Committee. Legislation designed to raise money must originate in this Committee.

After the House approves tax legislation it is considered by the Senate.

For many years, the House Ways and Means Committee was responsible for bills that dealt both with the raising of money and the spending of money.

In 1865, however, some work of the Committee was transferred to other Committees.

The Ways and Means Committee retained jurisdiction over revenue bills, but appropriation bills—the spending of money—was transferred to the Appropriations Committee. Jurisdiction over some other types of legislation previously handled by the Ways and Means Committee was transferred to the Banking and Currency Committee at the same time.

The loss of these responsibilities has still left the Committee with plenty to do.

Obviously, general tax bills fall within its jurisdiction. But a host of other measures also concern it.

The Committee deals, for example, with trade and tariffs, public welfare measures, unemployment compensation, social security, highway financing, the debt limit. The Committee is thus handling many of the major issues that face Congress this year, including changes in reciprocal trade agreements, tax revision, and—most important to the medical profession—the King Anderson Bill to provide health care services to the aged under Social Security.

At first glance, the reason why the Ways and Means Committee is responsible for legislation dealing with tariffs may not be clear.

Originally, however, tariffs were considered primarily as a means of raising revenue and were not as deeply embedded as they are today in international relations and trade policies.

Social Security obviously depends upon taxes.

In addition, the Committee becomes involved in such matters as the bonded debt of the United States, the deposit of public funds, collection districts and ports of entry and delivery.

It goes without saying that the House Ways and Means Committee is regarded as one of the most influential and important in the House. Certainly it bears one of the heaviest workloads.

As a result, its members serve only on the Ways and Means Committee.

Most other members of Congress serve on two or three House Committees.

As an example of how thoroughly the Ways and Means Committee discharges its obligations, during last year's hearings on the King Anderson Bill, the Committee heard hundreds of witnesses. The printed testimony fills four volumes—2241 pages.

Chairman Wilbur D. Mills (D-Ark.) is regarded as having one of the most brilliant minds in Congress. He and other Congressmen who have served on the Committee for years are regarded as the real authorities on tax matters in the House of Representatives.

With the retirement after this term of Rep. Noah M. Mason (R-Ill.), Rep. John W. Byrnes (R-Wis.) will become the ranking Republican member.

The Committee is composed of 25 members—15 Democrats and 10 Republicans. All but one are men. Martha Griffiths (D-Mich.) is newly appointed and is the first woman ever to sit on the Committee.

P.S.

PS stands for "Political Stethoscope," AMPAC's newsletter, which makes its initial appearance with this issue.

Neither AMPAC nor PS came into being as a result of the revival spirit, which always cools in time and ends in backsliding. That's the history of revivals; if it weren't, one revival would be enough.

AMPAC is here to stay. Therefore PS is here to stay. Both are founded on the belief that the medical profession has learned—the hard way—that it must fight for the nation's health in caucus rooms as well as consulting rooms, in primaries as well as laboratories. For there are political viruses abroad as dangerous to 180 million patients as any test-tube variety ever isolated.

PS has no regular publishing schedule. It will appear only when there is a need for it to appear—at least as precisely planned. But PS will be as objective and realistic as AMPAC can make it whenever it appears.

For a beginning, PS will warn all those who share AMPAC's view in the need for medical political action that we shouldn't fool ourselves: we cannot, and probably will not, change overnight a political problem that has been decades in the making.

Political education and action provide no quick or easy answer to the state of the nation, no matter how diligently we undertake an effective program. We must depend upon patience, endurance, continuity.

AMPAC—and PS—are simply the first short steps on a long, steep road.

We should have taken them long ago. But at least we have made a start.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
520 NORTH MICHIGAN AVENUE CHICAGO 11, ILLINOIS

AMPAC policy, then, is to support primary candidates whose principles it endorses in those districts where primary victory is tantamount to election; and where a clear difference in viewpoint exists between two or more contenders. (Again, though, we look for winners.)

But take the 24th Pennsylvania District, for instance, where Dr. James D. Weaver, an Erie physician, took on Rep. Carroll D. Kearns, the eight-term veteran incumbent, for the Republican nomination. Dr. Weaver won this cliff-hanger by 820 votes in a major upset.

AMPAC took no part in this primary. Rep. Kearns was one of medicine's supporters in the House, and the fact that Dr. Weaver was a physician could not be allowed to influence AMPAC's decision. Support for Dr. Weaver in the general election is a different matter, and the Candidate Selection Committee will undoubtedly consider it—along with 50 or so other potential target areas now under review.

- The difference between POLITICAL EDUCATION, POLITICAL ACTION, AND LEGISLATIVE ACTIVITY? Our mail indicates confusion on this point. *Political education* deals with such matters as voter registration, effective precinct activity, the citizen's role in government and politics. *Political action* calls for direct candidate support—financially or through the expenditure of time and effort—in the hope of getting him elected. AMPAC works in both of these areas.

Legislative activity involves such matters as lobbying, the molding of public opinion, [illegible] to modify, defeat or support a specific piece of legislation. This is the job of your [illegible] state and national medical organizations. They are geared to discharge it. [illegible] not, and has neither the staff nor the responsibility for effective legislative [illegible]

Dismiss for a moment the legal restraints on the activities of medical societies. They [illegible] vitally important but a little confusing. The best way to explain what political action [illegible] committees do, and what county, state and national medical societies do, is to apply this [illegible] of thumb: *political action committees function primarily to elect good candidates to office; medical societies are concerned with the legislation that elected officials consider or act upon while in office.*

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"The punishment of wise men who refuse to take part in the affairs of government is to live under the government of unwise men."

—PLATO

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1. What is OMPAC?

The Oregon Medical Political Action Committee is a voluntary, nonprofit and unincorporated group of individual physicians, their wives, the wives of their immediate family and others and is not affiliated with any political party.

2. Why was OMPAC established?

OMPAC was organized November 4, 1961 to provide a means whereby the members of the medical profession in Oregon may bind themselves together for more effective political action and education in carrying out their civic responsibilities. It is dedicated to one major objective: the preservation of the private practice of medicine and historic American freedom.

3. Who directs OMPAC's programs?

A Board of Directors composed of six members five of whom shall be physicians and one the wife of a physician. One physician shall be a member-at-large and the other four physicians shall be appointed from each of the State's four Congressional districts. The members of the Board of Directors are appointed by the Executive Committee of the Board of Trustees of the Oregon State Medical Society for a term of one year and are eligible for reappointment for more than five consecutive years.

4. Will OMPAC be a continuing organization?

Yes. Membership is a year-in-year-out responsibility. Unsuccessful operations in political action are difficult to set up and are usually insufficiently effective. The development of a wide knowledge and understanding of government and a continuing interest and involvement in the field of political affairs on the part of physicians is the only practical and successful approach. For this reason, OMPAC will be a permanent organization.

5. Is OMPAC related to the Oregon State Medical Society?

OMPAC will operate independently of the Oregon State Medical Society and its component local societies. The members of the Board of Directors are appointed by the Executive Committee of the Board of Trustees of the Oregon State Medical Society but OMPAC is otherwise entirely disassociated from the Society. The Society can contribute to OMPAC's educational programs but not to its political action activities.

6. Is OMPAC related to AMPAC?

Only insofar as their purposes are the same. OMPAC will operate independently but may assist AMPAC if the Board of Directors so decides. AMPAC will not enter the field of political education and action in Oregon except upon the invitation of OMPAC.

7. Should OMPAC members engage in political affairs individually?

Most certainly—and are encouraged to do so. OMPAC is not affiliated with any political party but individual members should become so affiliated and work within the party of their choice at all levels in the interest of good government. OMPAC provides the mechanism for increasing the member's political potency through concentrated group action. OMPAC supplements, but does not supplant, a member's participation in the affairs of his political party.

8. How will OMPAC use its funds?

First, for education of its members. It will develop and promote such programs as are considered appropriate to inform its members. This may include the dissemination of analyses of voting records, review of State and national legislative issues; voter registration drives and the publication of related materials and information.

Second, for the support of candidates found to favor the preservation of the private practice of medicine and historic American freedom.

Third, to cooperate with other organizations of similar nature and with similar objectives.

9. How can you join OMPAC?

Simply by applying for membership and paying annual membership dues. You will be contacted within the next few weeks by a physician who is already a member of OMPAC.

OMPAC
Oregon Medical Political Action Committee
211 S.W. Kingston Avenue
Portland 1, Oregon

Please find attached my check as a voluntary contribution to the Oregon Medical Political Action Committee for 1962:

☐ For Active Membership* $20.00

☐ In addition, I desire to contribute annually to the OMPAC.
Please bill me yearly.

SIGNED: ..... M.D.

ADDRESS: .....

*Active membership in OMPAC also includes Active membership in AMPAC (American Medical Political Action Committee). Sustaining memberships in both OMPAC and AMPAC will be sought by solicitation.

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analysis at the local level: after consideration of the candidate's voting record and political principles; after thorough study of the many factors that determine his chances of winning.

Third, AMPAC coordinates its efforts with those of other groups—medical and non-medical—who are actively engaged in working for better government.

9

Is AMPAC's membership large enough to make this an effective political action group?

Yes. Since its formation, AMPAC's membership has grown remarkably and is constantly increasing. Although membership figures are restricted, it can be said that a substantial percentage of U. S. physicians and their wives are now members. "If it hadn't been for AMPAC," one party professional said recently, "dozens of good candidates on both sides of the aisle wouldn't be members of the 88th Congress."

10

How can you join AMPAC?

Through your state medical political action committee or by direct application to AMPAC. Because this is a permanent program, members are contacted yearly relative to annual dues.

AMPAC's membership categories are:

Active	$10.00 or more
Sustaining	99.00 or more
Student (including residents and interns)	5.00 or more

YOUR SUPPORT CAN MAKE THE DIFFERENCE

BACK MEDICINE'S FIGHT TO REMAIN FREE

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
520 North Michigan Avenue / Chicago 11, Illinois

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AMPAC

AMPAC

Effective

Dedicated

National Political Action Program

1

What is AMPAC?

The American Medical Political Action Committee is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, and others.

2

Why was AMPAC organized?

Because the medical profession needs an organization through which its members can participate effectively in public affai.. AMPAC's dual role is to further the political knowledge of its members; and to provide them with the means for concerted political action.

3

Is AMPAC affiliated with either major political party?

No. It is bound neither by Democratic nor Republican party labels. The program and platform of the individual candidate determine whom AMPAC supports—*not* the candidate's party affiliation.

4

Who directs AMPAC's activities?

A ten member Board of Directors—nine physicians and one member representing the Woman's Auxiliary to the AMA. No member may serve for more than five years.

5

Is AMPAC a permanent organization?

Yes. Experience proves that one-shot programs of political education or action just don't get results. Effective candidate support demands politically knowledgeable people who keep up to date on issues, candidates and campaign techniques.

6

What relationship exists between AMPAC and the AMA?

AMPAC functions independently of all other medical organizations and societies—national, state and local. However, AMPAC's directors are appointed annually by the AMA's Board of Trustees. Further, the AMA and other incorporated medical associations are free to contribute to AMPAC—but only to its educational, *not* political, activities.

7

Does AMPAC's educational and political activity duplicate, or clash with, the activities of similarly oriented political action organizations?

No. As a n. 'onal organization, AMPAC supplements rather th... supplants the programs now being carried out by such gr ups. AMPAC simply provides its members with the means of concentrating their material resources in an effective manner, thereby avoiding duplication of effort within the medical profession and reinforcing action programs now in effect.

AMPAC's members remain active within the political party of their choice but multiply their political effectiveness through the concerted effort their membership in AMPAC makes possible.

8

How does AMPAC use its financial resources to best effect?

First, through education. AMPAC services its members with voting records; a scheduled publication; how-to-do-it materials on candidate support, precinct action programs, voter registration drives, party organizational structure, and similar subjects.

Second, AMPAC follows proven campaign techniques and selects candidates for support on a realistic basis. Target areas are chosen after thorough

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AMPAC IMPACT

Will AMPAC's monitoring and compliance efforts to insure that this will be an effective political action group?

What is AMPAC?

Why was AMPAC organized?

Is AMPAC affiliated with other major political party?

Who directs AMPAC's activities?

Is AMPAC a permanent organization?

What is the relationship between AMPAC the AMA?

Will AMPAC's educational and political activity duplicate, or work at cross purposes with the activities of similarly oriented political action organizations?

How will AMPAC use its financial resources best effect?

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VEMPAC-AMPAC

VERMONT MEDICAL POLITICAL ACTION COMMITTEE

1415 Constitution Avenue • Montpelier, Vermont

SEND MY 1983 MEMBERSHIP CARD TO:

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

U.S. CONGRESSIONAL DISTRICT _____

Enclosed is my check for VEMPAC-AMPAC membership:

- ☐ Active membership, $25-$148
- ☐ Sustaining membership, $149-$5,000
- ☐ Student, intern, resident membership, $5

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HOW MUCH TO GIVE

If you have wondered how much you should give, then answer that question by asking yourself: "How much is freedom worth?"

Membership may be purchased in AMPAC and TEXPAC by filling out the attached checks for the respective organizations. Membership in each organization is on the following basis:

Active .....$10.00 minimum annually.

Sustaining .....$[illegible].00 minimum annually.

All AMPAC and TEXPAC funds are used solely for the purposes outlined in this pamphlet. Money is disbursed for campaign support and educational activities at the direction of the Board of Directors.

The attached checks have been conveniently made payable to AMPAC and TEXPAC respectively. Complete these checks for the amount you desire and send to: TEXPAC, c/o Mr. Alfred J. Heath, 433 Medical Arts Building, Dallas 1, Texas.

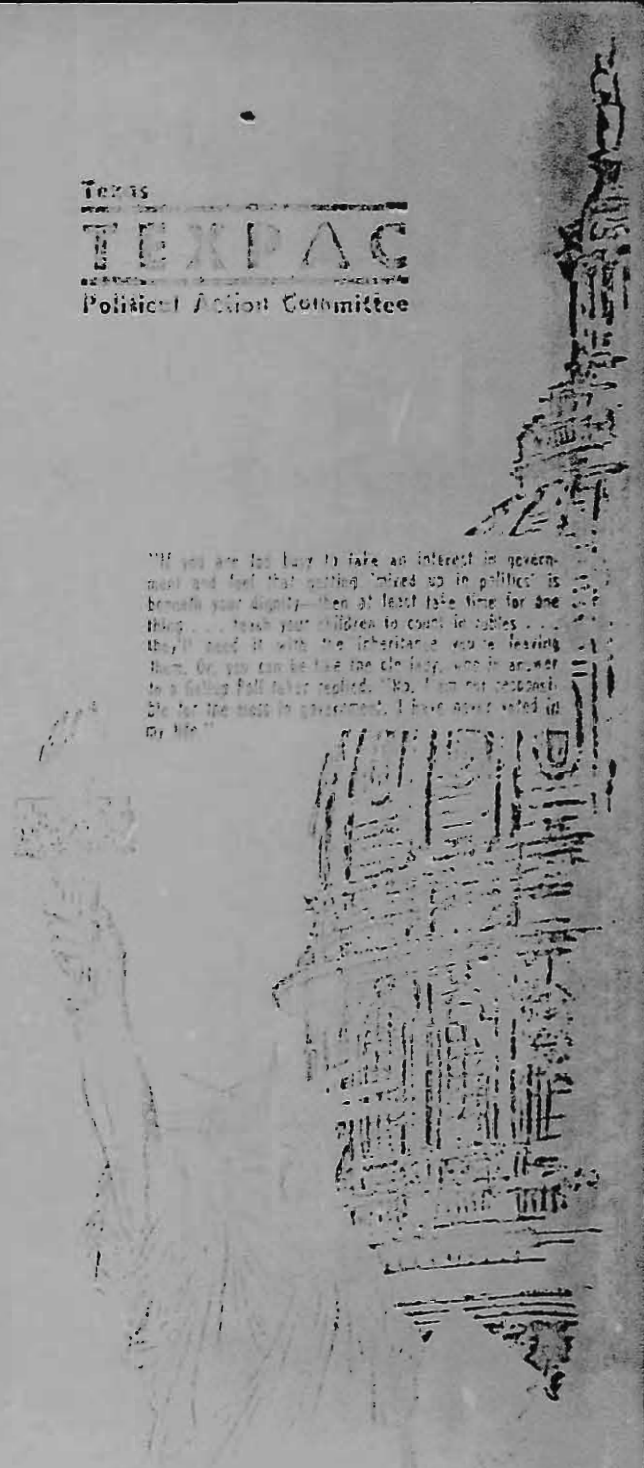
Information regarding speakers and other facets of the program may be obtained from the same address.

CONTRIBUTIONS MADE TO TEXPAC OR AMPAC ARE NOT DEDUCTIBLE FOR TAX PURPOSES.

Texas
TEXPAC
Political Action Committee

Texas
TEXPAC
Political Action Committee

"If you are too busy to take an interest in government and feel that getting 'mixed up in politics' is beneath your dignity—then at least take time for one thing . . . teach your children to count in cubits . . . they'll need it with the inheritance you're leaving them. Or, you can be like the elderly man who in answer to a falling ballot taker replied, "No, I am not responsible for the mess in government. I have never voted in my life."



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TEXPAC (Texas Political Action Committee) is composed of licensed physicians and others in Texas, dedicated to the principles of preservation of Constitutional government and historic American freedoms as guaranteed by the Constitution.

Its activities will be fully in keeping with the public interest, and will be designed to preserve the private practice of medicine, which has provided the people of this nation with the highest quality of medical care in the world today.

It is supported by dedicated physicians and their wives who feel the need for a permanent, well-informed, organization devoted to political education and support of candidates who believe in the same principles.

PRINCIPLES

TEXPAC is built around the following principles:

1. To encourage and to strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the motives and actions of their government as to important political issues and as to political records, officeholders and candidates for public office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their responsibilities of being good citizens.

4. To uphold the tradition of individual liberty and support the rights guaranteed by the Constitution.

TEXPAC is politically non-partisan in its Board of Directors. All physicians represent both major political parties and come from every Congressional District in Texas.

SUPPORT OF CANDIDATES

The individual medical organizations, county, state and national are prohibited by law from providing direct support to candidates.

TEXPAC—and only—performs this vital function, [illegible] candidates who [illegible]

TEXPAC expects to review the records of all of those seeking political office in our State and to do all possible to see that men of integrity, ability, and who believe in support of our Constitution are elected to public office.

This year, 1962, the people of Texas will elect 23 Congressmen, a Governor, a Lt. Governor, 31 State Senators and 50 State Representatives and an Attorney General, and many other public officials. We need your help and assistance in electing deserving and qualified men to public office.

TEXPAC will oppose those who vote and lobby for socialistic measures just as vigorously as it will fight for those who defend Constitutional government and our private enterprise system.

OTHER TEXPAC ACTIVITIES

Support of dedicated candidates is only one aspect of TEXPAC activities in behalf of the private practice of medicine and the free enterprise system.

TEXPAC thoroughly studies legislation and works for the passage of sound, non-socialistic measures. It conducts political work shops. It strives to educate physicians, their wives and others in the basics of politics—because only through active participation at all levels, can the medical and allied professions win their fight.

Speakers are available for appearances before medical and other groups.

All of these activities—and others planned for the future—require money. TEXPAC is voluntary—there are no dues or assessments, although funds are being raised through the sale of memberships. TEXPAC believes that physicians and others dedicated to the cause of freedom have enough interest in Americanism to give voluntarily to support a program devoted entirely to our way of life.

COORDINATION WITH AMPAC

AMPAC is the American Medical Political Action Committee, a voluntary, non profit, unincorporated group whose membership consists of physicians, their wives, the members of their immediate families and others.

AMPAC was organized to meet an urgent need—the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs, on a national basis. AMPAC's dual role is a) to help its members understand political issues; and b) to organize them as an effective political action group. Thus AMPAC and TEXPAC represent an organized, effective means by which our political views may be given expression on both the national and state levels.

THOSE WITH WHOM YOU WILL WORK

TEXPAC is organized on a Congressional District basis. That is, each Congressional District has a representative in close touch with the state organization. The Officers and Directors of TEXPAC are as follows:

Chairman—Max E. Johnson, M.D., San Antonio

Vice-Chairman—Joe R. Donaldson, M.D., Pampa

Secretary—N. L. Barker, M.D., Paris

Treasurer—Millard J. Heath, Dallas

Directors—James H. Summers, M.D., Highlands
Louis W. Bruck, M.D., El Paso
Foy H. Moody, M.D., Corpus Christi

Woman's Chairman—Mrs. Garland G. Zedler, Austin

The Congressional District Chairmen are as follows:

NAME	CONGRESSIONAL DISTRICT
N. L. Barker, M.D., Paris	1st
John M. Travis, Jr., M.D., Beaumont	2nd
J. W. Birdwell, M.D., Tyler	3rd
David T. Wells, M.D., Sherman	4th
Guy K. Friggs, M.D., Dallas	5th
R. W. Kimbro, M.D., Cleburne	6th
Harvey Bell, M.D., Palestine	7th
James H. Summers, M.D., Highlands	8th
Harvey Renger, M.D., Hallettsville	9th
David Wade, M.D., Austin	10th
G. V. Brindley, Jr., M.D., Temple	11th
Robert D. Hairston, M.D., Fort Worth	12th
Robert L. Daily, M.D., Wichita Falls	13th
Foy H. Moody, M.D., Corpus Christi	14th
H. D. Gilliam, M.D., McAllen	15th
Louis W. Bruck, M.D., El Paso	16th
Joe T. Nelson, M.D., Weatherford	17th
Joe R. Donaldson, M.D., Pampa	18th
A. Lee Hewitt, M.D., Lubbock	19th
Max E. Johnson, M.D., San Antonio	20th
Braswell Locker, M.D., Brownwood	21st
Byron P. York, M.D., Houston	22nd

Who Runs EMPAC?

EMPAC's activities are directed by the following officers and Board of Governors:

George J. Lawrence, Jr., M.D., Flushing	*Chairman*
John F. Kelley, M.D., Utica	*Vice-Chairman*
Solomon Schussheim, M.D., Brooklyn	*Secretary*
Bernard Pisani, M.D., New York	*Treasurer*

BOARD OF GOVERNORS

Samuel Wagreich, M.D., Bronx	*District I*
Ralph S. Emerson, M.D., Roslyn Heights	*District II*
F. W. Holcomb, Jr., M.D., Kingston	*District III*
James M. Blake, M.D., Schenectady	*District IV*
John S. Fitzgerald, M.D., Utica	*District V*
James L. Palmer, M.D., Binghamton	*District VI*
Charles R. Mathews, M.D., Rochester	*District VII*
John D. Naples, M.D., Buffalo	*District VIII*
Waring Willis, M.D., Bronxville	*District IX*

Edward F. [illegible] *Executive Director*

[illegible]

Complete your charter membership contribution certificate, attach your check — made out to EMPAC—and mail to the address below.

[illegible]

EMPAC

offers you the

EMPACT

POLITICAL ACTION PROGRAM

What is EMPAC?

The Empire Medical Political Action Committee is a voluntary, non-profit, non-partisan group whose membership consists of physicians, their wives, members of their immediate families, and others.

What is EMPAC's purpose?

To meet an urgent need—the need of providing the medical profession with the opportunity to assume a more active and effective role in public affairs. EMPAC's dual role is (a) to help its members understand state and national political issues; and (b) to organize them as an effective political action group.

Is EMPAC affiliated with any political party?

No. It is not bound by Democratic, Republican, Liberal, or any other party label. The program and platform of the individual candidate will determine whom EMPAC supports — not the candidate's party affiliation.

Why is EMPAC needed?

Definitely — medicine in the state must have a well-planned, progressive and consistent program of political expression, carried on vigorously year in and year out. Medicine's sporadic entry into and withdrawal from the field of political action during the past twenty-odd years has been costly, and usually ineffective. Coordinated, continued effort on a permanent basis is imperative now—as never before—at both the State and National levels of politics.

Is EMPAC affiliated with the American Medical Political Action Committee?

Yes. Like similar organizations in other states, EMPAC has an agreement with the American Medical Political Action Committee (AMPAC) to solicit memberships jointly, and to work together in achieving common objectives.

How will EMPAC operate?

In three ways. First, these resources will be used to follow proven patterns of political activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, and other pertinent factors. Support for candidates and office holders will be based upon realistic political appraisal. Second, through education. Programs will be developed such as: analysis of voting records; reviews of legislative issues; voter registration drives; and publication of pertinent materials and information. Third, both organizations will coordinate their efforts with those of other groups similarly engaged in activities designed to advance the cause of good government.

What is the relationship between EMPAC and medical societies?

EMPAC will function independently of the medical organizations and societies—national, state, and local. Under the law medical associations and societies may contribute to the educational programs of EMPAC. However, the political activities of EMPAC must be supported by contributions from individuals only.

Will EMPAC duplicate the work of other groups?

No. As a statewide organization, EMPAC will coordinate and supplement — not supplant — the programs now being carried out by other groups. EMPAC provides the means through which physicians can concentrate their funds in an effective manner, thereby preventing duplication of effort.

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Politics is everybody's business.

Politics is vital to physicians and their wives, as it is to all educated, enlightened people. Physicians, their wives, and citizens in many other occupations are forming candidate committees, working with their party, contributing their dollars and their time.

Where do you fit in?

Candidates need VOTES. Parties need VOLUNTEERS. Most political volunteers are women. They can supply a majority of the votes, too, because the 58 million women eligible to vote in November will outnumber men by more than four million.

What does it take to win?

The answer is simple. MORE VOTERS AT THE POLLS.

But to get registered voters to the polls takes a great deal of organization and teamwork.

What is the first step?

Action—YOUR action: JOIN THE TEAM.

Offer your services to the CANDIDATE of your choice. Offer your services to the PARTY of your choice. Be willing to work. Double your effort by taking a friend along with you.

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Your first assignment will probably be to work in the precinct. The precinct is the logical and practical unit on which to build political organization for a candidate or for a party. Indicate your willingness to do any of the following jobs:

(1) Conduct precinct canvass work.

(2) Accumulate voter information and do other types of research.

(3) Recruit precinct teams; enlist other volunteers.

(4) Make personal contacts with all voters in your precinct.

(5) Write letters of endorsement to your friends.

(6) Hold "coffees," and encourage your friends to do the same.

(7) Staff a telephone committee.

(8) Establish a speakers bureau; aid the candidate in appearing before as many groups as possible.

(9) Help solicit funds for the candidate's campaign.

(10) Distribute literature.

On registration day or Election Day, participate in the following activities:

(1) Man the registration booth or the polls.

(2) Operate car pools.

(3) Baby-sit for voters.

(4) Distribute literature.

(5) Make sure all your supporters are at the polls.

(6) Follow up with telephone calls.

(7) Man the campaign headquarters office.

(8) BE SURE TO VOTE YOURSELF!

Personal contact is the most effective way to get people to vote and to persuade them to vote for your candidate. Political activity requires effort and personal attention.

THE HEALTH COMMITTEE

...setting it up

...making it work

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HOW-TO-DO-IT
HELPING YOUR CANDIDATE
EASILY
AND EFFECTIVELY

No pep-talks are needed at this point, Doctor. You wouldn't be reading this if you hadn't already decided to support the candidate of your choice, and if you weren't already sold on the necessity for coordinated action.

The solo effort is fruitless in effective campaigns for political office. Each vote is cast individually. But every other phase of the election process demands synchronized, concerted effort by the candidate's backers.

As you well realize, Doctor, November 6, 1962 isn't very far away. There is much to be done, and it must be done quickly. This pamphlet suggests the way to go about it.

Medicine's stake in the election needn't be spelled out in detail, for you know that President Kennedy's Administration has committed itself irrevocably to passage of the King-Anderson Bill, or some such similar measure for financing limited health care for the aged through the Social Security mechanism.

You know the challenge issued by the President of the United States: to purge conservative members of Congress who have opposed his position on this issue; and to elect liberals who will vote as he wants them to on this issue.

Finally, you know that the President has also promised to make Social Security medicine the key domestic issue of the 1962 political campaign.

Like every other citizen, you have a vitally important stake in electing good men and women to Congress.

But, as a physician, you have an added stake in the outcome of the next election: your freedom to practice medicine in the manner which has made this the healthiest nation in history.

These issues being crystal clear to you, you now want to know how to help the candidate of your choice most effectively.

If you're an old hand at politics, much that follows will be old stuff. But some of it may be new.

If you're getting into politics on an organized basis for the first time, much that will follow will be new. But some of it may be familiar to you.

It doesn't matter. Physicians have worked out this format for political action themselves. This is a distillate of their experience.

It works.

Try it.

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JUST HOW VALUABLE CAN YOU BE?

[illegible] not only be valuable, you can be decisive.

[illegible] their wives, their families, their friends, their partners or associates in the healing arts professions:

[illegible] they constitute a campaign resource of enormous [illegible]

[illegible] they represent a substantial bloc of votes; a sizeable [illegible] volunteer workers; and a vitally important source of [illegible] dollars.

These are the things that successful candidates must have: [illegible] votes, enough workers, enough dollars.

[illegible] and the other members of the healing arts profes[illegible] are important to a degree far exceeding their numbers. You [illegible] within your community. If, as leaders, you *exert* [illegible] you will be decisive. Your candidate will win!

[illegible] won't succeed by a token effort. Your opponents are experienced in the ways of politics, and well-heeled.

[illegible] and their organizations win only if they run scared.

[illegible] THE CANDIDATE

[illegible] before you start.

[illegible] before you set out to meet the candidate, be sure you know [illegible] stands on medical care for the aged and any other issues [illegible] believe to be important. In the case of an incumbent Congressman, your state political action committee will probably [illegible] the answers if you don't. In the case of challengers for the [illegible] seat, find out his point of view before you offer to [illegible] him.

[illegible] essential preliminary to forming a healing arts committee [illegible] know where the candidate stands on vital issues. If you [illegible] know, find out.

A word of warning here:

When you talk to the candidate, either to learn more about his political philosophy or to offer him your support, remember that you are not buying his vote—or medicare, or anything else. You couldn't if you tried. Candidates are not for sale—to you, or to anybody else.

They may be on the other side of the fence politically, but they are men and women of integrity. Exceptions to this are rare—so rare that it is a constant source of wonder that we get such an over-whelming majority of dedicated people to serve in Congress.

Remember that you will be offering to help elect a representative to the House, not purchase the services of an indentured political servant.

Let's assume you're satisfied that you know enough about the candidate's principles and that you feel his candidacy merits your support as a physician, and the support of other members of the healing arts professions. Assume also that other physicians and allied professionals with whom you have talked share your conviction that an organized effort should be made to help the candidate win the election.

Your first step is to get a small delegation of physicians, and approach the candidate. Ideally, you should talk with him personally. If you can't, talk with his campaign manager.

Whoever you talk to, your group of perhaps five or six physicians should make a few things clear.

First, tell the candidate that you agree with his point of view on specific issues. If he is an incumbent who has had occasion in the past to support medicine's position, thank him for that support.

Second, ask how you can help—*or if* you can help.

Some candidates will say, in effect, "Thanks, but help isn't necessary. I have no problems in this campaign." In such a case, there is little else you can do besides casting your vote for the candidate and urging others to do the same. At least you will have made an effort to help, and the candidate will appreciate it.

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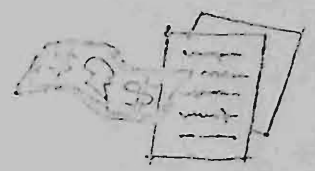
Most candidates, however, will be not only grateful for the offer and eager to have you form a healing arts committee. They will do this, once you have explained how such a committee functions and what it can accomplish. You must remember, though, that many candidates will be unfamiliar with the healing arts committee technique.

This is nothing to worry about. Anyone experienced in politics will grasp the potential of a healing arts committee instantly. Your candidate will prove no exception in the vast majority of cases, for he knows that volunteers willing to contribute time, money, effort, and votes to his cause are rare people indeed. Usually, in fact, he has to beat the bushes to find them.



YOUR OFFER TO HELP

And so five or six physicians tell the candidate that they want to help. The candidate replies that he welcomes this assistance.

What do you do next?

Ask the candidate if you may proceed along the lines that this pamphlet suggests—the establishment of a physicians' committee, or a healing arts committee. Explain that you intend to solicit funds in his behalf; seek to turn out votes in his favor; and provide volunteers who will work for him at his, or his campaign manager's direction.

This latter proviso is very important. Your candidate is a professional in politics. If he is not, he is being advised by professionals. In either case, he is likely to know more about where volunteer help is needed than your committee. He will be happy to let you raise campaign funds on your own, and get out a supportive vote on your own. But he will probably be gun-shy about letting you proceed independently with the volunteers you recruit.

Effective campaigns must be kept in focus. Someone—the candidate or his campaign manager—must run them and coordinate them. The well-meaning efforts of uncoordinated volunteers can sometimes do more harm than good.

So, make it clear to the candidate that your committee and its volunteer workers are at his disposal.

Similarly, the subject of how to spend a campaign dollar to best effect is a matter studied over the years by every professional in politics. And even the best-informed, most thoughtful politicians often disagree on details, if not basics.

The money your committee raises should be made available to the candidate for use as he sees fit. If he prefers that your committee handle the spending of this money, that's up to him. But spend it as he directs, on projects that he approves.

Make this clear to the candidate, too, when you are discussing the formation of the committee.

Should the candidate desire, you may wish to apply for supplementary funds from medical political action committees outside the Congressional District. Such an application should be made to your state political action committee. If it is approved, however, be sure you find out whether the candidate wants this information known to his constituency. In some cases, he won't mind in the slightest. In others, he will ask that the out-of-district financial support be held in confidence. There is a realistic political reason for this latter attitude:

Campaign funds from outside a Congressional District can sometimes work *against* the candidate. COPE support, for instance, has often been used as an issue against COPE-backed candidates. AMPAC support, or funds from your state political action committee, might also be turned into an issue against the candidate you are trying to help. So why furnish his opponents with free ammunition?

On this one, let the candidate decide what he wants to do—and abide by his decision.

You understand, of course, that outside help from other medi-

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and political action groups must *always* be supplementary. The major fund raising effort by physicians and other members of the healing arts professions must always be made at the district level.

Here's one point:

Healing arts committees have been formed many times in the past, but on a somewhat sporadic basis. Most physicians will be [illegible] in this activity for the first time during this election. Therefore, I remind the candidate of this so that he can inform his other party workers of the new reinforcements.

Remember that precinct workers, ward leaders, regular volunteers and others have been labouring in the vineyards, year in and year out, in behalf of their party.

The members of your healing arts committee will be newcomers, for the most part, to the political scene.

The candidate and the party workers will welcome your reinforcement, but the candidate should be asked to smooth the way for you. He may ask that you make a few courtesy calls. If so, oblige. Remember that you are new members of a team that has worked together to elect many candidates over many years. You will find it pays to be tactful in dealing with your political seniors no matter how large or how small their role in the overall effort.

Now, having talked things over with the candidate; having offered your help and received his approval to go ahead; having checked such matters as using your volunteers and the money you collect at his direction; having been given the green light to form your physicians' committee, or healing arts committee, the next step is easy:

Ask the candidate to provide you with whatever guidance you may need to comply with your state election laws. Such matters as reporting procedures, naming your committee, and setting up proper methods of banking and disbursing money are familiar ground to him. Either the candidate will guide you himself in these areas, or he will see that you are advised by some other knowledgeable person.

There's nothing complicated about setting up a candidate committee. Thousands are formed every election year. But the few things that should be done are better done properly, and advice from the candidate will help you avoid unnecessary mistakes.

Your committee's name should be expressive to the type of committee you set up—a physicians' committee, or a healing arts committee. Thus, "Physicians for Congressman Jones," or "Healing Arts Committee for the 15th Congressional District."

Whatever name you choose, clear it with the candidate.

If you have a friend who is an accountant, ask him to set up the simple accounting system you'll need.

Elect officers. You'll need a chairman and a treasurer. It's a good idea to authorize a third person who can sign checks, along with these two. It is also a good idea to require that the treasurer always be one of the authorized persons signing a check on your committee's account.

FLESHING THE SKELETON

Ideally, it would be better if your committee started off with, say, 10 to 20 per cent of the physicians in your Congressional District. But practically, it is more sensible to begin with five to ten persons, since it is sometimes hard to get a representative proportion of your district physicians together on too many occasions.

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Start with a nucleus of five to ten, and prepare to expand.

Having cleared your activity with the candidate or his campaign manager, having touched bases with an accountant; having decided on a name for the committee and set up a bank account in that name; and having elected officers, it is now time to add other committee members.

Who they will be depends upon whether you decide to make this a physicians' committee or a healing arts committee.

Which is preferable?

It depends entirely upon your local situation.

A candidate would prefer a healing arts committee, on which dentists, pharmacists, veterinarians, hospital administrators, nurses, and other *allies.* This is easy enough to understand: the more professions involved, the greater the potential in terms of voices, money to support, and volunteers. It is simply a matter of numbers.

A physicians' committee is easier to organize, but more limited in scope.

The decision on whether it is to be a healing arts committee or a physicians' committee depends entirely upon your local situation. But for the purposes of this pamphlet, we will deal with a healing arts committee—more complex, but identical in technique to a physicians' committee.

For example we are dealing with the Healing Arts Committee for Congressman Jones.

At the moment, it consists of six physicians, a name, an arrangement for banking, two key officers (a chairman and treasurer), and the candidate's blessing.

It must be broadened by the recruitment of dentists, pharmacists, veterinarians, hospital administrators, nurses—whatever groups of professional people fit the local situation.

Find them—choosing the most influential people available. Select the bellwethers, and get them to a meeting. Explain what you are trying to do. Add them to your committee and make them responsible for the health professions they represent.

Hold an informal meeting, during which you fill them in on the purpose of the healing arts committee; the candidate's wishes; and the things you hope to accomplish.

By all means include several key women in your community—wives of physicians, pharmacists, dentists, or whomever—at this first strategy meeting. The women are essential to the volunteer services your committee will provide to the candidate. Women do 90 per cent of the volunteer work in any campaign, and constitute a resource to the candidate even more important than money.

You are now ready to plan your one large meeting.

MOBILIZING THE HEALING ARTS PROFESSIONS

Get lists of every member of the healing arts professions within your Congressional District. This is easy to do. Then every physician should agree, with his colleagues, on who should invite whom to your one—and only—large gathering. Dentists, nurses, and the other groups represented should do the same.

Divide the list, according to profession, with each committee member taking on the responsibility of inviting those colleagues with whom he is most familiar.

You'll want as many people as you can turn out to attend this meeting, which is vital to your committee's future success.

Set a place of meeting within a week at the outside. And get busy urging fellow physicians, pharmacists, and the others to attend.

Extend invitations in person, if humanly possible. If not, telephone. And if neither of these two courses is possible, a poor alternative remains: the written invitation. If a written invitation is the best you can do, at least write a personal letter. Physicians know how much junk mail crosses their desks daily (an average of 89 pieces). You will appreciate, therefore, that a mimeographed invitation is apt to wind up in the wastebasket.

You should seek, in your contacts with your colleagues, to impress

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[illegible] the urgency of their attendance at the scheduled meeting. [illegible] tell them what it is about. And you should make it clear [illegible] colleagues of your profession are taking the political campaign [illegible] seriously enough to serve on the healing arts committee and con[illegible] their time to it.

[illegible] Congressional District is geographically large, you may [illegible] set up subcommittees within each county, organized in [illegible] like the healing arts committee as a whole. The initial [illegible] of the professions should, in this case, take place at some [illegible] place in each of the counties concerned.

THE MEETING

[illegible] is threefold:

1. To raise money for the candidate.
2. To enlist volunteer workers.
3. To solidify the vote of healing arts professionals, their [illegible] the adult members of their families, their patients, [illegible] their customers, to the maximum degree that this is possible.

Have available blank checks made out to the committee; receipts; a volunteer enlistment form similar to the attached; the candidate's campaign materials; and the candidate himself, if he is available.

The committee chairman should explain the reason for forming the committee; introduce its officers and members briefly; stress the urgency of supporting the candidate's campaign with votes, money, and volunteer effort; outline the stake of the healing arts professions in good Congressional representation; and make it clear that there is no time to waste if the committee is to be effective.

The chairman should then say that the candidate—unfortunately—has an appointment at another meeting and must leave within a half hour. The candidate should then be introduced.

Elapsed time thus far should be ten minutes or less.

It is suggested that the candidate talk no longer than ten or fifteen minutes, during which time he should make his position clear to the audience on issues of most interest to it.

The meeting should then be thrown open to questions.

Promptly at the agreed time the candidate should excuse himself and proceed to his next appointment.

Experienced political fund-raisers say that people hesitate to contribute to a campaign fund without meeting the candidate first. This is the purpose of arranging the candidate's brief appearance before your group. However, the candidate should not be present when the money is being raised. He won't want to, in the first place. But in the second place, his presence would inhibit discussion and check-writing.

When the candidate has departed, the chairman should announce that committee members will pass among the audience bearing blank checks, receipts, and volunteer forms. Have a supply of ball-point pens handy.

It is a good idea to have coffee and doughnuts, beer and pretzels, or cocktails and hors d'oeuvres available, too.

Committee members should concentrate their attention on the members of their own profession. Women serving on the committee should work with the women present. All should collect checks, write receipts if requested, and see that the volunteer enlistment forms are filled out.

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What should your financial goal be? You'll know the answer to that better than anyone else. Obviously, this will vary from district to district. Urban districts require larger campaign expenditures than districts heavily rural. A very close race will require more financial support than a race in which your candidate seems reasonably sure to win.

But no matter what Congressional District is involved, it takes a lot of cash to make the race. In the suburbs, or in a small city-rural district, the cost will usually run somewhere between $15,000 and $25,000. But in a tight campaign in a big city district, the budget may reach $25,000, $50,000, or even more.

There are, on the other hand, predominantly rural districts where a vigorous campaign can be run for $5,000 to $10,000.

Talk to people experienced in your district's politics. Reporters are usually knowledgeable on the subject, as are your party's professionals. Further, your preliminary discussion with the candidate should give you a pretty fair idea of how much money he expects the campaign to cost.

It is a good idea to set a realistic quota for your committee before the large meeting is held. Do this after discussion at the preliminary meeting of your core committee—not at the open meeting.

Check attendance at the large meeting against your lists of professional people within the district (all of whom have presumably been invited). Check off those who have attended and contributed so that you don't solicit them later on by mistake.

THE FOLLOW UP

Total your contributions and weigh them against your fund-raising quota.

Divide the lists of those who could not, or did not attend, for it is important that they be followed up as quickly as possible.

There certainly is need the [illegible] of inviting the absent colleagues should begin [illegible] possible, to solicit their support. This mop-up solicitation should seek not only financial contributions, but volunteer effort and votes.

You may find it helpful to use the assistance of individuals who *did* attend the meeting in order to reach those absent promptly.

Send your volunteer enlistment forms to the candidate or his campaign manager. And as you collect additional volunteers in weeks to come, turn the new enlistment forms over to the proper person as quickly as you can.

In terms of fund-raising, the following cannot be stressed too strongly:

Physicians raise money most effectively from their fellow-physicians on a person-to-person basis. Ideally, the fund-raiser should be a personal friend of the colleague he solicits. Less ideally, he should be an acquaintance. But even if a physician is a stranger to the colleague he approaches for support, experience proves conclusively that he will be more successful than a non-physician.

Person-to-person is the answer to successful fund-raising.

No other method is comparable in terms of results.

If person-to-person is impossible, a telephone call is the next best thing.

And if neither of these methods is feasible, a mail solicitation should be tried.

Every physician, druggist, dentist, or other person whose profession is included in the healing arts committee should be asked to contribute to the candidate through the committee. Use the checklists to insure this.

Remember: even if a contribution is smaller than you think it should be, it gives the contributor a personal stake in the candidate's election. Having backed the candidate with hard cash, the contributor is more apt to vote and encourage others to vote in support of the candidate.

Even surer to guarantee voting on election day, and enthusi-

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astic support of a candidate, is some expenditure of time and effort in volunteer work.

VOLUNTEER EFFORT IN THE CANDIDATE'S BEHALF

Just about every candidate knows that it is psychologically preferable not to use the proffered help of volunteer workers. If there were nothing for them to do, a candidate would still try to find something for these volunteers to do.

However, there is always something for volunteers to do. The candidate's problem—*always*—is to find enough workers to do the myriad things that need doing during a campaign.

Everyone—repeat, *everyone*—can be useful in a campaign.

The shut-ins can telephone, or monitor the opposition's radio and television programs. Children can distribute handbills, and get a practical lesson in civics at the same time. Teen-agers can drive people to the polls, or baby-sit on election day.

Physicians, no matter how busy they are, can find time to talk politics—either with their friends or neighbors, or with patients. They can write letters to friends or patients asking support for a candidate.

To be sure, not all members of the healing arts professions can spare a substantial number of hours from their busy schedules. But it is surprising how many busy professional people manage to accomplish an astonishing amount of work in a candidate's behalf during one single campaign.

Women, of course, are the backbone of volunteer effort in politics. But the busiest physician, dentist, pharmacist, hospital administrator, veterinarian, or nurse can spare some time to help the candidate.

What sort of volunteer work will the candidate or his manager ask your people to do?

That depends upon the campaign, and what needs doing. But telephones must be manned to turn out the vote; people must be available to drive voters to the polls; typists are needed to address envelopes; volunteers are needed to run mimeograph machines, ring doorbells, stuff mailings, act as poll watchers; help with publicity; write speeches; schedule the candidate's appearances; take messages; check registration records; hold coffee-klatches.

There is no person, no matter how busy, who can't play some vital role—however small—in a political campaign.

Thus, when your healing arts committee develops its list of volunteers, be sure that the candidate is prepared to use that volunteer help promptly. Discuss with the candidate the way in which he would like to use your committee's volunteers, and ask that he be prepared to assign each volunteer to the job he can do best as soon as possible following the meeting.

Responsibility must be assigned quickly and specifically. Let the candidate, or his campaign manager, take over the assignment of these people. But if, for some reason, volunteers are going idle, get in touch with the campaign manager *at once*, and ask him to get things moving.

Usually, idle volunteers are an oversight. If they are not, either your committee or the campaign manager is doing something wrong.

IN GENERAL

The best organized political campaign ever waged will become, at times, a hectic affair. This is to be expected.

Even your healing arts committee, or physicians' committee—operating for the candidate on a more restricted scale—is apt to get chaotic at times.

The big thing to remember is that someone—either the candidate or his campaign manager—knows what's going on. Be sure your healing arts committee is working as part of the candidate's team. Initiative is wonderful thing, but if you want to achieve

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maximum effectiveness in support of a candidate, remember that your healing arts committee is simply one battalion fighting on a broad front—one group among many groups.

The doctor may know best—in the consulting room, the laboratory, or the operating theatre.

But in a campaign for public office, his job as a member of a physicians' committee, or a healing arts committee, is to help the candidate as effectively as possible. And here, the candidate knows best.

Let him call the shots!

Whether you form a physicians' committee or a healing arts committee; whether you short-cut this suggested format or expand on it; this flexible method of helping the candidate has been tried before, in countless forms, and proved to be effective.

Common sense will dictate the way you adapt it to your own local need. Just remember that there's nothing mysterious about effective politicking, and that the blueprint outlined here is easy and tested.

Follow it, and you will get results.

With this blueprint, your committee—like dozens of other healing arts committees in the past—may well tilt the scales in favor of a sound candidate.

One last thing:

In terms of your committee's volunteer effort, don't bite off more activities than you can chew. The candidate would rather see you assume responsibility for fewer projects if this means you will do them well.

And don't, in the confusion of helping your candidate, forget to cast your own vote. This does happen—believe it or not. Don't let it happen to any member of your committee, for in the final analysis, only votes will elect the candidate.

And that's what we're after—the election of the candidate.

Finally, if you need advice or guidance, get in touch with your state political action committee, or AMPAC itself.

Both organizations are not only willing but anxious to help.

HEALING ARTS COMMITTEE—1962—VOLUNTEER ENLISTMENT FORM

Name (Mr.) (Mrs.) (Miss) _____ Last Name _____ First Name _____

Profession _____

Home Address _____ Street & Number _____ City _____ Zone _____

Home Telephone Number _____ County _____

Town/City _____ Ward _____ Precinct _____

Business Address _____

Business Telephone _____ Ext. _____ Best time to reach _____

I would like to volunteer for:

I. Pre-Election:

1. Letter writing _____
2. Speaking assignments _____
3. Research work _____
4. Fund Raising _____
5. Office work: General _____ Mailing Project _____ Typing _____ Telephone _____
6. Distribution of campaign materials _____
7. Phone campaigns for candidates _____
8. Typing at home _____ Can you sometimes supply a car? _____

II. Election Day

1. Election Day Poll Worker _____
2. Getting voters to the polls _____
3. Other (Specify) _____

The best time for me to work is _____ (day) _____ (hour) _____

FEC
DOCUMENT
SEPARATOR

Proceedings
16th Clinical Meeting
Nov. 1962
L.A.

Ex. #115, p. 1

Report of Board of Trustees

[1]Totals include contributions by physicians, medical societies, Woman's Auxiliary of AMA. Auxiliary fiscal year (July 1 – June 30) prevents comparable state reporting of its substantial contributions.

[2]Totals are of individual contributions only.

[3]Each contribution dollar permits extension of $12.50 in bank credit.

GRAND TOTAL – LOAN GUARANTEE FUND

	Amount	Loan Power
Physicians	$264,455	$3,305,688
Corporations and Foundations	331,350	4,144,375
AMA Board of Trustees	189,257	2,365,713
AMA Woman's Auxiliary	10,000	125,000
Student AMA	10,000	125,000
Professional Societies	5,150	64,375
Interest on Investment	9,175	114,688
	$819,387	$10,242,338

REPORT OF REFERENCE COMMITTEE ON REPORTS OF OFFICERS: The following report, presented by Dr. Drew M. Petersen, *Chairman*, was adopted:

The supplementary remarks of Dr. McKeown highlighted the two financial programs, funds for medical schools and loan guarantee program. This report was most enlightening to your committee, as were further remarks made before the reference committee.

In the reference committee hearing, it was brought out, in addition to data attached to the report, that the loan fund has approved 4,829 out of 5,400 applications. Total commitments on loans amount to $9,148,923 with $1,109,656 still available. Applications for loans are now being received at the rate of 150 per week.

The report mentioned four specific ways in which state societies might be encouraged to support the loan program. The fourth reads as follows:

> Examine the possibility of relating existing state loan funds with the AMA-ERF guarantee fund to gain the advantage of the 12½ times multiplier.

It is our recommendation that those states which have their own loan funds be encouraged to contact AMA staff to discuss the feasibility of augmenting their own funds in a similar manner. During the hearing it was emphasized that it is not intended that AMA-ERF encroach in any way upon state programs but rather to offer them any advantages that might accrue. It is further recommended that contributors to AMA-ERF designate the manner in which the donations are to be allocated. Your reference committee wishes to add its special thanks for the generous contributions of physicians and industry.

American Medical Political Action Committee: President-elect Annis introduced Dr. Donald Wood, Indianapolis, who introduced Dr. Milton Davis, Dallas, Secretary-Treasurer of AMPAC, both of whom addressed the House regarding the work of AMPAC.

Remarks of Dr. Donald Wood

[illegible] here representing the full Board of AMPAC. The reason that we would like this opportunity is to explain [illegible] some measure of detail how we selected our candidates, how we spent your money, and whether we [illegible] effective in this operation in its first year, its infancy in political activity.

[illegible] did we select our candidates? I think this will be of great interest to you. First of all, I would like to point out that we looked at the marginal races. These were the races in which we would be able to change the composition of the Congress. And if we were going to be effective, to increase good constitutional government, [illegible] the races in which we had to participate.

[illegible] we certainly wouldn't be expected to win them all, but we could have [illegible] the marginal races but to select those individuals who were called "sleepers." Under these circumstances I think we could have had a 100 per cent effective record.

[illegible] problem that we had was the matter of physicians who were [illegible] fates, and I would like to point out [illegible] these circumstances there physicians underwent the same [illegible]

by this I mean, did they have an effective political organization? Did they have local doctor enthusiasm to help us in this particular sphere of their organizational effort? Did they have a good PAC evaluation? In other words, with regard to the PAC, upon whom we depended a great deal for our information, was their evaluation of this candidate that he could speak well, that he could appear on television, that he could debate the issues, that he did have a chance? Because we were dealing in those races in which the plurality was less than five per cent.

And so, as I say, the doctors who were running for political office had to measure up to these criteria the same as any other legislative candidates.

The next thing: How did we support them? AMPAC limited its activities in this infancy year to the congressional and senatorial races, and principally we supported the congressional candidates, because in effect they needed more support than our friends in the Senate so far as dollars and cents were concerned. And we felt that we could be more politically effective by working with this group. But we did work in the senatorial races also.

I would like to call to your attention that when this organization was established we had only eight states in which there was PAC activity, Political Action Committees. Today we have political action in 47 states. I think this points out what this organization has been able to do in stimulating political action among the doctors and their wives.

How effective were we in these elections in which we participated? Because I think we are interested in how we did spend your dollars, I can report to you that in those races in which we participated we were 70 per cent effective in electing the candidates that we chose in marginal races. But I want to add further that we were 100 per cent in the promotion of good government by the candidates that we supported. And I would like to also point out at this time that in that promotion the image of the doctor, the physician in his community, because of his political action and his political support and his political activity, improved tremendously. Not only did it improve in the community, but certainly it improved in the Congress.

This was hard work, because your Board and this Committee spent many hours. They were diligent, they were serious, because we were spending your money. But there were some remunerations, because whenever you participate in political activity you do see some effect of your work. And I would like to take this opportunity to discuss with you one particular race that gave me a great deal of satisfaction, and certainly it gave your Board a great deal of satisfaction.

This was a race in which the candidate that we supported was opposed by an individual who was supported by COPE, who was supported by the labor bosses, who was supported by the administration, and in this primary the candidate that we supported lost. This was a terrible blow to our ego, and in the papers I am sure you all read of labor's pronouncement that "Here is the evidence of an individual who was in opposition to Medicare who was defeated," and that the elected candidate in the primary supporting the administration's point of view won. This was reported all over the United States.

We did not deter in our efforts. We went right back and the individual who was elected in the opposing party to oppose this individual who had been supported by COPE and the doctors in that community got together, and with AMPAC help we supported him, and I am happy to announce that we defeated this particular COPE-supported candidate with the individual of the opposition party, and this was the first time that a member of the party to which I am referring had been elected in this state since reconstruction days.

I haven't read anything in the paper by COPE referring to their defeat. Have you? This gives us a great deal of satisfaction.

Now I would like to point out that your organization did not participate in any of the races unless we were specifically requested for help by the local PAC organization. This was necessary, and I think it is for the obvious reasons and you can see why. And so, as I say, I believe that in its infancy your organization has done a good job. I think that the future, as we look forward to '64 and the years ahead, will be bright, because we have more organizations who are supporting this action. But we need the help, the support, the aid, the activity of every member of the American Medical Association from the President, the Board of Trustees, the House of Delegates, state medical society officers, we need everybody to be a member and a contributor not only of money but of his effort, and if we get this support I believe that the next time you hear a report on the Candidate Selection Committee's activity you will hear even a better report than we are able to give today.

Remarks of Dr. [illegible] Davis

We of the AMPAC Board sincerely appreciate the [illegible] of the [illegible] to report to you on our activities.

[illegible] August 10, 1961. [illegible]

Conference calls, numerous committee meetings by the Congressional Review Committee, the Publications Committee and the Executive Committee.

Our efforts have largely been two-fold. We have been attempting to stimulate and coordinate a sustained and continuing program of political activity among physicians, their wives, their families, allied health people friends, and ultimately our patients. We tried to help wherever we could with the 1962 elections as well as for future organization. The tools which were available to us were organization, research, leadership and stimuli for funds. The implementation of our program depended upon membership. We had nearly every possibility open to us in our obvious directive and our mission to secure and recruit members. We could have had a nation-wide recruitment by the AMPAC Board. This was suggested on many occasions. We could have left each state to its own devices. This was also suggested. Instead we chose the state PAC method, with stimulation, coordination and guidance from AMPAC. We chose the state PAC-AMPAC method because it provided a broad base of grass-roots support. To us this is strength. We don't think there is any other strength in politics except the broad base of grassroots support. This is indispensable.

We had to have local indentification with our efforts, as well as the certain knowledge that we were acting in concert with the best in medicine and the best among the doctors' wives wherever we go. We desperately need the channels of intelligence reports, both to come up and go down and to go crossways. There never is enough intelligence in politics, and we need proper and appropriate channels for fund raising and fund distribution, not only to facilitate a smooth operation but to insure propriety and legality.

To do this the AMPAC staff and Board had to do some missionary work, had to do some selling, had to allay some fears and overcome some misgivings, many of which I am sure are not overcome. In attending this mechanism I think it is only fair to admit that we must have stepped on some fingers. We generally kept our hats in our hands, but we kept our shoes on.

In this organizational phase our staff and Board members held regional conferences with all the preceding Clinical Session and at the June meeting in Chicago. Our staff has traveled many, many miles, over 40 trips into the field add to Washington, D.C., and members of our Board have visited states by invitation, and we hope there will be more of these to come.

The organizational results to date: Forty-five states have organized, working PACs; two others are in the immediate organizational phase, and the others have either authorized direct mailings or are doing the job on the local basis.

Our number one hurdle was to do this job without preempting the responsibility of the state groups. We flushed out a surprising number of excellent, well functioning state groups which were already present. We tried to make it our business not to interfere with these groups which were already functioning. We certainly didn't want to bypass any existing local or state Political Action Committees. We certainly did not want to upset any touchy local political situations and we didn't want to meddle in local and state politics.

We found a remarkable similarity between the allegedly divergent state groups and regional interests in this country. Among other things, they all want us to leave their intrastate affairs to them. They have a natural, almost instinctive, mistrust of national agencies of any kind. They carefully regard state prerogatives and state sovereignty, and they have to be shown the advantages of contributing to funds for use in other states. This is not too hard to do after a 52 to 48 vote in the Senate.

They need varying degrees of assistance to be effective with organizational structure, with fixing responsibilities, with delegating authority, with recognizing the federal or state facts, and if I have any criticism of our state people it is that they are not paying enough attention to governorship races and in the legislature. They ought to hear the word "gerrymander" every morning when they get up. They need help with membership drives, and we have found a formula which works better than any other, and that is when the state PAC will take the responsibility for solicitation for membership, not by choice of individual but in both their state PAC and AMPAC. This is the formula that works best, and that is what we urge all of our state PACs to do.

The similarities between states and regions seem to outweigh the differences. We felt that we, representing the AMPAC Board, needed several safeguards, and these we have sought. First we felt that we needed the full blessing and endorsement of the responsible representatives of organized medicine, the AMA Board of Trustees, AMA House of Delegates, delegates as individuals, the state executives both lay and physician, the state councils, boards, and house of delegates. We did what we could to help all of these state PACs avoid the dual legal jeopardy of too close and too intimate an association between the state PACs and their own state medical societies or the state PAC and AMPAC. These should be, in our opinion and in the opinion of our counsel's [illegible] two entities.

We [illegible] only to insure that [illegible] AMPAC Board and our state PAC boards, we felt that we must be [illegible] interfere with other efforts in medicine and out, such as the [illegible] Political Action [illegible] AMA, the coordinated legislative committee structure, and of course

p. 4.

The AMPAC Board, having received the recommendations of the Congressional or Candidate Review Committee, then offered financial support to the extent possible to the state PACs for candidates who could merit simultaneous approval of AMPAC and state and local PACs when such support was requested by the state people, and not under any other conditions. At best the amount of this support could be considered only stimulatory.

In addition to the above, AMPAC engaged the services of several experienced political tacticians. We don't think this has been done before outside of the framework of a political party. Perhaps it has. These tacticians did an excellent job of coordinating local, state and national efforts, for example of medical groups, of healing arts committees, of physicians' committees, of units of political parties. You would be surprised, or maybe you wouldn't, that sometimes the units of the parties themselves need a little coordination, business, industry and the professions, citizens' groups and bipartisan candidates' committees, and a definite attempt was made to increase the effectiveness of the communication and the quality of the relationship between all of these various groups who had previously been a vast, disorganized majority, and to coordinate them with the efforts of the candidates themselves.

In the majority of areas the effectiveness of our efforts is difficult if not impossible to assess because of the complexity of local situations, personality of candidates, and other immeasurables. However, there are some experts or so-called experts who have been kind enough to say that we have done well. There are a few cases in which the lines were sharply enough drawn so that the good guys were pitted against the bad guys, and in the majority of these we won.

For example, of the 300 or so congressmen or members of Congress who were slated for help by COPE there were 42 who were slated for extinction. We call this distinction. Out of those 42 they were able to unseat 36. AMPAC took an interest along with the cooperating state PACs in quite a number of these, 30, to be exact. We won in 25 where we butted heads with COPE; we lost in five.

It is especially noteworthy that of the five instances where we butted heads with COPE and lost none by more than two per cent of the vote. This means we can do better next time. Just a few more workers in a few more precincts could swing it. Where we won we won by similar margins, so we have got to do better next time.

How do we do better next time? Well, four things: membership, political dollars, political education, and local political activity.

To briefly take these up one at a time, please, we are urging dual membership, membership in the state PAC and AMPAC. We are urging all solicitors to do this personally, doctor to doctor, doctor's wife to doctor's wife. We must say that when solicitors outside the framework of the medical profession (this doesn't count our executives, those people are very much within our framework and have done a grand job), when hired people, public relations firms and what not were tried, the results left much to be desired. So we say doctor to doctor, wife to wife.

We ask that they be solicited for state PAC and AMPAC, We ask that the doctor be solicited for himself and his wife. We ask that the wife be solicited for herself and her husband.

Political dollars: Even though funds can not do it all, it is quite fair to say we think we could have done much better this time with more funds.

Political education: Material is available in abundance from many sources. AMPAC will provide, among other things, a barnstorm course, which is a three-hour, more or less, course, including such things as political party structure, precinct organization, voter registration, candidate support committees, volunteer efforts, and so forth. Specific courses are being prepared to take one hour, more or less, on specific subjects where a particular committee needs help, such as poll watching. We don't need any help on poll watching in Texas. All our votes in Texas are honest. But in other places we need help with this. Any of the above in more specific detail as needed.

Numerous films are available from many sources, both national political parties, AFL-CIO, AMPAC. A lot of them have excellent political training films. It is like teaching football. You teach them to block and tackle and teach their what no. 2 and no. 3 means, and you might go to the Rose Bowl.

~~Political~~ Stethoscope: We can announce that the latest edition of our publication to members is available for members of this House, and we hope you will find them on the table outside the door.

We have a slide presentation, which was presented by Dr. Coleman at the AMPAC dinner last night. This is going to be made available to state PACs. We hope to keep the cost down and make it available to any of our [illegible] people who want to use it for recruitment.

Lastly, local political activity: Of one thing we are sure. Nothing can take the place of local organization. We should have local support for the candidate. Wherever we [illegible] effective local activity, especially [illegible] [illegible] ladies, [illegible] like a beacon. This is our strength and [illegible] [illegible] [illegible] We ask you for your [illegible] support, we ask you for your [illegible], we ask you for your assistance. We ask you to strengthen the state PACs in your own home areas as well as [illegible] and your support to AMPAC.

p. 5.

I can not over-emphasize the importance of these state groups. Anybody who thinks governorships and legislators are not important, take a look at New Mexico right now. We would hope that every state society and every county society in the whole country would include PAC speakers and PAC material in programming for 1963.

We want to thank you for the privilege of addressing you and for taking your time. Please don't wait until '64. By then it might be too late.

Congressman-Delegate Hall: Vice Speaker Rouse introduced to the House, Dr. Congressman Durward Hall, delegate from Missouri.

Memoriam to Dr. John J. Masterson: The following resolution, introduced by Dr. Thurman B. Givan, delegate from New York, was adopted without reference to committee:

WHEREAS, death has suddenly and unexpectedly called from among us our distinguished and esteemed colleague, Dr. John J. Masterson; and

WHEREAS, Dr. Masterson brought high honor to the profession which he so well loved, and earned and received the gratitude and respect of his colleagues, the delegates of this distinguished body, during the more than 25 years he served with us in this House; and

WHEREAS, Dr. Masterson was endowed with and utilized to its fullest extent a rare combination of scientific excellence and a capacity for wide and effective leadership in professional and public affairs, all of which his County Society of Kings, the Medical Society of the State of New York and the American Medical Association will sorely miss, as he will be missed by all of those who have been privileged to share his friendship and counsel; therefore be it

Resolved, That the House of Delegates of the American Medical Association does hereby express its profound sorrow in its loss of its beloved colleague, John J. Masterson, and that it also hereby conveys to his family its deepest sympathy in the great loss which they have suffered.

Retiring Delegates: The following delegates, sitting for the last session, were introduced to the House:

Harry Mantz, Alton, Ill.
C. H. Stark, Cedar Rapids, Iowa
R. L. Navy, Detroit, Mich.
John F. Lucas, Greenwood, Miss.
Paul J. Gans, Lewistown, Mont.
L. Samuel Sica, Trenton, N. J.
Charles F. Stresnider, Goldsboro, N. C.
Willard A. Wright, Williston, N. D.
A. O. Pitman, Hillsboro, Ore.
Louis W. Jones, Wilkes-Barre, Pa.
Bernard J. Sullivan, Laramie, Wyo.

Dr. Portteus: Dr. E. S. Jones, Hammond, Ind., announced the illness of Dr. Walter L. Portteus, delegate from Franklin, Ind.

REFERENCE COMMITTEES OF THE HOUSE

Amendments to Constitution and Bylaws
Thurman B. Givan, *Chairman*, New York
Louis W. Jones, Pennsylvania
K. Martin Engle, Veterans Administration
Malcom E. Phelps, Oklahoma
Earl N. Hillstrom, Nevada

Board of Trustees, Report of
Gough W. Smith, *Chairman*, Tennessee
Arthur F. Goodyear, Illinois
R. Benson Harer, Pennsylvania
Richard D. Moore, Hawaii
Carl Beanse, Massachusetts

Credentials
Luis R. Guzman-Lopez, *Chairman*, Puerto Rico
Harry Mantz, Illinois
James F. Fellmann, California
Joseph A. Lare, New York
Eustace A. Allen, Georgia

Executive Session
T. C. Terrell, *Chairman*, Texas
Arthur A. Lampert, South Dakota
Frederick A. Tucker, Washington
Ulrich Kowell, Virgin Islands
C. H. Stark, Iowa

Insurance and Medical Service
Norman S. Moore, *Chairman*, New York
Marin J. Ingram, Tennessee
J. H. Stickney, Minnesota
Robert L. Navy, Michigan
J. Sheldon Eastland, Maryland

Legislation and Public Relations
Max H. Parrott, *Chairman*, Oregon
[illegible], Colorado
[illegible]

Pathology and Physiology
John F. Kelley, New York
[illegible], Missouri

#1 Ex. # 116

WHEREAS, even though it would spread the cost of illness among all wage earners, it is taxation without representation, and

WHEREAS, it would be another political football changing with administrations and congresses and always with more and more controls, therefore

BE IT RESOLVED, that The Kansas Medical Society favors the voluntary principles of offering financial aid in defraying the cost of health care for the aged who are unable to pay such expenses from their own resources, which is adequately accomplished through the state application of the Kerr-Mills law, and

BE IT FURTHER RESOLVED, that proposals based upon formulas involving compulsory taxation, as in HR 4222 and other similar actions threatening the intent of the present law, are not only expensive, but incompatible with the American way of life and are for those reasons vigorously opposed by The Kansas Medical Society, and

BE IT FURTHER RESOLVED, that copies of this resolution be sent to the President of the United States, to the Secretary of the Department of Health, Education and Welfare, and to each Senator and Representative of the State of Kansas.

The above was submitted to the House of Delegates upon a motion by Dr. John L. Lattimore, seconded by Dr. H. St. Clair O'Donnell, and carried unanimously.

The Executive Committee was then directed to exert its influence in obtaining resolutions of this type from as many state associations in Kansas as could be accomplished. The Executive Office was advised to recommend to the members of The Kansas Medical Society that letters from physicians, their wives, office assistants and friends be sent to the congressmen and that a special effort be made in the newly organized First Congressional District, where letters should be written to both present congressmen, Mr. Floyd Breeding and Robert Dole.

The Executive Director distributed mimeographed reports about the Telephone Company's survey which gives a tabulation of the pretest sampling of 25 Topeka residents.

The next subject for discussion concerned A.M.P.A.C. (American Medical Political Action Committee). The Committee recognizes the value of this project but after some effort was unable to decide upon a direct course of action that would make this project effective in Kansas. The Executive Committee, therefore, refers to the Council and to the House of Delegates an endorsement of the aims, the objectives and the principles of the A.M.P.A.C. and recommends that the House of Delegates provide a means for establishing this program among the physicians of Kansas.

Ex. #117, p.1.

NEW MEXICO MEDICAL SOCIETY

9:23

August 31, 1978

Pursuant to:

Section 1. All documents and materials relating to the establishment of the State PAC or referring to or involving the history and circumstances leading to its foundation and the names and roles of the individuals, groups, associations, and/or committee participating in its foundation, including but not limited to the roles of AMPAC and AMA in the foundation of State PAC

Enclosed are minutes from the New Mexico Medical Society House of Delegates incorporating the above.

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3 1 0 1 0 2 7 7 1 7

May 8-9 1962

p. 2.

Dr. Szerlip then moved that the Supplemental Report of the Council be accepted, with the exception of Item 2, which has been voted on separately. The motion carried.

The House then considered Item 10 in this report, which had been tabled temporarily. Dr. Szerlip moved that the House of Delegates table the Santa Fe County Medical Society Resolution indefinitely, since this matter has been settled. Dr. Kridelbaugh seconded the motion, which carried.

13. Supplemental Report of the Grievance Committee (#18): I move that the most recent amended informational report of the Grievance Committee be accepted as read at the opening session of the House of Delegates. The motion carried.

Mr. Speaker, I move the adoption of this committee report as a whole, as amended. The motion carried.

Mr. Speaker, I move a vote of thanks to members of the Reference Committee and to those members of the Society who appeared before the Committee.

Respectfully submitted,

Eugene Szerlip, M.D., Chairman, Albuquerque
Hugh B. Woodward, M.D., Albuquerque
Ross A. Manganaro, M.D., Carlsbad
Ashley Pond, M.D., Taos
William L. Minton, M.D., Lovington

The Speaker thanked Dr. Szerlip for the fine job he did as Chairman of the Reference Committee on Administrative Matters.

At this time John Conway, M.D., asked permission to make the following motion: "I move that any changes in the service contract approved by the New Mexico Medical Society that are considered desirable from the standpoint of national negotiation be considered first by the New Mexico Physicians' Service Committee; that if it approves these changes, its recommendation be submitted to the Council; that if the Council approves these changes, it feel free to negotiate them; that if the New Mexico Physicians Service disapproves, that it will not go to the Council. Howard Smith, M.D., seconded the motion, which carried by a vote of 27 in favor, 23 against.

Chapter 6, Section 9 (b) of the By-Laws was called to the attention of the House of Delegates, which states that the New Mexico Physicians' Service Committee recommends the approval or non-approval by the Society of medical and hospital insurance plans.

At this time the Speaker turned the gavel over to the Vice Speaker of the House of Delegates, John F. Conway, M.D.

J. A. Dillahunt, M.D., asked permission to make the following motion: "I move that the retained legal services of the New Mexico Medical Society be made available to the Board of Directors of the New Mexico Political Action Committee, with no cost to NEMPAC, such services to be paid by the New Mexico Medical Society, and that the legal counsel be directed to furnish services to NEMPAC. The motion was seconded by Stuart Adler, M.D., and was defeated.

7. Resolution from the Otero County Medical Society (P. 73): I move the adoption of the Resolution. The committee recommends to the officers of NEMPAC that more publicity be given to the method of distribution of funds and to the non-partisan nature of NEMPAC and AMPAC. The motion carried.

8. Supplemental Report of the Medicare Adjudication Committee (P. 75): I move that the report be filed for information. The motion carried. Again the committee would like to commend Dr. Corcoran, Dr. Badger, and Mr. Marshall for their excellent work.

I move there be no further efforts at renegotiation of the Medicare Fee Schedule until the next annual contract renewal date on April 1, 1963. Dr. Corcoran moved to amend the motion to read, "just prior to the next annual renewal date on April 1, 1963." The motion carried, as amended.

9. Resolution submitted by Dr. Corcoran (P. 77): I move the approval of this Resolution. The motion carried.

10. Resolution from S. W. Adler, M.D. (P. 78): The committee recommends this Resolution be amended by deleting the last two sentences. The Resolution then reads: "BE IT RESOLVED, That the New Mexico Medical Society oppose unalterably an administration-suggested program which would provide immunization at government expense of all children in the State up to the age of five years. The committee moves this Resolution be approved, as amended, and that copies be sent to our national Congressmen, the President of the United States. and the Director of the State Department of Public Health.

Dr. Corcoran moved that the House of Delegates postpone action on this motion until the next meeting of the Council. Ashley Pond, M.D., seconded the motion. After discussion Dr. Goddard moved to table Dr. Corcoran's motion, which was seconded by Dr. Blank. Hugh Woodward, M.D., moved an amendment to the Resolution, adding to the last sentence, "at the discretion of the Council." This amendment to the motion was seconded by Allan Haynes, M.D., and carried. The motion, as amended, then carried.

The gavel was returned to the Speaker of the House of Delegates, Omar Legant, M.D.

At this time the tellers reported that it would be necessary to vote again for Councilor, District I, in view of the fact that there was only one vote between the two highest candidates, Drs. E. H. Dellinger and W. A. Stark, and that there was a tie for two candidates for New Mexico Physicians' Service, Dr. Robert S. Grier and Dr. W. L. Minton. The Speaker requested members of the House of Delegates to vote again on these candidates, and ballots were collected by the tellers.

REPORT OF REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS Continued.

11. Resolution for State Cancer Registry (P. 82). I move the adoption of the Resolution. The motion carried.

12. Resolution from the Chaves County Medical Society in regard to supervision of laboratories by qualified licensed physicians (P. 16): The Chairman, Dr. Prothro, asked to amend this recommendation by deleting "Qualified" in the title, and by deleting "fully qualified and" in the "Resolved". Dr. Prothro then moved that this resolution, as amended, be adopted. The motion carried.

p. 4.

14. APPROVED: That the Council take no action on the letter. (Council of Social Welfare's Workmen's Compensation Committee which is concerning itself with amendments to the Workmen's Compensation Act. The Committee requests the Society to appoint a representative. This Committee desires to include a fee schedule in the amendments.)
Carried unanimously.

15. APPROVED: That the Council endorse the proposal for setting up an AMPAC organization in this State and that it could be coordinated with Dr. Prothro's plan of action against the King-Anderson Bills.
Carried unanimously.

16. APPROVED: That we officially endorse the national AMPAC organization.
Carried unanimously.

17. APPROVED: That the Orientation Course not be held on May 8th as previously scheduled and that it be held in Farmington during the time of our Interim Meeting, November 16, 17, 1962.
Carried with 2 opposed.

18. APPROVED: That the first meeting of the House of Delegates begin at 3:30 P.M. rather than 2:30 P.M. as originally scheduled.
Carried unanimously.

19. DISAPPROVED: That the Council make no reappraisal of this problem. (Communication from New Mexico Osteopathic Association of Physicians and Surgeons requesting that Council appoint a Committee that would meet with a committee of Osteopaths.)
Disapproved by a vote of 8 to 2.

20. APPROVED: That the President appoint a temporary exploratory committee to meet with a committee composed of Doctors of Osteopathy. The representatives of the New Mexico Medical Society will establish the place and time of the meeting and the committee has no powers.
Carried with 1 opposed.

p.5.

RESOLUTION FROM THE

OTERO COUNTY MEDICAL SOCIETY

to the

1962 HOUSE OF DELEGATES

NEW MEXICO MEDICAL SOCIETY

BE IT RESOLVED, that the New Mexico Medical Society endorse AMPAC and NEMPAC and urge vigorous support by New Mexico physicians and their families and friends of the programs conducted by both organizations.

May 1962

Resolution adopted, P. 30, #7, Minutes.

Ex.# 118

POLICY OF THE PENNSYLVANIA MEDICAL SOCIETY

TITLE: PA. MEDICAL COMMITTEE FOR BETTER GOVERNMENT: AMPAC approval

X Board of Trustees	X Approved	Reference Minutes
House of Delegates	Rejected	Date January 17, 1962 Page 36

Granted approval of the intent and purposes of the activities of AMPAC and the Pennsylvania Medical Committee for Better Government, subject to review by legal counsel to be certain there is no legal objection

Ref:

Ex # 119

ization under numerous circumstances, and

WHEREAS, visiting nurse programs and programs of medical home care have proved effective in various parts of the country in shortening the hospital stay and making possible better utilization of hospitals, and

WHEREAS, both financial and psychological benefits may accrue to the patient through shortening his hospital stay and restoring him to his home environment, now therefore be it

RESOLVED, that the House of Delegates of the Tennessee State Medical Association urge its component county medical societies to appoint committees to review the problem of Visiting Nurse and Home Medical Care and formulate a program suitable for their own areas which may be centered about a Visiting Nurse Association, a local hospital, a local Health Department, or other agency which may seem most effective for the community concerned, for the purpose of benefiting the patient by restoring him more quickly to his home after an illness requiring hospital confinement, reduce the cost of medical and hospital care, and promote better utilization of hospital beds in the state."

ACTION: **ADOPTED**

RESOLUTION NO. 3

(AMPAC) American Medical Political Action Committee

By: R. M. FINKS, M.D., Chairman, Board of Trustees

"WHEREAS, through the impetus of the American Medical Association, a voluntary, non-profit, unincorporated organization known as the American Medical Political Action Committee has been established with headquarters in Chicago, and

WHEREAS, the purposes of AMPAC are: (1) to promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs; (2) to encourage physicians and others to understand the nature and actions of their government as to important political issues and as to the records, officeholders and candidates for elective office; (3) to assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities; and (4) to do any and all things necessary or desirable for the attainment of the purposes stated above, and

WHEREAS, membership in AMPAC is open to licensed doctors of medicine, their spouses, members of their immediate family and employees of non-profit medical societies or associations, and

WHEREAS, on January 14th, the Board of Trustees of the Tennessee State Medical Association adopted a motion that the Board recommend that the House of Delegates of TSMA be informed of the purposes of AMPAC and to advise the House that the TSMA Board of Trustees endorses the purposes of the American Medical Political Action Committee, and

WHEREAS, the Board of Trustees recommends that no TSMA funds are to be used in this activity but strongly encourages individual participation, now therefore be it

RESOLVED, that the House of Delegates of the Tennessee State Medical Association endorse the purposes of AMPAC and urge the Tennessee State Medical Association and members of their families, to assist in financing AMPAC, by becoming members and making a voluntary financial contribution, and be it further

RESOLVED, that the House of Delegates of the Tennessee State Medical Association commend and endorse the purpose and efforts of members of the Association who, on their own initiative, may choose to form or participate in a Tennessee Medical Political Action Committee which will coordinate its work with the American Medical Poltical Action Committee."

ACTION: **ADOPTED**

RESOLUTION NO. 4

Immunization of Children

By: C. D. HAWKES, M.D., Liaison Committee to the Public Health Department

"WHEREAS, immunization against smallpox, tetanus, diptheria, pertussis, and poliomyelitis in childhood is important for the health of the children of our State, and indeed its whole population, and

WHEREAS, statistics of the Public Health

Ex. #120 p. 1

WHO CAN JOIN NUHOPE? Any doctor of medicine, doctor of dentistry, pharmacist, doctor of veterinary medicine, his spouse, members of his immediate family and other lay people may join NUHOPE.

Active Membership . . $25.00 annually

Sustaining membership . . $99.00 annually

Application blanks can be secured from the NUHOPE office or any director.

IS NUHOPE PERMANENT? Yes. NUHOPE was founded in 1961 and is concerned with public issues which affect the public's health. Only as a permanent year-around organization can its members become politically knowledgeable people.

WHO ARE THE DIRECTORS OF NUHOPE?

The directors of NUHOPE are:

James A. Blake, M.D., Hopkins, Minnesota, Chairman

William F. A. Watson, M.D., St. Paul, Minnesota, Secretary-Treasurer

Raymond J. Jackman, M.D., Rochester, Minnesota

Leon E. Steiner, M.D., Albert Lea, Minnesota

Cecil A. Wilmot, M.D., Litchfield, Minnesota

Herb L. Huffington, M.D., Waterville, Minnesota

F. H. Baumgartner, M.D., Albany, Minnesota

Rudolph B. Skogerboe, M.D., Karlstad, Minnesota

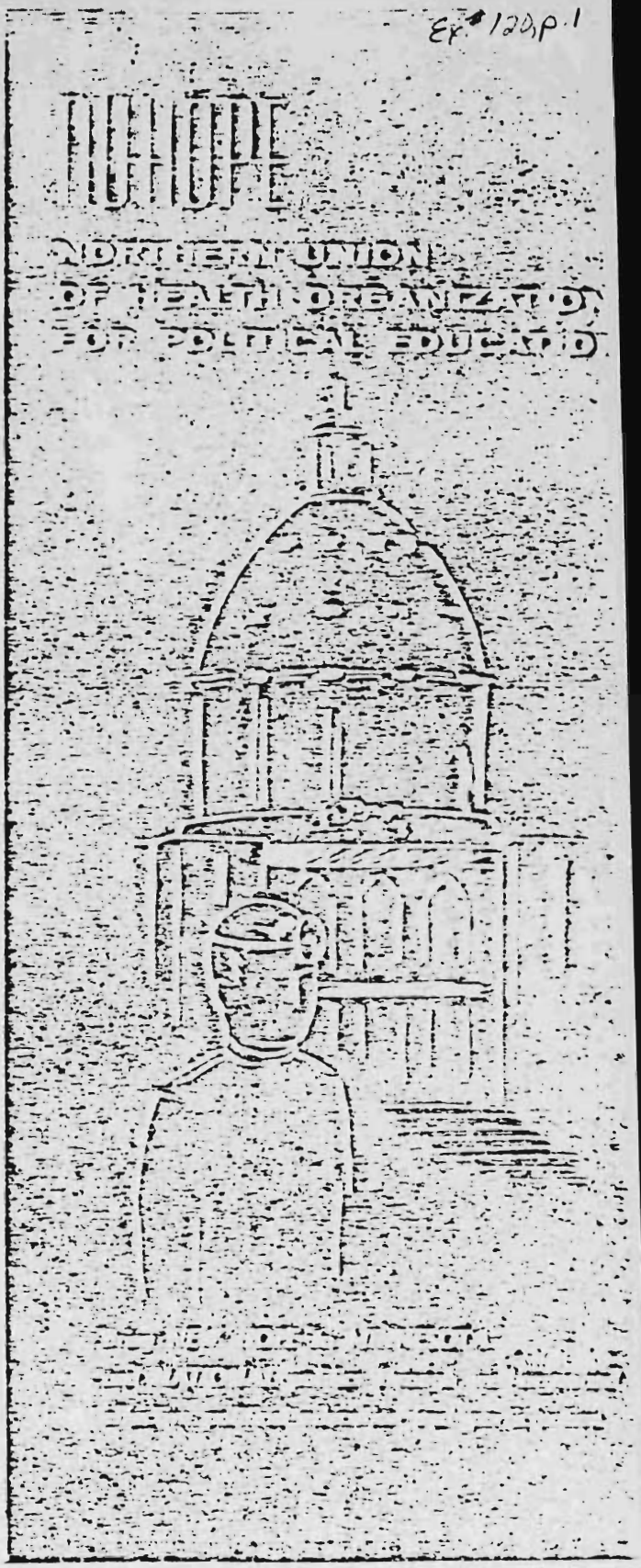
A. O. Swenson, M.D., Duluth, Minnesota

Mrs. Winston Lindberg, Wayzata, Minnesota

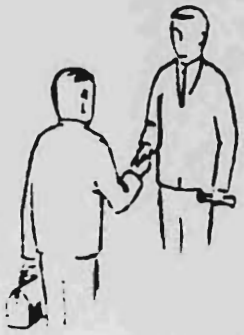
Wesley W. MacQueen, D.D.S., Minneapolis, Minnesota

NUHOPE

FIFTEEN SOUTH NINTH AVENUE
HOPKINS, MINNESOTA



WHAT IS NUHOPE? The Northern Union of Health Organizations for Political Education is a voluntary, non-profit, unincorporated group in Minnesota physicians, dentists, pharmacists, veterinarians, their families and their friends who wish to be more effective in politics.



WHY WAS NUHOPE ESTABLISHED? Through NUHOPE, Minnesota physicians, dentists, pharmacists, veterinarians, and others can participate directly in electing state legislators, state constitutional officers, congressmen and U. S. senators by:

- Informing members about state and federal legislation
- Informing members about voting records of elected officials
- Urging members to inform legislators concerning certain legislation
- Financially assisting members in the election of legislators
- Cooperating with AMPAC (American Medical Political Action Committee)

HOW IS NUHOPE ORGANIZED? Fifteen members who are elected at an annual meeting of all members, contribute their services on the Board of Directors by establishing and directing the policies of NUHOPE. Directors consist of members of the health professions including one medical auxiliary member.

DOES NUHOPE SUPPORT EITHER POLITICAL PARTY? No. NUHOPE does not support any political party, but it does support some candidates in both parties. The program and platform of the individual candidate determines NUHOPE's support.

IS NUHOPE A PART OF ANY OTHER ORGANIZATION? No. NUHOPE is not affiliated with any medical, dental, pharmaceutical or veterinary association. It does not clash with the objective of the allied health professional associations or the political parties. NUHOPE members remain active in their professional groups and political parties, but increase their political effectiveness by concentrating on specific candidates.

WHAT IS THE RELATIONSHIP BETWEEN NUHOPE AND AMPAC? They coordinate their activities, but NUHOPE is not a part of the American Medical Political Action Committee. AMPAC is an unincorporated organization that has the same basic purpose as NUHOPE, but assists, financially, candidates on a national level such as United States congressmen and senators. Members of the Board of Directors of AMPAC are appointed yearly by the American Medical Association. Most NUHOPE members will attain a membership in AMPAC

IS THERE A NEED FOR NUHOPE? Yes. **Incorporated** groups such as professional associations etc., can not give financial assistance to political candidates. Only **unincorporated** groups like NUHOPE can. Electing political candidates whose views and principles reflect those of the allied health professions is the most effective way to keep government control out of the health care field. Busy doctors, dentists, pharmacists, veterinarians and others can keep active in politics through participation in NUHOPE.

Ex. #121, p 1.

GROUND RULES ON NUHOPE

I. PURPOSE:

The purpose of NUHOPE is primarily to provide a vehicle for physicians and others to help finance State legislature, State Constitutional, congressional and senatorial candidates. Other purposes are:

* Inform members about State and Federal legislation (both medical and non-medical);
* Urge members to work for or against certain legislation;
* Inform members of the voting record of State legislators, congressmen and senators;
* Inform members of appointments and other administrative decisions made by State constitutional officers;
* Prepare voting analysis of legislative and/or Congressional districts;
* Assist members in the election of legislators, congressmen, senators and state constitutional officers, and;
* Cooperate with AMPAC.

II. PRIORITY BUSINESS:

Establishment of NUHOPE is the first order of business. This includes a "hard sell" membership drive. Our goal is to secure 1,500 members.

The second priority is to prepare or secure information about legislation which will be sent to the membership to assist them in keeping informed.

Once these things are accomplished, then prepare information concerning the 1962 election.

3 1 0 1 0 2 7 0 7 5 5

III. BOARD MEETINGS:

The Board of Directors shall meet upon the request of the Chairman. It will probably meet once a month until such time as the membership drive is considered successful. Also, during the campaign, the Board will probably find it necessary to hold monthly meetings to decide how much money goes to a certain candidate.

IV. COMMITTEES:

The Chairman determines which Committees are necessary and should be established. Possible Committees would include: Membership, Political Education (providing members with information), Candidate (recommending what candidates should receive assistance).

V. MEMBERSHIP DRIVE:

To secure membership, one must have a product to sell. In NUHOPE, the product is education and participation in politics. A brochure could be prepared pointing out the different facets of NUHOPE. An introductory letter with the brochure could be mailed to every doctor.

A concentrated effort should be made by the directors of NUHOPE and the staff man to visit each Society meeting and discuss NUHOPE with those attending.

3 1 0 1 0 2 7 0 7 7

A follow-up letter and a personal call would be the final step. In Hennepin and Ramsey Counties, the follow-up letter or call could be worked through the Hospital Staff or section meetings.

3 1 0 1 0 2 7 0 7 5 9

Exhibit 1-H

Ex. #122

IMPAC

IOWA MEDICAL POLITICAL ACTION COMMITTEE

P. O. Box 1030, Des Moines, Iowa 50311

secretary-treasurer
Ealing Larson, Jr., M. D., Davenport
John F. Sulzbach, M. D., Burlington
John Huston, M. D., Cedar Rapids
Edward L. Bowlby, M. D., Waterloo
Warren H. DeKraay, M. D., Ottumwa
Elmo E. Gamet, M. D., Lamoni
Lyal J. O'Brien, M. D., Fort Dodge
Thomas E. Kiernan, M. D., Sioux Center
William M. Krigsten, M. D., Sioux City
W. Clark Giles, M. D., Council Bluffs
Jack D. Fickel, M. D., Red Oak
Mrs. Howard E. Ellis, Des Moines

October 6, 1965

TO: Members of the Iowa Medical Society

Dear Doctor:

Organization names are like driveways in the winter; the shorter the better.

IMPAC is a new -- and short -- name with which we hope you will soon become familiar. Expanded, it's Iowa Medical Political Action Committee.

The letters, when pronounced as a word, conjure up a desirable connotation. An IMPACT, says Webster, is a striking force -- in this case a striking force to preserve the freedom of the individual.

It was the decision of the IMPAC Board of Directors -- composed of a Democrat and a Republican physician from each of Iowa's Congressional Districts -- to assume this new name, in favor of its predecessor IPPL (Iowa Physicians' Political League).

Iowa Medicine, and the previous IPPL leaders, can take pride in their pioneering efforts, efforts which preceded even the formation of American Medical Political Action Committee. Now, however, the prospects for a more ambitious program are at hand, since 50 active State PACS are in operation. AMPAC and the State PACs, as a political force, have gained deserved respect.

Many Iowa physicians have indicated a wish to support IMPAC, yet this year. For this reason we enclose a dues statement. We hope you will take it upon yourself to complete this form and return it with your check for $25, $100 or whatever amount you feel this important activity deserves.

You may be interested to know that beginning in 1966, AMPAC and IMPAC dues will be included as a voluntary contribution on the Iowa Medical Society annual dues statement. The IMPAC Board views this as a big step toward a more aggressive program in Iowa.

Please remember IMPAC is concerned primarily with support of candidate, regardless of political party, whose views coincide with those of the medical profession. Our work in the coming months will center on the 90th U.S. Congress, to be elected in 1966. We invite -- and urge -- you to become an active participant in the IMPAC movement -- a formidable job, but a vital one, confronts us.

Sincerely yours,

Odish D. Wolfe

O. D. Wolfe, M. D.
Chairman

ODW:blj

Enc.

GEORGIA MEDICAL
POLITICAL ACTION
COMMITTEE

OFFERS
YOU
Exhibit 5

GAMPAC

FOR AN EFFECTIVE, COORDINATED
POLITICAL ACTION PROGRAM

The Georgia Medical
team's united effort
in behalf of responsive,
representative government
working with

THE AMERICAN MEDICAL
POLITICAL ACTION COMMITTEE

WHAT IS GAMPAC?

The Georgia Medical Political Action Committee is a voluntary, non-profit, unincorporated group whose membership is open to physicians, their wives and others.

WHY WAS GAMPAC ORGANIZED?

Because the medical profession needs an organization through which its members can participate effectively in public affairs. GaMPAC's primary goals are to further the political knowledge of its members: and to provide them with an effective mechanism for concerted political action.

Is GAMPAC affiliated with any political party?

NO. GaMPAC is not bound by political party labels. The program and platform of the individual candidate determines whom GaMPAC supports—**not** the candidate's party affiliation.

Who directs GAMPAC'S Activities?

A Board of Directors consisting of one physician and a physician's wife from each Congressional District plus a six member Executive Committee elected by the Board. The Board of Directors is appointed by the Council of the Medical Association of Georgia.

What relationship exists between GAMPAC and MAG?

GaMPAC functions independently of all other medical organizations and societies, but always in their best interest. MAG is free to contribute funds to GaMPAC—but only to its educational activities. ALL GaMPAC political funds come from membership dues.

Does GAMPAC'S educational and political activities duplicate or clash with the activities of similarly oriented political action organizations?

No. As a State organization, GaMPAC supplements rather than supplants the programs now being carried out by such groups. GaMPAC simply provides its members with the means of concentrating their material resources in an effective manner.

GaMPAC's members remain active within the political party of their choice but multiply their political effectiveness through concerted effort their membership in GaMPAC makes possible.

Do state PAC's work with AMPAC?

YES. Each State PAC works with AMPAC by encouraging physicians and others to pay dues to the national committee, collecting and forwarding these dues for the member's credit. AMPAC backs up the effort of the State PAC's by adding financial and expert assistance, at the request of the State PAC Chairman. In this manner, the American medical profession can consolidate its efforts in behalf of representative government.

Ex. # 124

Woman's Auxiliary to the Florida Medical Association, Inc.

As the Woman's Auxiliary's representative on the FLAMPAC Board of Directors, I met with the Board at the Annual Meeting in Miami in May,1967. The next meeting of the Board was held in January at the Robert Meyer preceding a FLAMPAC Workshop. At this meeting the program for physicians wives in Florida was presented and accepted by the Board for printing and distribution to every member of the Auxiliary. This program called Partners in Politics was preceded and accompanied by a letter from me.

Flampac is the political action committee of the Florida Medical Association and has a parent organization known as AMPAC. The purpose of both organizations is to educate medical people to become active in politics. It isa voluntary,non-profit,bi-partisan group whose membership consists of physicians,their wives and allied groups.

Ampac's(and Flampac's) policy is to support candidates whose principles it endorses, on a non-partisan basis.It is concerned with Political Education---voter registration,effective precinct activity and the citizen's role in government and politics.It is concerned with Political Action---direct support of candidates with time effort and money.

Do send in your dues promptly---it is a completely personal,voluntary program and we need YOUR support.We face a real challenge in 1968-- to help elect candidates who support our philosophy of responsible government. You will hear more about how you can help through our Legislative Committee. FLAMPAC needs you---Your party needs you---Your candidate needs you---Your doctor-husbands need you and your Auxiliary is counting on you! Let's work together for better government!

Mrs. Allen F.Kuester(Jane)
Flampac Representative

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p. 2

Ex. #125, p. 1

A letter was read from the State Board of Health asking an appointment to be made on a Special Advisory Committee concerning Poliomyelitis Vaccine. It was announced that this appointment became necessary prior to the meeting and Dr. William H. Crouch, of Topeka, agreed to serve on this Advisory Committee. His appointment was approved.

The next letter was from the Kansas Health Facilities Information Service, Inc., announcing a United States Public Health Service grant of $7,500. It was announced that this was the organization to which the Kansas Medical Society had advanced $500. With this grant the loan will be refunded.

The Secretary read a letter from the Kansas Society of Medical Technologists, requesting a contribution to that organization for defraying convention expenses. A motion was made by Doctor Gsell, seconded by Dr. C. W. Miller, that this request be denied and that a reply be sent to the Society of Medical Technologists with a word of encouragement for their activities. This motion carried with three (3) dissenting votes.

Next was a letter from Kansas Blue Cross, requesting the appointment of four (4) physicians to the Kansas Blue Cross Board, two of whom were eligible for re-appointment and two, having completed two successive terms, would need to be replaced. A motion was made by Doctor Reals, seconded by Dr. L. S. Nelson, Sr., that the Council recommend to the House of Delegates the names of Drs. K. L. Graham of Leavenworth, Robert Sohlberg of McPherson for election to a second three-year term on the Kansas Blue Cross Board. This motion carried. A motion was then made by Dr. C. W. Miller, seconded by Dr. J. C. Mitchell, that the names of Drs. H. P. Jones of Lawrence and K. L. Lohmeyer of Emporia be recommended to the House of Delegates for election to a first three-year term on the Kansas Blue Cross Board. This motion carried.

Doctor Gsell spoke about the Kansas Voluntary Hospital Advisory Council, stating that the Hospital Association had now completed its portion of this project. He felt since the intent of this work had already been adopted by the House of Delegates, it would not be necessary to return this subject to that body. A motion was then made by Dr. R. G. Hall, seconded by Dr. M. C. Eddy, that the Kansas Medical Society proceed with the inauguration of this Council. This motion carried.

The Executive Director announced that Mr. Kirke W. Dale, attorney for the Kansas Medical Society, expressed his opinion that the Kansas Medical Society would not come under the requirements of the Welfare Pension Act. The Council approved this decision and authorized a letter expressing this opinion to be sent to Washington.

The next subject related to AMPAC, which received considerable discussion after which a motion was made by Doctor Reals, seconded by Dr. L. S. Nelson, Sr., that the Executive Committee be empowered, if it so desires, to appoint an AMPAC organization in Kansas and then

separate this committee and its activities from any further contact with the Kansas Medical Society. This motion carried by a vote of 14 to 7.

There was a considerable discussion on the AMA Senior Citizen Program, after which it was suggested that the delegates be given details of this program so they could act with knowledge of what the program involved.

A mimeographed report prepared by the Special Committee on Public Health was distributed to the Council. It was moved by Doctor Reals, seconded by Doctor Cherner, that this report be accepted and submitted to the House of Delegates and that the Committee be sent an expression of gratitude for the great amount of work it had done and for the excellent report submitted.

Doctor Butcher made a motion, which was seconded by Doctor Benage, that the Council favor introduction of Good Samaritan Legislation in the Kansas Legislature and that this subject be presented to the House of Delegates for adoption.

The Council then discussed proposed legislative changes in the Drivers' License Law. The Council expressed its approval that a variety of committees continue to study this problem and recommended only that the committees do not declare limits that would be too binding in this program

Doctor Williams expressed his disapproval of the physical examination required of the Kansas High School Activities Association for high school students before they can engage in athletic competition. The Council recommended Doctor Williams should introduce a resolution to the House of Delegates on this subject.

There being no further business, the meeting adjourned.

Respectfully submitted,

Oliver E. Ebel

Oliver E. Ebel,
Executive Director

OEE:vb

Ex. # 126

Resolution # 38 relates to a problem in the Healing Arts Act, involving the practice of Ophthalmology and Optometry. The Executive Committee authorized the President of the Kansas Medical Society to talk with the chairman of the Committee on Control of Eyesight concerning this problem and to report the results of this discussion to a future meeting of the Executive Committee or to the Council.

The House of Delegates also passed a resolution to implement the Kerr-Mills Bill in Kansas. The Executive Committee studied minutes of a recent meeting of the Committee on Gerontology in which there was stated that the Board of Health is prepared to conduct a survey for health care of senior citizens in Kansas. The Executive Committee authorized the Committee on Gerontology to guide the Board of Health in the survey and to utilize whatever other assistance may be desired in the conduct of this project.

There followed a considerable discussion on AMPAC. Doctor Francis announced he had appointed Dr. L. S. Nelson, Sr. as chairman. The Executive Committee authorized Doctor Francis to proceed with this project and to appoint a committee to begin the AMPAC program in Kansas.

The last item concerned publication of a new roster. The Executive Committee reiterated its previous opinion to publish the names and addresses only of members of the Kansas Medical Society and to prepare this roster as soon as could be accomplished.

The Executive Committee, then, discussed several possible items that might come before the 1963 Kansas Legislature. They reiterated their decision to implement the Kerr-Mills Bill for Kansas, to revise the Coroner Law, to introduce a Good Samaritan Law, to cooperate with the Bar Association on a tax deferment bill on the self-employed and to prepare some minimum physical standards for drivers' license requirements.

The President, then, asked what should be done about replenishing the President's Fund. It was decided this should be done in November, immediately after the election.

There being no further business, the meeting adjourned.

Respectfully submitted,

Oliver E. Ebel

Oliver E. Ebel,
Executive Director

OEE:vb

Ex. # 127

tion, approved the committee's report and commended the committee for its excellent work.

Committee Reports Approved

By official action, The Council approved the following committee reports: **Traffic Safety,** presented by Mr. Charles W. Edgar and based on minutes of a meeting of that committee held on August 18; **Rural Scholarship,** presented by Mr. Edgar and based on minutes of a meeting held on July 10; **Legislation,** presented by Mr. George H. Saville and based on minutes of a meeting held on August 25; **Medicine and Religion,** presented by Dr. George W. Petznick and based on minutes of a meeting of that committee held on September 12; **Maternal Health,** presented by Dr. Anthony Ruppersberg, Jr., and based on the Maternal Mortality Report for Ohio in 1960.

American Medical Political Action Committee

Dr. Tschantz discussed the question of whether Ohio should have a so-called American Medical Political Action Committee. He said that Ohio was one of the few states not having such a committee and that he felt there was a need for such an organization. Following a discussion, on motion by Dr. Tschantz, seconded and carried, the President was authorized to name a committee to implement an organization of AMPAC in Ohio.

New OMI Comprehensive Plan

Mr. Charles H. Coghlan, Executive Vice-President of Ohio Medical Indemnity, Inc., present on request, presented a report on the status of the new OMI Comprehensive Coverage Plan. He reported that the following counties had approved the new plan to date: Cuyahoga, Defiance, Fulton, Guernsey, Holmes, Jefferson, Lucas, Montgomery, Williams and Wood.

Dr. Pease urged the Councilors to get in touch with their county medical societies and arrange meetings at which the new comprehensive plan can be discussed by some representative of OMI.

Major Medical Insurance Program

A major medical insurance program for members of the Ohio State Medical Association, which had been formulated and approved by the Special Insurance Committee after two and one-half years of study, was presented to The Council for discussion and action, copies of the plan having been distributed to members of The Council prior to the meeting.

Details of the plan were discussed by Mr. Dale Harrison, Vice-President, Group Division, Insurance Company of North America, which had been recommended by the Special Insurance Committee as the insurance carrier for this program, and Mr. William A. Head and Mr. Spencer Cunningham, officials of the Daniels - Head & Associates, Portsmouth, which had been recommended by the Special Insurance Committee as the administrative agent of record for this program.

Following an extended discussion, a motion that action be deferred until the next meeting of The Council was made and seconded but was defeated by a majority vote.

Following additional discussion and the adoption of a number of changes in the plan, The Council, by official action, on motion by Dr. Crawford, seconded by Dr. Meredith and carried, approved the plan and authorized that the Insurance Company of North America should be the official carrier and that Daniels - Head & Associates should be the official agent of record.

It was pointed out that arrangements are being made to advise the membership of this new plan initially through an issue of the OSMAgram and that this will be followed up by a folder from Daniels - Head & Associates carrying complete details and an application form.

New Ohio Director of Health Welcomed

At this point Dr. Pease introduced Dr. Emmett W. Arnold, new Ohio Director of Health. Dr. Arnold was received with applause and a standing ovation. He addressed The Council briefly, asking for its help and cooperation and promising to work closely with the Ohio State Medical Association and the medical profession generally on all matters of mutual concern and interest.

Report of AMA Delegates and Alternates

Dr. Woodhouse reported on a meeting of the Ohio delegates and alternates to the American Medical Association which had been held on Friday night, September 13. After making a general report he asked Dr. Light to present a detailed report. Dr. Light presented such report which was as follows:

Dr. George Woodhouse, chairman of the delegation, called the meeting to order and immediately presented Dr. Horatio T. Pease, President of the Ohio State Medical Association.

Several weeks ago Dr. Pease had asked members of the delegation to give their answers to fourteen questions about the purpose and effective function of the Organizational Structure for the Ohio delegation adopted one year ago. These answers were at complete variance. Many samples were read but in their variance a common tone of desire to express constructive criticism and corrective measures was noted. There was no disharmony nor evidence of personal pique.

Dr. Woodhouse then requested each member to speak his mind briefly. These opinions were again diverse but with a greater limitation of their divergence. In summary they expressed concern for effective action in the American Medical Association House of Delegates. The desire of the delegates is to produce the best policy action for American Medicine, and in so doing gain the best image and leadership position for the Ohio delegation.

As a result the following motions were made, seconded and passed:

1. The secretary of this delegation shall be the Executive Secretary of the Ohio State Medical Association.
2. The annual meeting of the delegation shall be at the time and place of the Fall meeting of The Council of the Ohio State Medical Association.
3. An agenda for all regular meetings shall be pre-

Ex. #128

tailed story on the Portland meeting in the January, 1964, issue of *The Journal*, Page 58.)

Report on Ohio AMPAC Committee

The Executive Secretary presented a report from the Ad Hoc Committee which had been appointed by President Pease to formulate an Ohio AMPAC committee, such committee consisting of Dr. Frank H. Mayfield, Cincinnati, chairman; Dr. Edwin H. Artman, Chillicothe; Dr. George W. Petznick, Cleveland; Dr. Robert S. Martin, Zanesville; Dr. Carl A. Lincke, Carrollton; President Pease, President-elect Tschantz and Past-President Hamwi.

The report revealed that this committee had met on Sunday, November 17, and had taken the following actions:

1. That an Ohio AMPAC organization should be formulated;
2. That the Ohio organization should be called Ohio Political Action Committee or OMPAC; and
3. That a constitution and bylaws to govern the operation of the committee should be adopted at the next meeting of the committee, subject to review of the proposed constitution and bylaws by Mr. Stichter and members of The Council of the Ohio State Medical Association.

Following a discussion, The Council took the following action: Approved recommendations one and two of the committee, and recommendation three after accepting certain amendments to the constitution and bylaws recommended by Mr. Stichter.

The President pointed out that Dr. Mayfield had agreed to discuss this subject at the Annual Conference of County Medical Society Officers to be held in Columbus on March 1, 1964.

Report of Committee on Maternal Health

Mr. Page, on behalf of the Committee on Maternal Health, presented a report on the transactions of that committee at a meeting on October 20, 1963. All items in the report were approved by official action with one exception, namely, the recommendation by the committee that the Ohio State Medical Association recommend to the State Medical Board that it adopt a rule, "That the prescribed course for nurses administering anesthesia to obstetric patients be the course as required by the American Association of Nurse Anesthetists, or its equivalent."

It was the opinion of The Council that the rule proposed by the committee is too drastic to be practical and it penalized certain hospitals. The Council requested the committee to give further consideration to formulating an alternative proposed rule which would eliminate these objections but ultimately achieve the desired goal. Mr. Page was requested by The Council to have the committee reconsider this matter at its next meeting.

Committee Reports Approved

By official action, The Council approved reports submitted on behalf of the following committees:

Hospital Relations, based on a meeting of that committee held on October 27.

Occupational Health, based on a meeting of that committee held on October 9.

Workmen's Compensation, based on a meeting of that committee held on November 6.

Mental Hygiene, based on a meeting of that committee held on September 29.

Athletic Injuries, based on a meeting of that committee held on September 25.

Laboratory Medicine, based on a meeting of that committee held on October 20.

Cancer Coordinating, based on a meeting of that committee held on October 16.

Disaster Medical Care, based on a meeting of that committee held on November 17.

Rural Health, based on a meeting of that committee held on November 6.

Report of OMI Study Committee

Dr. Budd reported for the special Ohio Medical Indemnity Study Committee, created pursuant to action taken by the House of Delegates at the 1963 meeting of the Association. He stated that two meetings of the committee had been held, one on October 6 and another on December 12. Dr. Budd stated that various questions involving facts and philosophies had been formulated by the committee as an agenda for its study. He reported that representatives from OMI had appeared before the committee at the request of the committee to present information, and that detailed routine information had been assembled at the request of the committee by the OSMA staff. The Council was advised that a third meeting of the committee will be held in the very near future, after which the committee hopes to prepare a report which can be considered by The Council.

Institute on Hospital Emergency Room

Mr. Saville discussed briefly the program which has been arranged for the Institute on Planning and Staffing the Hospital Emergency Room and which will be jointly sponsored by the OSMA and the Ohio Hospital Association on January 25 and 26 at the Deshler Hilton Hotel, Columbus. He and President Pease urged all members of The Council to vigorously promote attendance at the institute among the physicians in their various counties.

Conference with State Services For Crippled Children

Dr. Hamwi and Mr. Saville reported on a conference they and President Pease and Dr. Osgood, chairman of the Committee on Public Relations and Economics, had held with the Medical Advisory Board to the State Services for Crippled Children on November 24. The conference had been requested by the Advisory Board for another discussion of the dif-

BOARD OF TRUSTEES MINUTES

(1961)

October 14-17, 1961

Official Copy p.3

P.31 - Correction Johnson

PENNSYLVANIA MEDICAL SOCIETY

Minutes of Board of Trustees

October 14-17, 1961

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REPORTS OF SPECIAL COMMITTEES AND ASSIGNMENTS

Pennsylvania Medical Committee for Better Government: Dr. Stephen J. Deichelmann, chairman, outlined the committee's plans. He stated that eventually it would become associated with the AMA committee; that it will be an independent committee of physicians with some liaison and some financing of activities necessarily to be supplied by the Pennsylvania Medical Society.

Chairman Roth stated that there was a request for Board authorization of a meeting between representatives of the Pennsylvania Medical Committee for Better Government, legal counsel of the State Society, representatives of the Society and representatives of the American Medical Association.

MOTION MADE AND CARRIED that the Board approve setting up such a meeting, participation by representatives of the State Medical Society and its legal counsel, and payment by the Society of the expenses of its representatives.

MOTION MADE AND CARRIED that the President designate two representatives of the Board of Trustees, Mr. Craig and Mr. White, to attend the meeting of the Pennsylvania Committee, their expenses to be paid by the Pennsylvania Medical Society.

Interprofessional Liaison Committee: Dr. John H. Harris stated that the Interprofessional Liaison Committee recommended that it be discontinued and that its responsibilities between the Bar Association, the Dental Association and the Medical Society be assumed by the Commission on Forensic Medicine.

UNFINISHED BUSINESS

Dr. Herman A. Fischer, Jr., chairman of the Finance Committee, requested that his committee's final report be temporarily delayed with regard to the 1962 dues and allocations.

NEW BUSINESS

Election of Associate Members: Chairman Roth referred to the application of Dr. Thomas A. E. Datz, Cambria County, for temporary associate membership to be made retroactive to January 1, 1961.

Secretary Gardner informed the Board of difficulty experienced by the Medical Benevolence Committee in attempting to recover monies loaned to Dr. Datz when he was hospitalized several years ago so that he would not lose his home. Dr. Datz seemingly had been rehabilitated and had practiced to some extent but made no attempt to repay the money borrowed from the Benevolence Fund.

Dr. McCullough requested that this not be approved until he had received information regarding the matter; that Dr. Datz was a member of his councilor district; and that the staff at 230 State Street had requested Cambria County Medical Society to send him data relative to Dr. Datz, which had not been done.

MOTION MADE AND CARRIED that action on Dr. Datz's application be tabled.

CORRESPONDENCE

Medical Association of Georgia: A letter from John T. Mauldin, M.D. relative to a resolution adopted by the House of Delegates of

the Medical Association of Georgia containing the request that the resolution be forwarded to all state medical associations for consideration and deliberation of action similar to that expressed in the resolution, which stated that in the estimation of the county societies of the Medical Association of Georgia, the American Medical Association represents their will and desire and the present leadership of the AMA enjoys the full confidence and support of the membership of the Medical Association of Georgia.

MOTION MADE AND SECONDED that an appropriate adaptation of the Georgia resolution be presented to the House of Delegates of the Pennsylvania Medical Society.

Chairman Roth stated that the essence of the Georgia resolution was contained in the presidential address of Dr. Bee which would be referred to the Reference Committee on Reports of Officers. He suggested that Board members attend the reference committee hearing in order to give the text of the Georgia resolution to the reference committee, and express the sentiment of the Board that this be singled out of the President's report for special notice and action in the reference committee report.

MOTION WITHDRAWN, with approval of the seconder, on the basis that the Board was satisfied that the intent of the communication from Georgia will be met.

National Society for Medical Research: Chairman Roth presented a letter from Hiram E. Essex, Ph.D., requesting that a representative from Pennsylvania be named to the National Society

Sy #130 A p.1

CERTIFIED
MAY 30 1974

FOR A
POLITICAL COMMITTEE

☐ New Registration
☐ Registration Amendment
I.D. # C00053

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS
ALL QUESTIONS MUST BE ANSWERED FOR NEW REGISTRATIONS

1. Full name of committee: Arkansas Political Action Committee

Mailing address and ZIP code: Waldron Road at Ellsworth
Fort Smith, Arkansas 72901 Telephone number: AC 501 452-2077

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
American Political Action Committee	520 North Michigan Chicago, Illinois 60611	Affiliated Organization

3. Area, scope and jurisdiction of the committee:
(a) Will this committee operate in more than one State? no
(b) Will it operate on a statewide basis in one State? yes
(c) Will it primarily support candidates seeking State or local office? no
(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? yes

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
John Paul Hammerschmidt	United States House of Representatives Washington, D. C. 20515	Arkansas Third	Republican

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal or public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
J. William Fulbright	517 South Chester Little Rock, Arkansas 72201	United States Senate	Democrat

5. If this committee is supporting the entire ticket of a party, give name of party:

Attach additional information on separate sheets properly labeled and attached to this Statement of Organization. Indicate in the box opposite each item which information is contained on separate pages.

Revised January 1974

H.R. ELECTION FORM 1

7400052135 3 1 1 1 2 7 7 7 1

7. List by name, address and position of other principal officers of the committee, including the chairman and treasurer if not identified in Question 6 above and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Kemal E. Kutait, M.D.	1120 Lexington Fort Smith, Arkansas 72901	Chairman

8. Does this committee plan to stay in existence beyond the current calendar year? yes If so how long? Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds?

No provisions for dissolution in By-Laws

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
Merchants National Bank	623 Garrison, Fort Smith, Arkansas 72901
Simmons First National Bank	Pine Bluff, Arkansas 71601

11. List all reports required to be filed by this committee with States and local jurisdictions, other than reports required under this Act, the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code
None			

*Submit additional information on separate continuation sheets properly labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate sheet(s).

VERIFICATION BY OATH OR AFFIRMATION OF TREASURER

State of Arkansas

County of Sebastian ss.

I, A. Calvin Bradford, M.D., being duly sworn, depose (affirm) and say that the
(Full Name of Treasurer of Political Committee)
information in this Registration Form and Statement of Organization is complete, true, and correct.

(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 30 day of May, A.D. 19 74

Mary Muhe
(Notary Public)

[Seal] My commission expires 3-1, 19 77

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Ex #130B p 1.

FEDERAL ELECTION COMMISSION

REGULAR MAIL

1979 JAN 30 AM 10:38

WASHINGTON, D.C. 20463

009744

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

☐ New Registration
☒ Registration Amendment

ALL QUESTIONS MUST BE ANSWERED FOR NEW REGISTRATIONS

1. Full name of committee: Empire Medical Political Action Committee

Mailing address and ZIP code: 420 Lakeville Road, Lake Success, NY 11040

Telephone number 516/488 6220

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
American Medical Political Action Committee	P.O. Box 4449 Chicago, IL 60680	National political action committee

3. Area, scope and jurisdiction of the committee
   (a) Will this committee operate in more than one State? no
   (b) Will it operate on a statewide basis in one State? yes
   (c) Will it primarily support candidates seeking State or local office? no
   (d) Will it support candidates for Federal office in an aggregate amount in excess of $1,000 during the calendar year? yes

4. List by name, address, office sought, and party affiliation, any candidate for Federal or public office that this committee is supporting

Full names of candidates	Mailing address and ZIP code	Office sought	Party

5. If this committee is supporting the entire ticket of a party, give name of party

*Submit a historical information on organization, continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above which information is continued on separate pages.

FEC INTERNAL COPY

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
George Lawrence, MD	420 Lakeville Road Lake Success, NY 11040	Secretary-Treasurer Office telephone No 516 488 6100

7. List by name, address and position of other principal officers of the committee, including the chairman and treasurer if not identified in Question 6 above and members of the finance committee, if any

Full name	Mailing address and ZIP code	Committee title or position
William C. Stein, MD	Suite 206 Bewley Building Lockport, NY 14094	Chairman
Anne M. Savarese	62 Thurton Place Yonkers, NY 10704	Vice-Chairman & Asst. Sec. Treas.

8. Does this committee plan to stay in existence beyond the current calendar year? yes — If so, how long? indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? refunded pro-rata to contributors.

10. List the bank in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of bank(s) campaign depository	Mailing address and ZIP code
The Bankers Trust Company	1636 Marcus Avenue, North New Hyde Park, NY

11. List all reports required to be filed by this committee with States and local jurisdictions, other than reports required under this Act, the names, addresses, and positions of the recipients of the reports

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code
		Secretary of State	Department of State 162 Washington Avenue Albany, NY 12224

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT INCLUDING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

Signature of Treasurer or Designee

January 28, 1976
Date

RETURN COMPLETED REPORT AND ATTACHMENTS TO

Federal Election Commission
1325 K Street, NW
Washington, D.C. 20463

Ex. #130 C p. 1.

: Form 1
1976
ral Election Commission
5 K Street, N.W.
ington, D.C. 20463

Statement of Organization for a Political Committee

Supporting any candidate(s) for federal office and anticipating contributions or expenditures in excess of $1,000 in any calendar year in support of such candidate(s).
(See Reverse Side For Instructions.)

RECEIVED
FEDERAL ELECTION
COMMISSION

Note: *Committees authorized by a candidate to receive contributions and make expenditures in connection with more than one election must maintain separate records with respect to each election.*

'76 OCT 29 PM 12:31

1(a) Name of Committee (in full) ☐ Check if name or address is changed
Maine Medical Political Action Committee

2 Identification Number
C00001669

(b) Address (number and street)
RFD #1 Box 387A

3 Date
20 Oct 1976

(c) City, State and ZIP code
Skowhegan Maine 04976

4 Is this an amended statement ☐ Yes ☐ No
If "YES" FILL IN ONLY THOSE LINES ON WHICH THERE HAS BEEN A CHANGE

5 Check one:

☐ (a) This committee has been designated as the principal campaign committee for _____ (Name of Candidate)
a candidate for _____ (Federal office sought) in the _____ (Year of election) Election
to be held in the State of _____ (State in which election is held)

(THE PRINCIPAL CAMPAIGN COMMITTEE WILL FORWARD TO THE COMMISSION A COPY OF THE STATEMENT OF ORGANIZATION FOR EACH AFFILIATED COMMITTEE REQUIRED TO FILE WITH IT.)

☐ (b) This committee is supporting only one candidate, and is authorized by _____ (Name of Candidate)
to receive contributions and make expenditures with respect to the _____ (General, Primary, Runoff, etc) Election(s)
held in _____ (Year of election in State), and will file all reports and statements with the candidate's principal campaign committee, _____ (Full name of principal campaign committee).

(ATTACH A COPY OF CANDIDATE'S WRITTEN AUTHORIZATION.) (FEC FORM 2a)

☐ (c) This committee supports only one candidate _____ (Name of Candidate) but is not an authorized committee.

☐ (d) This committee supports more than one Federal candidate and is not a party committee.

☐ (e) This committee is a _____ (National, State, county, city) committee of the _____ (Democratic, Republican, etc.) Party.

6 Names of affiliated and/or connected organizations	Mailing address and ZIP code	Relationship
American Medical Political Action Committee	Chicago Illinois	Affiliate

If the registering political committee has identified a "connected organization" above, please indicate type of organization.
☐ Corporation ☐ Labor organization ☒ Membership organization ☐ Trade association ☐ Cooperative
☐ Corporation without capital stock ☐ Other (please specify)

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

C Form 1
y 1976
eral Election Commission
5 K Street, N.W.
shington, D.C. 20463

Statement of Organization Fo Committee

(Page 2)

Name of Committee: Maine Medical Political Action Committee

7 Area, Scope and Jurisdiction of Committee:

(a) Will this committee operate in more than one State? ☐ Yes ☒ No
(b) Will it operate on a statewide basis in one State? ☒ Yes ☐ No
(c) Will it primarily support candidates seeking State or local office? ☒ Yes ☐ No
(d) Will it support or does it anticipate supporting directly or indirectly, candidates for Federal office in excess of $1,000 in a calendar year? ☐ Yes ☒ No

8 (a) List by name, address, office sought, and party affiliation, any candidate for Federal office that this committee is supporting:

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

(b) List by name, address, office sought, and party affiliation, any candidate(s) for any other public office(s) that this committee is supporting (unless the committee is supporting the entire ticket of a party as indicated in line 9)

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

9 If this committee is supporting the entire ticket of a party, give name of party ▶

10 Identify by name, address and position, the person in possession of committee books and records:

Full name	Mailing address and ZIP code	Title or position
Joan C Sy	RFD #1 Box 389A S Knox Hegan ME 04976	Secretary, Treasurer

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

C Form 1
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deral Election Commission
:5 K Street, N.W.
shington, D.C. 20463

Statement of Organization For a Committee

(Page 3)

Name of Committee: Maine Medical Political Action Committee

11 List by name, address and position, other principal officers of the committee (include chairman, treasurer, secretary, assistant treasurer, assistant secretary, members of finance committee):

Full name	Mailing address and ZIP code	Title or position
John H. Steeves, MD	RFD #3 Skowhegan Me 04976	Chairman

12 Does this committee plan to stay in existence beyond the current calendar year? ☒ Yes ☐ No
If "Yes" for how long? ▶

13 In the event of dissolution, what disposition will be made of residual funds?

14 List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
Federal Trust Co	Skowhegan Maine 04976

15 List all election reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports (other than reports filed with Secretaries of State pursuant to USC 439(a)):

Report title	Dates required	Name and position of recipient	Mailing address and ZIP code

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

(Signature of Treasurer) 20 Oct 1976 (Date)

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g or §441j (see instructions)

For further information contact: ▶ Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

10440270791

Mrs Joan Sy
~~VINCENT E. SY, M.D.~~
~~125 Willow Avenue~~
~~Stoughton, Maine 04776~~
CFDHI Box 38 SA
Stoughton, Maine 04876

AUGUSTA, ME
OCT 21
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1976
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United States Postage

Federal Election Commission
1325 K ST N.W.
Washington DC 20463

RECEIVED
FEDERAL ELECTION
COMMISSION
'76 OCT 24 PM 12:16

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Ex. # 130D p. 1.

REGISTRATION FORM AND STATEMENT OF ORGANIZATION

FOR A

POLITICAL COMMITTEE

☐ New Registration
☒ Registration Amendment
I.D. # 004308

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS
ALL QUESTIONS MUST BE ANSWERED FOR NEW REGISTRATIONS

1. Full name of committee: MARYLAND MEDICAL POLITICAL ACTION COMMITTEE
Mailing address and ZIP code: 1211 CATHEDRAL STREET BALTIMORE, MARYLAND 21201
Telephone number: 539-0872

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE	520 North Michigan Avenue Chicago, Illinois 60611	NATIONAL ORGANIZATION

3. Area, scope and jurisdiction of the committee:
(a) Will this committee operate in more than one State? NO
(b) Will it operate on a statewide basis in one State? YES
(c) Will it primarily support candidates seeking State or local office? NO
(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? YES

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Thomas Hatem	25 Courtland W. Belair 21014	Md. 1st	Democratic
Elton Wampler	RFD #1 Box195 Frederick21701	Md. 6th	Republican
John B. Burcham	6921 Nashville Rd. Lanham 20801	Md. 5th	Republican
Gladys Spellman	9004 Golden Pass Laurel 20811	Md. 5th	Democratic
Sidney Kramer	11500 Gilsan St. Silver Spring	Md. 8th	Democratic

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal or public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Charles McC. Mathias	RFD #2 Frederick 21701	U.S. Senator	Republican

5. If this committee is supporting the entire ticket of a party, give name of party:

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

Revised January 1974

MLR. ELECTION FORM 1

7400071366 2

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p.2

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7. List officers, address and position of other principal officers in the committee, including the chairman and treasurer if not identified in Question 6 above and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Francis C. Mayle	8218 Wisconsin Beth. 20014	Chairman
Richard Moechell	98 Cathedral Annap. 21401	Vice Chairman
Mrs. Francis Mayle	4903 Scaradale D.C. 20016	Secretary
David McHold	292 Oak Court Severna Park 21146	Assistan Treasurer

8. Does this committee plan to stay in existence beyond the current calendar year? Yes If so how long? Continuing

9. In the event of dissolution, what disposition will be made of residual funds? Disbursed to membership of committee

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds: MARYLAND NATIONAL BANK

Name of bank, repository, etc.	Mailing address and ZIP code
MARYLAND NATIONAL BANK	BALTIMORE, MARYLAND 21201

11. List all reports required to be filed by this committee with States and local jurisdictions, other than reports required under this Act, the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code
Campaign Report Funds	9-3-74 10-10-74 10-29, 12-5 1-6-75	State Administrative Board of Election Laws	140 Main Street Suite 101 Annapolis 21401

*Attach additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

VERIFICATION BY OATH OR AFFIRMATION OF TREASURER

State of MARYLAND

County of BALTIMORE CITY ss.

I, JOSEPH J. HARRISON, being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

(Full Name of Treasurer of Political Committee)

Joseph J. Harrison

(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 25th day of October, A.D. 1974.

Odessa M. Jones

(Notary Public)

[SEAL]

My commission expires July 1, 1976

Ex-130E
p.1

UNITED STATES HOUSE OF REPRESENTATIVES
Office of the Clerk
Washington, D.C.

CERTIFIED

005721

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

NOV 30 1973

1973 DEC -4 PM 2:18

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: Montana Political Action Committee

Mailing address and ZIP code: MONTPAC c/o D.R. Huard, M.D.
2 Poly Drive Billings, Montana 59101

Date of this registration: 11/30/73

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
AMPAC	520 North Michigan Avenue Chicago, Illinois 60611	Parent Organization
AMA	535 North Dearborn Street Chicago, Illinois 60610	Organizer
*		

*Submit additional information on separate sheet(s) if appropriate space is not provided in this Statement of Organization. Indicate in the appropriate box above when information is continued on separate sheet(s).

3. Area, Scope and Jurisdiction of the Committee

(a) Will this committee operate in more than one State? No

(b) Will it operate on a statewide basis in one State? Yes

(c) Will it primarily support candidates seeking State or local office? No

(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? No

p.2

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	Number of Congressional District	Party
Richard Shoup	House Office Building Washington, D.C.	Montana Western	Republican

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting: None as of this date

Full names of candidates	Mailing address and ZIP code	Office sought	Party

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting: None as of this date

Full names of candidates	Mailing address and ZIP code	Office sought	Party

5. If this committee is supporting the entire ticket of a party, give name of party: None

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
Donald R. Huard, M.D.	2 Poly Drive Billings, Montana 59101	Secretary-Treasurer

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any: Four members of the board.

Full name	Mailing address and ZIP code	Committee title or position
William E. Hadcock, M.D.	[illegible]	President
Robert P. Morga[illegible], M.D.	[illegible]	[illegible]
Robert W. Cashmore, M.D.	[illegible]	Assistant Secretary-Treas[illegible]

*Attach additional sheets if more space is needed. Include all officers or directors of committee or other persons who have authority to make expenditures or contributions.

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7 3 0 0 0 2 9 4 4 6 9

[illegible] expected to be current calendar year? ____ If so, how [illegible]

2. In the event of dissolution, what disposition will be made of residual funds? Unknown as of this [illegible]

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
Midland National Bank (political funds only)	Billings, Montana 59103
Security Trust & Savings Bank (Educational)	Billings, Montana

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports: Reports as required by law.

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is contained on separate page(s).

State of Montana

County of Yellowstone ss.

I, Donald R. Huard, M.D., (Full Name of Treasurer of Political Committee), being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Donald R. Huard
(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 27th day of December, A.D. 1973

Vera Ellis
(Notary Public)

My commission expires [illegible]

[SEAL]

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

F 31012271773 73000294470

Ex. #130F

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

REGULAR MAIL

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

DEC 16 1972

1972 DEC 20 AM 10:10

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after an organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: Nevada Medical Political Action Committee

Mailing address and ZIP code: 1108 Campbell Drive
Las Vegas, Nevada 89102

I.D. # 028193

RAT

Date of this registration: December 7, 1972

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
American Medical Political Action Committee	Chicago, Illinois	

3. Area, Scope and Jurisdiction of the Committee:

(a) Will this committee operate in more than one State? No

(b) Will it operate on a statewide basis in one State? Yes

(c) Will it primarily support candidates [illegible] Yes

(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? Yes

H.R. ELECTION FORM 1

7 2 0 0 0 3 7 0 5 1 9 3 1 0 1 0 2 7 0 7 3 7

Nevada Medical Political Action Committee
(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
David Towell	Gardnerville, Nevada 89410	Nevada	R

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Grover Swallow	P. O. Box 305, Panaca, Nv.	Assembly	R
Lee E. Walker	319 S. 3rd St., Las Vegas	Senate	D
Zel Lowman	1246 Cashman Dr., Las Vegas	Assembly	R
L. E. Jacobson	P. O. Box 367, Minden	"	R
Melvin Howard	1225 Bridge St., Winnemucca	"	R

CONTINUED ON SEPARATE PAGE, #

5. If this committee is supporting the entire ticket of a party, give name of party:

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
Nelson B. Neff, Secretary	575 Reno Avenue, Reno	Secretary

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Joseph M. George, Jr., M.D.	1200 Campbell Drive, Las Vegas	Chairman
Henry P. Davis, M.D.	[illegible]	[illegible]
Gilbert G. Lenz, M.D.	[illegible]	[illegible]
Anthony D. Cattig, M.D.	[illegible]	[illegible]
Mrs. Samuel T. Ford	[illegible]	[illegible]
John M. Read, M.D.	[illegible]	[illegible]

CONTINUED ON SEPARATE PAGE

7 3 1 0 4 2 2 7 0 7 3 3
7 2 0 0 0 3 7 0 5 2 0

9. Does this committee plan to stay in existence beyond the current calendar year? Yes ___ If so how long? Unknown at this time.

8. In the event of dissolution, what disposition will be made of residual funds? Will be given to charities.

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
First National Bank of Nevada, Keystone Branch, Reno	Fifth & Keystone, Reno 89503

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate sheet(s).

State of Nevada

County of Washoe ss.

I, Nelson B. Neff (Full Name of Treasurer of Political Committee), being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Beverly Stuart (Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 7th day of December, A.D. 19 72

(Notary Public)

[SEAL] My commission expires ___, 19__

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

7200037052 1 3 1 2 2 7 7 7 3 7

Ex # 130 G p. 1

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

1974 SEP 23 AM 10 28

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

☐ New Registration
XXX Registration Amendment
ID # 001562

REGULAR MAIL
SEP 19 1974

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS
ALL QUESTIONS MUST BE ANSWERED FOR NEW REGISTRATIONS

1. Full name of committee: OREGON MEDICAL POLITICAL ACTION COMMITTEE
Mailing address and ZIP code: P.O. BOX 394, BEAVERTON, OREGON 97005

Telephone number: 224-1874

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE	520 N. Michigan Chicago, Illinois 60611	National Committee

3. Area, scope and jurisdiction of the committee:
(a) Will this committee operate in more than one State? no
(b) Will it operate on a statewide basis in one State? yes
(c) Will it primarily support candidates seeking State or local office? yes
(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? yes

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
LES AUCOIN	12955 S. W. Canyon Beaverton, Oregon 97005	Oregon 1st	Dem.
DIARMUID O'SCANNLAIN	2041 S. W. 58 Portland, Oregon 97221	Oregon 1st	Rep.

CONTINUATION SHEET ATTACHED

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal or public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party

5. If this committee is supporting the entire slate of a party, give name of party:

[illegible]

U.S. ELECTION FORM 1

7 4 0 0 0 5 6 0 2 1 0 3 1 1 1 0 1 7 7 7 7 7

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
JO MORGANS	P.O. BOX 394, Beaverton, Ore. 97005	Staff Secretary-Bookkeeper Office telephone No. 224-1874

7. List by name, address and position of other principal officers of the committee, including the chairman and treasurer if not identified in Question 6 above and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Louis O. Machlan, M.D.	4351 S. E. Hawthorne Portland, Oregon 97215	Chairman
Ellen Capps	510 S. E. 65 Portland, Oregon 97215	Secretary-Treasurer

8. Does this committee plan to stay in existence beyond the current calendar year? yes If so, how long? this is a continuing committee

9. In the event of dissolution, what disposition will be made of residual funds? Will be used as campaign contributions

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
United States National Bank, Stadium Branch	P.O. Box 4412, Portland, Oregon 97208

11. List all reports required to be filed by this committee with States and local jurisdictions, other than reports required under this Act, the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code
Contribution & Expenditure Report	every 60 days & same as this one for elections	Oregon Sec. of State	State Capitol Salem, Oregon 97310

[illegible]

VERIFICATION BY OATH OR AFFIRMATION OF TREASURER

State of OREGON

County of MULTNOMAH

I, ELLEN CAPPS, being duly sworn (or affirmed) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Subscribed and sworn to (affirmed) before me this day of A.D. 19

[Seal] My commission expires

FEC Form 1
July 1976
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Amend

Statement of Organization For a Political Committee

Supporting any candidate(s) for federal office and anticipating contributions or expenditures in excess of $1,000 in any calendar year in support of such candidate(s).

(See Reverse Side For Instructions.)

Ex # 130H, p.1

Note: *Committees authorized by a candidate to receive contributions and make expenditures in connection with more than one election must maintain separate records with respect to each election.*

76 SEP 24 P1:50

1(a) Name of Committee (in full) ☐ Check if name or address is changed SOUTH CAROLINA POLITICAL ACTION COMMITTEE	2 Identification Number ~~006131~~ C00003475
(b) Address (number and street) 3325 MEDICAL PARK ROAD	3 Date September 17, 1976
(c) City, State and ZIP code COLUMBIA, S.C. 29203	4 Is this an amended statement ☒ Yes ☐ No If "YES" FILL IN ONLY THOSE LINES ON WHICH THERE HAS BEEN A CHANGE

5 Check one:

☐ (a) This committee has been designated as the principal campaign committee for _____ (Name of Candidate)

a candidate for _____ (Federal office sought) in the _____ (Year of election) Election

to be held in the State of _____ (State in which election is held)

(THE PRINCIPAL CAMPAIGN COMMITTEE WILL FORWARD TO THE COMMISSION A COPY OF THE STATEMENT OF ORGANIZATION FOR EACH AFFILIATED COMMITTEE REQUIRED TO FILE WITH IT.)

☐ (b) This committee is supporting only one candidate, and is authorized by _____ (Name of Candidate)

to receive contributions and make expenditures with respect to the _____ (General, Primary, Runoff, etc) Election(s)

held in _____ (Year of election in State), and will file all reports and statements with the candidate's principal campaign committee, _____ (Full name of principal campaign committee)

(ATTACH A COPY OF CANDIDATE'S WRITTEN AUTHORIZATION.) (FEC FORM 2a)

☐ (c) This committee supports only one candidate _____ (Name of Candidate) but is not an authorized committee.

☐ (d) This committee supports more than one Federal candidate and is not a party committee.

☐ (e) This committee is a _____ (National, State, county, city) committee of the _____ (Democratic, Republican, etc.) Party.

6 Names of affiliated and/or connected organizations	Mailing address and ZIP code	Relationship
American Medical Association	535 No. Dearborn St.-Chicago, Ill.60610	National Organization
American Medical Political Action Committee	P.O. Box 4449 - Chicago, Ill. 60680	Affiliated Committee
South Carolina Medical Association	P.O. Box 11188 - Columbia, S.C. 29211	Connected Organizatio

If the registering political committee has identified a "connected organization" above, please indicate type of organization:
☐ Corporation ☐ Labor organization ☐ Membership organization ☐ Trade association ☐ Cooperative
☐ Corporation without capital stock ☐ Other (please specify)

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

Exp. 1 Pg.

76 SEP 24 P1:50

FEC Form 1
July 1976
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Statement of Organization For a Committee

(Page 2)

Name of Committee

7 Area, Scope and Jurisdiction of Committee:

(a) Will this committee operate in more than one State? ☐ Yes ☐ No
(b) Will it operate on a statewide basis in one State? ☐ Yes ☐ No
(c) Will it primarily support candidates seeking State or local office? ☐ Yes ☐ No
(d) Will it support or does it anticipate supporting directly or indirectly, candidates for Federal office in excess of $1,000 in a calendar year? ☐ Yes ☐ No

8 (a) List by name, address, office sought, and party affiliation, any candidate for Federal office that this committee is supporting:

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

(b) List by name, address, office sought, and party affiliation, any candidate(s) for any other public office(s) that this committee is supporting (unless the committee is supporting the entire ticket of a party as indicated in line 9)

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

9 If this committee is supporting the entire ticket of a party, give name of party ▶

10 Identify by name, address and position, the person in possession of committee books and records

Full name	Mailing address and ZIP code	Title or position

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

7 6 0 0 2 9 3 0 7 4 3

FEC Form 1
July 1976
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Statement of Organization For a Committee

(Page 3)

Name of Committee

11 List by name, address and position, other principal officers of the committee (include chairman, treasurer, secretary, assistant treasurer, assistant secretary, members of finance committee):

Full name	Mailing address and ZIP code	Title or position

12 Does this committee plan to stay in existence beyond the current calendar year? ☐ Yes ☐ No
If "Yes" for how long? ▶

13 In the event of dissolution, what disposition will be made of residual funds?

14 List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code

15 List all election reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports (other than reports filed with Secretaries of State pursuant to USC 439(a)):

Report title	Dates required	Name and position of recipient	Mailing address and ZIP code

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

V. Benton Burns, M.D. — (Signature of Treasurer)

9-20-76 — (Date)

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g or §441j (see instructions)

For further information contact: ▶ Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

7 6 N 30 P 2:57

South Carolina Medical Association
P O Box 11188
Columbia, South Carolina 29211

7 6 0 3 0 2 9 3 2 7 6

Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Ex. #131, p 1

MODEL
CONSTITUTION AND BYLAWS

of the
(Name of)

_____

ARTICLE I

Name and Definition

The name of this Committee is _____, hereinafter referred to as the Committee, or (state PAC). It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee, or of any national, state or county medical association.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, the important political issues, and the records of office holders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 - Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3 - Dues
(State PAC) dues shall be:

Active Membership	$_____
Sustaining Membership	$_____
Other (Family, Student, etc.)	$_____

Section 4 - Contributions

Contributions to (state PAC) shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board of Directors shall consist of (number) members, (number) of whom must be members of the Woman's Auxiliary to the (state medical association or society), and members of (state PAC). The other (number) shall be Doctors of Medicine who are members of (state PAC).

Section 3 - Selection and Terms

The members of the Board of Directors shall be appointed by the (governing body) of the (name of the state medical society or association) for a term of one year, beginning (date) and ending (date). No members shall serve for more than five years.

ARTICLE V

Officers

Section 1 - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, a Treasurer and an Assistant Treasurer. The Chairman and Secretary shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve until the next annual meeting. No Chairman or Secretary shall serve for more than two terms.

The Treasurer and Assistant Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2 - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3 - The Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Secretary shall automatically become acting Chairman until the next meeting of the Board.

Section 4 - The Treasurer

The Treasurer or Assistant Treasurer shall perform such duties as are customarily performed by the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

Meetings

Section 1 - Annual Meeting

The annual meeting of the Board of Directors shall be held (time of meeting).

Section 2 - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 - Quorum

(Number) directors shall constitute a quorum. A simple majority shall carry any motion except as provided in Article IX.

ARTICLE VII

Committees

The (name of committee) shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

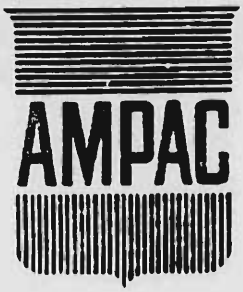
ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that [illegible] least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meeting.

Revised 9/9/62; 6/63; 1/73.
AMPAC, 520 North Michigan Avenue, Chicago, Illinois 60611

Ex #132A p.1

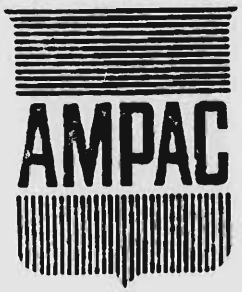


AMERICAN MEDICAL
POLITICAL ACTION COMMITTEE
520 North Michigan Avenue
Chicago, Illinois 60611

Constitution and Bylaws

of the

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE



As Amended October 26, 1968

Reprinted June, 1971

p. 2

ARTICLE I

Name and Definition

The name of this Committee is the American Medical Political Action Committee, hereinafter referred to as the Committee, or AMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1.—Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2.—Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3.—Dues

AMPAC's dues shall be:

Active Membership	$10.00 - $ 49.00
Sustaining Membership	$50.00 - $5,000.00
Student, Intern and Resident Membership	$ 5.00 - $ 10.00

The dues of students, interns, and residents may be waived by the Board of Directors, provided the student, intern, or resident is a member of a State Medical Political Action Committee.

Section 4.—Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

Section 5.—Publications

Contributions to AMPAC will include a subscription to a periodic publication to be published and mailed at least quarterly.

ARTICLE IV

Board of Directors

Section 1.—Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.—Composition

The Board of Directors shall consist of ten members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association and a member of AMPAC. The other nine shall be Doctors of Medicine who are members of AMPAC.

Section 3.—Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term of one year. No member shall serve for more than ten years.

ARTICLE V

Officers

Section 1.—Designations, Election, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the American Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than two terms.

Section 2.—The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.—Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial

statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1.—Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2.—Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

Section 3.—Quorum

Six directors shall constitute a quorum.

ARTICLE VII

Committees

Section 1.—General

The American Medical Political Action Committee shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

Section 2.—National Advisory Committee

The National Advisory Committee to the Board of Directors of AMPAC shall be composed of one representative from each state having a State Medical Political Action Committee. Each state representative shall be designated by his respective committee.

ARTICLE VIII

Books, Records, and Finances

Section 1.—Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.—Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed, and a new Constitution and Bylaws may be adopted, by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meeting.

FEC
DOCUMENT
SEPARATOR

Ex #132 B p.1

Constitution and Bylaws of the AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

As Amended June 17, 1972

Reprinted June, 1972

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D. C. 20402"

ARTICLE I

NAME AND DEFINITION

The name of this Committee is the American Medical Political Action Committee, hereinafter referred to as the Committee, or AMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees.

ARTICLE II

PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

MEMBERSHIP, DUES, AND CONTRIBUTIONS

Section 1.—Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2.—Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3. —Dues

AMPAC's dues shall be:

Active Membership	$10.00 - $ 49.00
Sustaining Membership	$50.00 - $5,000.00
Student, Intern and Resident Membership	$ 5.00 - $ 10.00

The dues of students, interns, and residents may be waived by the Board of Directors, provided the student, intern, or resident is a member of a State Medical Political Action Committee.

Section 4.—Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

p.3

Section 5.—Publications

Contributions to AMPAC will include a subscription to a periodic publication to be published and mailed at least quarterly.

ARTICLE IV

Board of Directors

Section 1.—Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.—Composition

The Board of Directors shall consist of ten members, one of whom must be a member of the Woman's Auxiliary to the American Medical Association and a member of AMPAC. The other nine shall be Doctors of Medicine who are members of AMPAC.

Section 3.—Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term beginning January 1 and ending December 31 in each year, except that an officer-member shall serve until his successor is elected. No member shall serve for more than ten years.

ARTICLE V

Officers

Section 1.—Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, a Treasurer, and an Assistant Treasurer. The Chairman and Secretary shall be elected by the Board of Directors from among the members of the Board at its annual meeting, and shall serve until the next annual meeting. No Chairman or Secretary shall serve for more than two terms. The Treasurer and Assistant Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2.—The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.—Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Secretary shall automatically become acting Chairman until the next meeting of the Board.

Section 4.—Treasurer

The Treasurer or Assistant Treasurer shall perform such duties as are customarily performed by

the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

Meetings

Section 1.—Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2.—Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

Section 3.—Quorum

Six directors shall constitute a quorum.

ARTICLE VII

Committees

Section 1.—General

The American Medical Political Action Committee shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

Section 2.—National Advisory Committee

The National Advisory Committee to the Board of Directors of AMPAC shall be composed of one representative from each state having a State Medical Political Action Committee. Each state representative shall be designated by his respective committee.

ARTICLE VIII

Books, Records, and Finances

Section 1.—Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at

least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.—Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed, and a new Constitution and Bylaws may be adopted, by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meeting.

AMPAC

AMERICAN MEDICAL
POLITICAL ACTION COMMITTEE
520 North Michigan Avenue
Chicago, Illinois 60611

Ex. # 132C, p. 1.

Constitution and Bylaws

of the

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

As Amended June 26, 1976

Reprinted July, 1976

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D. C.

p. 2.

ARTICLE I

NAME AND DEFINITION

The name of this Committee is the American Medical Political Action Committee, hereinafter referred to as the Committee, or AMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees.

ARTICLE II

PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

MEMBERSHIP, DUES, AND CONTRIBUTIONS

Section 1.—Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2.—Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3.—Dues

AMPAC's dues shall be:

Active Membership	$10.00 - $ 49.00
Sustaining Membership	$50.00 - $5,000.00
Student, Intern and Resident Membership	$ 5.00 - $ 10.00

The dues of students, interns, and residents may be waived by the Board of Directors.

Section 4.—Contributions

Contributions to AMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

Section 5.—Publications

Contributions to AMPAC will include a subscription to a periodic publication to be published and mailed at least quarterly.

ARTICLE IV

Board of Directors

Section 1.—Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.—Composition

The Board of Directors shall consist of ten members, one of whom must be a member of the American Medical Association Auxiliary and a member of AMPAC. The other nine shall be Doctors of Medicine who are members of AMPAC.

Section 3.—Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the American Medical Association for a term beginning January 1 and ending December 31 in each year, except that an officer-member shall serve until his successor is elected. No member shall serve for more than ten years.

ARTICLE V

Officers

Section 1.—Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, a Treasurer, and an Assistant Treasurer. The Chairman and Secretary shall be elected by the Board of Directors from among the members of the Board at its annual meeting, and shall serve until the next annual meeting. No Chairman or Secretary shall serve for more than two terms. The Treasurer and Assistant Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2.—The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.—Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Secretary shall automatically become acting Chairman until the next meeting of the Board.

Section 4.—Treasurer

The Treasurer or Assistant Treasurer shall perform such duties as are customarily performed by

the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason, the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

MEETINGS

Section 1.—Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2.—Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

Section 3.—Quorum

Six directors shall constitute a quorum.

ARTICLE VII

COMMITTEES

The American Medical Political Action Committee shall establish such committees as the Board of Directors determines are necessary or desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

BOOKS, RECORDS, AND FINANCES

Section 1.—Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.—Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

p. 5.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed, and a new Constitution and Bylaws may be adopted, by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meeting.

AMERICAN MEDICAL
POLITICAL ACTION COMMITTEE
Post Office Box 4449
Chicago, Illinois 60680

Ex. # 13

CONSTITUTION AND BYLAWS

of the

ALABAMA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I
NAME AND DEFINITION

The name of this committee is the Alabama Medical Political Action Committee, hereinafter referred to as ALAPAC. It is a voluntary, non-profit, unincorporated committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees.

ARTICLE II
PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in government affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of office-holders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III
MEMBERSHIP

Membership in ALAPAC shall be available to any Doctor of Medicine, his or her spouse, members of his or her immediate family and others. Candidates for membership shall be subject to the approval of the Board of Directors and to the payment of the prescribed minimum dues annually. The Board of Directors is authorized to establish or abolish categories of membership.

ARTICLE IV
DUES AND CONTRIBUTIONS

Section 1.

Pursuant to the categories of membership established by the Board of Directors, the Board shall prescribe the amount of annual dues for each category.

Section 2.

Dues of any member may be waived at the discretion of the Board of Directors.

Section 3.

The Board of Directors may authorize that a portion of the dues of each member be forwarded to the American Medical Political Action Committee (AMPAC) to secure membership in that organization for ALAPAC members.

Section 4.

Contributions and gifts to ALAPAC, in whatever form, shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

ARTICLE V

THE BOARD OF DIRECTORS

Section 1.

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.

The Board of Directors shall consist of one member from each of the United States Congressional Districts as they are now constituted or may hereafter be constituted; three physicians from the state at large; one woman who shall be either the wife or widow of a physician; and the President of the Medical Association of the State of Alabama.

Section 3.

The Board of Censors of the Medical Association of the State of Alabama at its discretion may designate one of its members to serve ex officio.

Section 4.

Should others of the healing arts professions become members of ALAPAC in appreciable numbers, they shall be afforded a seat on the Board of Directors.

Section 5.

Terms of office shall be for three years and terms shall be staggered so that not more than three members, excluding the Chairman and the Secretary-Treasurer shall be appointed in any calendar year unless there should be vacancies created by death or resignation. No member of the Board of Directors, with the exception of the Chairman and the Secretary-Treasurer shall serve more than three consecutive terms.

Section 6.

All appointments to the ALAPAC Board shall be made by the President of the Medical Association of the State of Alabama with concurrence of the Association's Board of Trustees not later than November 1 of each calendar year to take office the following January 1. The Chairman shall be appointed for a term of one year.

Section 7.

Vacancies shall be filled by the President with approval of the Board of Trustees of the Medical Association of the State of Alabama.

ARTICLE VI
DUTIES OF OFFICERS

Section 1.

At its organization meeting held during the month of January following nomination and confirmation of new members, the Board shall elect a Secretary-Treasurer and shall designate an Executive Director.

Section 2.

The Chairman shall be the chief executive officer of the Committee and shall be an ex officio member of all committies. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3.

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to government authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The

Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 4.

The Executive Director shall be responsible for all business affairs concerning ALAPAC and shall be an ex officio, non-voting member of all committees. He shall incur expenses only upon the express direction of the Board of Directors and shall submit vouchers to the Secretary-Treasurer for all items of indebtedness. He shall be responsible for the preparation and dissemination of all information material to the membership and shall keep and maintain an accurate and up-to-date filing system on all matters pertaining to ALAPAC.

ARTICLE VII
MEETINGS

Section 1.

The State ALAPAC Board of Directors shall meet during the month of January each year for the purpose of organizing. All meetings thereafter shall be scheduled at the discretion of the Chairman, or upon the written request of three members of the Board.

Section 2.

Immediately following the last meet-

ing in each calendar year the Board of Directors shall cause to be prepared a full report of its activities for the preceding year and said report shall be distributed to any member and to such other persons as the Board of Directors may authorize.

Section 3.

Three members shall constitute a quorum of the State Board of Directors.

ARTICLE VIII
COMMITTEES

Section 1.

The Executive Committee shall be composed of the Chairman, the Secretary-Treasurer, and one member designated by the Chairman at the time of the organization meeting. The Executive Committee shall have charge of all finances of ALAPAC and shall have authority in disbursement of funds for any purpose. The Executive Committee shall be empowered to act for the Board when the Board is not in session.

Section 2.

A reticulum of Key Doctors composed of members or prospective members of the Alabama Medical Political Action Committee from the sixty-seven counties, appointed by directors from the seven congressional districts, shall serve as liaison between ALAPAC's Board of Directors

and the membership of Medicine's political action committee.

ARTICLE IX
BOOKS, RECORDS, AND FINANCES

Section 1.

The Committee shall keep correct and complete books and records of account. The Committee's book of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2.

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE X
PUBLICATIONS

Any person who makes a contribution to ALAPAC and any member who pays his annual dues shall be entitled to receive a subscription to any of the publications, materials, pamphlets, booklets, and literature published at the direction and under the auspices of the ALAPAC Board of Directors.

ARTICLE XI
HEADQUARTERS

State headquarters for ALAPAC shall be at Montgomery, Alabama, and the

Executive Director shall be authorized to establish such office facilities as approved by the Board of Directors.

ARTICLE XII
AMENDMENTS

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

PERMISSIBLE POLITICAL ACTIVITIES RELATING TO MEDICAL ASSOCIATIONS AND POLITICAL ACTION COMMITTEES

An Interpretation of Section 610 of the Federal Corrupt Practices Act and the Federal Election Campaign Act of 1971

BY THE LEGAL DEPARTMENT
of the
AMERICAN MEDICAL ASSOCIATION

PART I

MEDICAL ASSOCIATIONS

Interpretation of Section 610 of the Federal Corrupt Practices Act (now incorporated in the Federal Crime Code) and the Federal Election Campaign Act (effective April 7, 1972) indicates that incorporated medical associations are free to engage in many activities which relate to political parties or candidates for federal office, even though such activities may incidentally affect the results of an election and technically might appear to be a prohibited form of "contribution" or "expenditure." The legality of a particular activity, in the present state of the law, apparently depends upon its nature and whether the activity involves exercise of the basic first amendment rights of freedom of speech and freedom of the press.

It would appear that the following activities would be proper and legally permissible for incorporated medical associations:

(1) The preparation and publication of information, whether critical, favorable or factual only, describing the position or attitude taken by political parties, public officials and candidates for political office on any issue in which the association or its members has an interest.

(2) The preparation and distribution to its members of the voting records of members of Congress.

(3) The preparation and dissemination of information and advice on how

physicians can or should organize for political action.

Information or viewpoints referred to above could be disseminated to association members through regular medical association publications, in special pamphlets, or other regular communications media. Also, so long as information of this character is designed to show only the general attitude of an association, such information could likewise be distributed or disseminated to other interested or affected groups.

In connection with actual elections, there are other activities which an association could probably engage in without violating the statute. Among these are:

(1) The distribution of information giving pertinent data regarding the position of particular parties or candidates, where they derive support, etc.

(2) Urge its members to evaluate the background, viewpoint, competence, etc., of candidates or political parties and, in publications going to members and regular subscribers, urge the support of or opposition to particular parties or candidates.

(3) Sponsor or encourage members to organize local "get-out-the-vote" drives, including campaigns to get voters to register, arrangements for transportation of voters to polling places and the urging of physicians generally to participate in and assist such local "get-out-the-vote" drives.

(4) Promote organization of local committees of doctors to become more interested and active in local, state and national government, and in politics generally. However, if such committees become active in the support of particular candidates or parties, a medical association legally could not use its funds or staff in support of such efforts. While active assistance in organizing such committees would be permitted, an association could not use such committees as vehicles for contributing support to candidates or parties.

(5) The establishment and administration of, and solicitation of contributions to, a separate, segragated fund to be utilized for political purposes.

PART II

POLITICAL ACTION COMMITTEES

Any individual, committee, association, or organization which accepts contributions or makes expenditures during the calendar year in an aggregate amount that exceeds $1,000.00 for the purpose of influencing or attempting to influence the nomination or election of candidates for federal office.

The provisions of the Act therefore apply even to committees operating only in one state, so long as they receive or spend more than $1,000.00 in a calendar year.

The restraints of the federal law on the activities of a political committee are relatively minor. The Federal Election

Campaign Act requires every political committee to have a chairman and a treasurer. The treasurer must keep records of all contributions and expenditures, and the names and addresses of all contributors and receipts of expenditures. The treasurer must initially file a Statement of Organization on forms provided by the Supervisory Officer and then file periodic statements with the Supervisory Officer (Secretary of the Senate or the Clerk of the House of Representatives depending on the office involved) four times each year and just before an election. The statements must indicate the following:

(1) The name of each contributor and the amount if the contribution is over $100;
(2) The total sum of all contributions made to the committee;
(3) The name of each person to whom an expenditure is made in excess of $10.00;
(4) The total sum of all expenditures made during the calendar year;
(5) The name and address of, and office sought by, the candidate on whose behalf the expenditure is made.

Carbon copies must be sent to the local Secretary of State.

An example of a political committee is the AFL-CIO's Committee on Political Education (COPE). COPE is highly organized with a large staff in its national headquarters, numerous field representatives, state directors in every state, and officers in every major industrial city and in many local unions. COPE divides its activities into those

which are "educational" and those which are "political." The educational activities, such as voter registration drives, organization of local COPE units, news releases, posters, and pamphlets on political issues and candidate's voting records are financed directly from the treasury of the AFL-CIO. COPE reported receiving $718,000 for these activities from the AFL-CIO over a recent eighteen-month period. COPE's political activities are financed from voluntary contributions received from individual union members.

By keeping its educational and political funds segregated, COPE is operating on the assumption that it is able to receive financing from a labor union without any violation of section 610 of the Corrupt Practices Act. So far as is known, no question has been raised by the government concerning the legality of this arrangement. A national or interstate medical political action committee could probably operate in much the same manner. In other words, it could receive funds from a medical association to pay for its "educational" activities. The "political" activities would have to be financed by voluntary contributions from individual physicians or others.

Any advertisements or other literature including dues billings for the PAC would have to bear the following legend:

"A copy of our report filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

These revisions reflect the high points in the changes in these laws, but the actual requirements are very complicated and the forms and instructions provided by the supervisory office should be consulted when setting up a record keeping function.

OF THE

ALASKA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I.

Name and Definition

The name of this Committee is Alaska Medical Political Action Committee, hereinafter referred to as the Committee. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II.

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III.

Membership, Dues, and Contributions

Section 1.--Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

Section 2.--Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3.--Dues

Alaska Medical Political Action Committee dues shall be:

Active Membership	$ 10.00 minimum annually
Sustaining Membership	$100.00 minimum annually

Section 4.--Contributions

Contributions to the Alaska Medical Political Action Committee shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV.

Board of Directors

Section 1.--Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2.--Composition

The Board of Directors shall consist of nine members.. They shall be Doctors of Medicine who are members of the Alaska Medical Political Action Committee.

Section 3.--Selection and Terms

The members of the Board of Directors shall be appointed by the President of the Alaska State Medical Association for a term of two years. No member shall serve for more than three consecutive terms.

ARTICLE V.

Officers

Section 1.--Designations, Elections, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the President of the Alaska State Medical

Association and shall serve until the annual meeting following the completion of their terms.

Section 2.--The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairman and members of committees subject to the approval of the Board of Directors.

Section 3.--Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI.

Meetings

Section 1.--Annual Meeting

The annual meeting of the Board of Directors shall be held at the time of the meeting of the Alaska State Medical Association.

Section 2.--Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of four members of the Board.

ARTICLE VII.

Committees

The Alaska Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII.

Books, Records, and Finances

Section 1.--Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2.--Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX.

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Consitution and By-Laws at such meeting.

CONSTITUTION AND BYLAWS

of the

ARIZONA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Arizona Medical Political Action Committee, hereinafter referred to as the Committee of ARMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

ARMPAC annual dues shall be:

Active Membership: $20.00
Sustaining Membership: $100.00

Section 4 -- Contributions

Contributions to ARMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of not more than twenty (20) members who are members of ARMPAC, and at least one of whom must be a member of the Woman's Auxiliary to the Arizona Medical Association. The remaining members shall be Doctors of Medicine and others.

Section 3 -- Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Directors of The Arizona Medical Association, Inc., for a term of one year or until a successor is appointed. No member shall serve for more than ten (10) years.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, and a Treasurer or a Secretary/Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Directors of the Arizona Medical Association, and shall serve until the annual meeting following the completion of their terms of office.

The Board of Directors shall designate other officers as may be necessary.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors of the Arizona Medical Associatio

Section 3 -- Secretary

The Secretary shall perform such duties as are customarily performed by the Secreta of a Committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman, and in the event there is no other provision, he shall preside at meetings of the Board of Directors.

Section 4 -- Treasurer

The Treasurer shall perform such duties as are customarily performed by the Treasurer of a Committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be the first meeting following appointment of the Directors.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

Committees

The ARMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairmen and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by at least two-thirds of the members of the Board of Directors, provided at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

CC# 1405

Arizona Medical Political Action Committee
810 West Bethany Home Road Phoenix, Arizona 85013

'77

March 18, 1977

Mr. William C. Oldaker
General Counsel
Federal Election Commission
1325 K Street N. W.
Washington, D. C. 20463

Re: Arizona Medical Political Action Committee

Dear Mr. Oldaker:

We received on March 2, 1977, your February 24, 1977 letter to the Arizona Medical Political Action Committee (ArMPAC) requesting certain information from ArMPAC pursuant to the Federal Election Commission's investigation of whether or not the political action committees of various state medical associations federated with the American Medical Association are "affiliated" with the political action committee of the AMA (AmPAC) within the meaning of 2 U.S.C. §441a(a) (5).

Since your letter does not question any specific acts or activities of ArMPAC and does not allege that ArMPAC or its sponsoring organization, the Arizona Medical Association, Inc., has violated any provision of the federal election laws, I therefore presume that neither ArMPAC nor the Arizona Medical Association, Inc. is under investigation by the Commission. As you correctly stated in your letter, ArMPAC's reports to the Commission do not indicate an affiliation with AmPAC since ArMPAC is not connected or affiliated with any organization other than the Arizona Medical Association, Inc., an Arizona nonprofit corporation. ArMPAC does, however, engage in joint fund-raising efforts with AmPAC as expressly permitted by 2 U.S.C. § 441a(a) (5) and as indicated in the reports filed by ArMPAC with the Commission.

With respect to the information requests contained in your letter, I am enclosing

Copies of ArMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D. C. 20463.

1330

EXHIBIT "4"

REVISED

CONSTITUTION AND BY-LAWS

of

ARKANSAS MEDICAL POLITICAL ACTION COMMITTEE

Effective:
November 15, 1967

CONSTITUTION AND BY-LAWS

of

ARKANSAS MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Arkansas Medical Political Action Committee, hereinafter referred to as ARKPAC, or the Committee. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others. It is not and shall not be affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand and evaluate the nature and actions of government, the significance of political issues, the records of officeholders, and the pertinent qualifications of candidates for elective office.

(3) To assist physicians and others to organize themselves for effective political action to promote civic responsibility and integrity in government.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Membership in ARKPAC shall be available to doctors of medicine and others who subscribe to the purposes of the Committee set out in Article II. Members may be either active, or sustaining. The Board of Directors is authorized to establish additional categories of membership.

Section 2 — Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 — Dues

Minimum dues per calendar year, for each category of membership, shall be established by the Board of Directors.

ARTICLE IV

Board of Directors

Section 1 — Duties

The Board of Directors shall have general supervision and control over the affairs and funds of ARKPAC, and shall establish and carry out all policies and activities of ARKPAC not inconsistent with the provisions of this Constitution and By-Laws. The members shall serve without compensation.

Section 2 — Composition

The Board of Directors shall consist of a minimum of 12 members, two of whom are members of the Woman's Auxiliary to the Arkansas Medical Society. No less than ten members shall be doctors of medicine. Additional members, not to exceed four in number, may be appointed at the discretion of the Council of the Arkansas Medical Society. All members of the Board of Directors shall be active or sustaining members of ARKPAC.

Section 3 -- Selection and Terms

Members of the Board of Directors shall be appointed for a term of one year by the Council of the Arkansas Medical Society. No member shall serve for more than five consecutive years.

ARTICLE V

Officers

Section 1 -- Designations, Elections, Terms

The general officers of ARKPAC shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year. No officer shall serve for more than two terms.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of ARKPAC and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

An annual meeting of ARKPAC shall be held between September 1 and December 31 of each year at a place designated by the Board of Directors.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

ARKPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The membership of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited periodically by an auditor approved by the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed, and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least 30 days written notice is given of the intention to alter, amend, or repeal, or to adopt a new Constitution and By-Laws at such meeting.

Approved:

[illegible] 10-9-67.

[illegible] 10/10/67

[illegible] 10/10/67.

[illegible] 10/10/67

Kenneth R Dwyer 10/11/67

ARKPAC

Arkansas Political Action Committee

A non-partisan, non-profit organization dedicated to preserving historic American freedom

March 9, 1977

Mr. William C. Oldaker
General Counsel
Federal Election Commission
1325 "K" Street, N.W.
Washington, D. C. 20463

Dear Mr. Oldaker:

This is in response to your letter of February 24th pertaining to affiliated political action committees within the meaning of the Federal Election Campaign Laws and requesting information of this committee.

The information given below is presented in the order of the attachment to your letter.

1. The Arkansas Medical Political Action Committee was organized on December 10, 1961.

   Attached is a copy of the By-Laws of the committee which have governed the committee since January 1, 1972. EXHIBIT A

2. Enclosed is a listing of the members of the Board of Directors of the committee for the years from 1972 to present, with officers indicated. EXHIBIT B

   The chairman of the committee is the chief executive officer and presides at all meetings. He appoints all chairman and members of committees.

   The Secretary-Treasurer is the custodian of funds of the committee. He collects all funds of the organization and disburses funds in accordance with instructions of the Board of Directors. He maintains accounts of the committee and has responsibility for all reports to governmental authorities. He presides at meetings of the Board in the absence of the chairman.

   The Board of Directors has general supervision and control over the affairs and funds of the committee. It establishes and carries out all policies and activities of the committee consistent with the By-Laws.

3. Attached are copies of solicitation materials used by the committee since January 1, 1976. EXHIBIT C

4. The Board of Directors as a whole makes decisions on contributions and expenditures as provided in Article IV, Section 1 of the Constitution of the Committee. Decisions are by majority vote. The listing of members of the board is provided in response to Item 2 (see Exhibit B).

5. (a) On December 10th, 1975, a letter from the chairman of our committee was forwarded to the secretary of each county medical society in the State soliciting membership in the committees. Dues statements were included for distribution to individual members of the county medical societies.

(b) A copy of the solicitation materials is enclosed. SEE EXHIBIT D

(c) and (d) Enclosed is a listing of the secretaries of the county medical societies who received the solicitation materials. The individuals receiving the materials are physicians serving as officers of their local medical society. SEE EXHIBIT E

(e) There is no arrangement for allocating costs between our committee and AMPAC.

(f) Proceeds from mail solicitations are received by Ark-PAC. Ark-PAC keeps the contribution intended for it (usually $15) and forwards the contribution intended for AMPAC (usually $20) to AMPAC.

Very truly yours,

Kemal Kutait, M. D.
Chairman
Arkansas Medical Political Action Committee

Enclosures: Exhibits A through E

133E

UPDATED - May, 1977

CONSTITUTION AND BYLAWS

of

CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee, or CALPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

CALPAC's dues shall be: set on an annual basis by the CALPAC Board of Directors.

ARTICLE IV

Board of Directors and Executive Committee

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee, and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

The Executive Committee shall act on behalf of the Committee between meetings of the Board of Directors, and shall have the powers of the Board during such intervals.

In Congressional districts having more than one county medical society, the Board Member shall encourage the establishment of a liaison committee to advance the purposes of the Committee as defined in Article II.

Section 2 -- Board of Directors - Composition

The Board of Directors shall consist of not more than fifty-six (56) members, forty-five of whom shall be Doctors of Medicine, six members of the Woman's Auxiliary to the California Medical Association, two executive employees of component societies of the California Medical Association, a CMA House Staff member representative of a hospital accredited by the California Medical Association, a representative attending a medical school in California, and the President of the American Association of Medical Assistants, State of California, Inc.

The President, President-Elect and CALPAC Chairman of the Womans' Auxiliary to the California Medical Association shall be ex officio members of the CALPAC Board.

Section 3 -- Board of Directors - Selection and Terms

The members of the Board of Directors shall be appointed by the Council of the California Medical Association, for a term of one year.

Section 4 -- Executive Committee - Composition, Selection and Terms

The Executive Committee will include the Chairman, Vice-Chairman, Secretary, Treasurer, the Chairmen of the Federal and State Candidate Selection Committees and, in addition, five members (to include at least one member of the Woman's Auxiliary) to be elected from the Board. If one of the Chairmen of the Federal or State Candidate Selection Committees is already a member of the Executive Committee, an additional member(s) will be elected at large.

Section 5 -- Standing Committees

The standing committees of the Board of Directors shall be the Federal Candidate Selection Committee, State Candidate Selection Committee, Membership Committee, Political Education Committee and Communications Committee.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary and Treasurer who shall be selected by the California Medical Association's Committee on Nominations and approved by the California Medical Association's Council. The CALPAC Board of Directors shall submit names for each of these offices for consideration by the Committee on Nominations.

Section 2 -- Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 -- The Vice-Chairman

The Vice-Chairman shall act in place of the Chairman in his absence and shall also be an ex officio member of all CALPAC Board committees.

Section 4 -- The Secretary

The Secretary shall perform such duties as are customarily performed by the secretary of a committee, or shall be prescribed by the Board of Directors.

Section 5 -- The Treasurer

The Treasurer shall perform such duties as are customarily performed by the treasurer of a committee, or shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meetings

The annual meeting of the Board of Directors shall be held on call of the Chairman, but not later than the close of the Annual Session of the California Medical Association.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

CALPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by a majority of the members of the Board of Directors; provided that at least thirty (30) days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meetings.

UPDATED - FEBRUARY, 1974 B3F

CONSTITUTION AND BYLAWS

of

CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee, or CALPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 - Dues

CALPAC's Dues Shall Be:

Active Membership	$35.00	-	$99.00
Woman's Auxiliary	$20.00	-	$99.00
Student & House Staff	$10.00	-	$99.00
Sustaining Membership	$100.00	-	$5,000.00

ARTICLE IV

Board of Directors

and

Executive Committee

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee, and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

The Executive Committee shall act on behalf of the Committee between meetings of the Board of Directors, and shall have the powers of the Board during such intervals.

Section 2 - Board of Directors - Composition

The Board of Directors shall consist of not more than fifty-three (53) members, forty-five of whom shall be Doctors of Medicine, six members of the Woman's Auxiliary to the California Medical Association, and two executive employees of component societies of the California Medical Association. All Board members must be active members of CALPAC.

Section 3 - Board of Directors - Selection and Terms

The members of the Board of Directors shall be appointed by the Council of the California Medical Association, for a term of one year. No members shall serve for more than ten (10) years.

Section 4 - Executive Committee - Composition, Selection and Terms

The Executive Committee will include the Chairman, Vice-Chairman, Secretary, Treasurer, the Chairmen of the Federal and State Candidate Selection Committees and, in addition, three members (to include at least one member of the Woman's Auxiliary) to be elected from the Board. If one of the Chairmen of the Federal or State Candidate Selection Committees is already a member of the Executive Committee, an additional member(s) will be elected at large.

ARTICLE V

Officers

Section 1 - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary and Treasurer who shall be selected by the California Medical Association's Committee on Nominations and approved by the California Medical Association's Council. The CALPAC Board of Directors shall submit names for each of these offices for consideration by the Committee on Nominations.

Section 2 - Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-Officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 - The Vice Chairman

The Vice-Chairman shall act in place of the Chairman in his absence and shall also be an ex-officio member of all CALPAC Board committees.

Section 4 - The Secretary

The Secretary shall perform such duties as are customarily performed by the secretaries of a committee, or shall be prescribed by the Board of Directors.

Section 5 - The Treasurer

The Treasurer shall perform such duties as are customarily performed by the treasurer of a committee, or shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 - Annual Meetings

The annual meeting of the Board of Directors shall be held on call of the Chairman, but not later than the close of the annual session of the California Medical Association.

Section 2 - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

CALPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by a majority of the members of the Board of Directors; provided that at least thirty (30) days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meetings.

1336

UPDATED - April, 1975

CONSTITUTION AND BYLAWS

of

CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee, or CALPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

CALPAC's dues shall be:

Active Membership	$ 35.00	-	$ 99.00
Woman's Auxiliary	20.00	-	99.00
Student & House Staff	10.00	-	99.00
Sustaining Membership	100.00	-	5,000.00

ARTICLE IV

Board of Directors and Executive Committee

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee, and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

The Executive Committee shall act on behalf of the Committee between meetings of the Board of Directors, and shall have the powers of the Board during such intervals.

In Congressional districts having more than one county medical society, the Board Member shall encourage the establishment of a liaison committee to advance the purposes of the Committee as defined in Article II.

Section 2 -- Board of Directors - Composition

The Board of Directors shall consist of not more than fifty-six (56) members, forty-five of whom shall be Doctors of Medicine, six members of the Woman's Auxiliary to the California Medical Association, two executive employees of component societies of the California Medical Association, a CMA House Staff member representative of a hospital accredited by the California Medical Association, a representative attending a medical school in California, and the President of the American Association of Medical Assistants, State of California, Inc.

The President, President-Elect and CALPAC Chairman of the Womans' Auxiliary to the California Medical Association shall be ex officio members of the CALPAC Board.

Section 3 -- Board of Directors - Selection and Terms

The members of the Board of Directors shall be appointed by the Council of the California Medical Association, for a term of one year. No members shall serve for more than ten (10) years.

Section 4 -- Executive Committee - Composition, Selection and Terms

The Executive Committee will include the Chairman, Vice-Chairman, Secretary, Treasurer, the Chairmen of the Federal and State Candidate Selection Committees and, in addition, three members (to include at least one member of the Woman's Auxiliary) to be elected from the Board. If one of the Chairmen of the Federal or State Candidate Selection Committees is already a member of the Executive Committee, an additional member(s) will be elected at large.

Section 5 -- Standing Committees

The standing committees of the Board of Directors shall be the Federal Candidate Selection Committee, State Candidate Selection Committee, Membership Committee, Political Education Committee and Communications Committee.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary and Treasurer who shall be selected by the California Medical Association's Committee on Nominations and approved by the California Medical Association's Council. The CALPAC Board of Directors shall submit names for each of these offices for consideration by the Committee on Nominations.

Section 2 -- Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 -- The Vice-Chairman

The Vice-Chairman shall act in place of the Chairman in his absence and shall also be an ex officio member of all CALPAC Board committees.

Section 4 -- The Secretary

The Secretary shall perform such duties as are customarily performed by the secretary of a committee, or shall be prescribed by the Board of Directors.

Section 5 -- The Treasurer

The Treasurer shall perform such duties as are customarily performed by the treasurer of a committee, or shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meetings

The annual meeting of the Board of Directors shall be held on call of the Chairman, but not later than the close of the Annual Session of the California Medical Association.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

CALPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by a majority of the members of the Board of Directors; provided that at least thirty (30) days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meetings.

As Amended August, 1976:

CONSTITUTION AND BY-LAWS
of the
COLORADO MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Colorado Medical Political Action Committee, hereinafter referred to as the Committee on COMPAC. It is a voluntary, non-profit, unincorporated Committee of Individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. - Members

Active and sustaining memberships shall be available to any Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Surgery (Doctor of Dental Medicine) or Doctor of Veterinary Medicine, his spouse and members of his immediate family and others as may be specified by the Board of Directors. Associate membership shall be available to any employee of a non-profit association or society of members of any of the above named professions. The Board of Directors is authorized to establish additional classes of memberships and to prescribe the eligibility requirements therefor.

Section 2. - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3. - Dues

The Annual dues shall be payable for each calendar year and the amount thereof for each membership classification shall be as follows: Active Member - $25.00; Sustaining Member - $100.00, with future changes to be made by the Board of Directors.

Section 4. - Contributions

Contributions to COMPAC shall be subject to the approval of the Board of Directors and all such funds shall be disbursed at their discretion.

ARTICLE IV

Officers

Section 1. - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-chairman, an Assistant Secretary*, a Treasurer and an Assistant Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at the Annual Meeting of the Board and shall serve for a term of two years, provided that each officer shall hold office until his successor is elected.

Section 2. - Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors and at meetings of the members of COMPAC.

Section 3. - Vice-Chairman

The Vice-Chairman shall have and perform the duties of the Chairman in the absence of the Chairman or at his request. In case of the death or resignation of the Chairman, the Vice-chairman shall succeed to the chairmanship for the unexpired term.

*Section 4. - Assistant Secretary

The Assistant Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. Since dues notices for COMPAC are mailed together the CMS dues notices, a designated employee of the Colorado Medical Society shall be named COMPAC Secretary, her only duty being to mail dues notices and reply to occasional requests as asked of her by the COMPAC Chairman. The Assistant Secretary shall compile the list of current COMPAC members, together with dues for said members. He shall attend all general and Board meetings, taking minutes and mailing copies to Board members.

Section 5. - Treasurer

The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse

all monies of the Committee in accordance with the instructions of the Board of Directors. The Treasurer shall sign all checks. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filled by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 6. - Assistant Treasurer

The Assistant Treasurer shall be authorized to carry on the business of the Treasurer in his absence, including the signing of checks.

Section 7 - Vacancies

Subject to Section 3, a vacancy in any office shall be filled by the Executive Committee by the appointment of a new officer who shall hold office until the next regular or special meeting at the Board of Directors and until his successor is elected by the Board.

ARTICLE V

Board of Directors

Section 1. Duties

The Board of Directors have general supervision and control over the affairs and funds of the Committee and shall establish and direct all policies and activities of the Committee. The members shall serve without compensation.

Section 2. - Composition

The Board of Directors shall consist of twenty-two members, all of whom shall be active or sustaining members of COMPAC in good standing. 15 shall be Doctors of Medicine who are members of the Colorado Medical Society, or their wives who are members of the CMS Auxiliary, and whose places of residence shall be such that there are three from each Congressional District; one shall be a Doctor of Osteopathy; one shall be a Doctor of Veterinary Medicine; and the remaining five shall be selected from the membership of the Colorado Medical Society Auxiliary, the Woman's Auxiliary to the Colorado Osteopathic Association, and the Woman's Auxiliary to the Colorado Veterinary Medical Association.

Section 3. - Appointment and Term

The members of the Board of Directors shall be appointed by the Executive Committee, with the approval of the Board of Trustees of the Colorado Medical Society for a term of three calendar years, originally staggered as 3, 2, and 1, and shall serve until the annual meeting of the Board next following the end of his term.

Section 4. - Vacancies

Any vacancy occurring in the Board of Directors caused by death, resignation or otherwise shall be filled by the COMPAC board of Directors, at its next meeting following said vacancy.

ARTICLE VI

Meetings

Section 1. - Membership Annual Meeting

A meeting of the members of COMPAC shall be held annually during the week of the Clinical Sessions of the Colorado Medical Society in the fall of each year. The exact time and place of such meeting shall be fixed by the Chairman of the Board of Directors and notice thereof shall be mailed, postage prepaid, to each member of COMPAC at his/her address of record with the Assistant Secretary at least five days prior to the date of the meeting.

Section 2. - Regular Meetings of the Board

A regular meeting of the Board of Directors shall be held as soon as possible after January first each year, the exact time and place to be fixed by the Chairman, such meetings being the Annual Meeting of the Board. Additional regular meetings may be held at such times as the Board of Directors may determine by resolution. No notice of regular meetings of the Board shall be needed, except to advise the directors of the exact time and place thereof if not previously fixed.

Section 3. - Special Meetings

Special meetings of the Board of Directors may be held at any time on call of the Chairman or of any three members of the Board. Notice of the time, place and purpose of special meetings shall be given to each Director by the person or persons calling the meeting or by the Secretary or Assistant Secretary at his or their direction. Such notice may be given by mail, by telegram or by telephone; if by mail, the notice shall be mailed postage prepaid to the Director, at his address of record with the Assistant Secretary, at least five days prior to the date of the meeting; if by telegram or telephone, the notice shall be given at least 24 hours prior to the hour fixed for the meeting.

Section 4. - Quorum

Four members of the Board of Directors shall constitute a quorum.

Those members of COMPAC attending a meeting after due notice shall constitute a quorum.

ARTICLE VII

Committees

Section 1. - Executive Committee

The Board of Directors may create and appoint an Executive Committee which shall consist of the Elected Officers of COMPAC, to act between regular meetings of the Board, provided that such Executive Committee shall not modify any actions taken or policies determined by the Board and shall report all its actions at the next regular meeting of the Board. The Chairman of the Board shall be Chairman of the Executive Committee.

Regular meetings of the Executive Committee may be held at such times as it may determine by resolution. Special meetings may be held on call of any member thereof, subject to notice of the time, place and purpose at least three days in advance if given by mail or at least 24 hours in advance if given by telephone or telegram. A majority of the Executive Committee shall constitute a quorum for the transaction of business.

Section 2. - Other Committees

The Board of Directors may create such other committees as it deems necessary or desirable for carrying out the purposes and objectives of COMPAC. The Chairman of the Board shall, subject to the approval of the Board, appoint the chairman and members of each committee so created; such appointments may be made from the general membership of COMPAC.

ARTICLE VIII

Books, Records and Finances

Section 1. - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. Deposits

The funds of the committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Committee in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Committee may adopt.

ARTICLE X

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intent to alter, amend or repeal or to adopt a new Constituion and Bylaws at such meeting.

As Amended October, 1971

CONSTITUTION AND BY-LAWS
of the
COLORADO MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Colorado Medical Political Action Committee, hereinafter referred to as the Committee on COMPAC. It is a voluntary, non-profit, unincorporated Committee of Individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. - Members

Active and sustaining memberships shall be available to any Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Surgery (Doctor of Dental Medicine) or Doctor of Veterinary Medicine, his spouse and members of his immediate family and others as may be specified by the Board of Directors. Associate membership shall be available to any employee of a non-profit association or society of members of any of the above named professions. The Board of Directors is authorized to establish additional classes of memberships and to prescribe the eligibility requirements therefor.

ARTICLE V

Officers

Section 1. - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Vice-Chairman, and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at the annual meeting of the Board and shall serve for a term of one year, provided that each officer shall hold office until his successor is elected. No person shall be eligible to hold the same office for more than two full successive years.

Section 2. - Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors, and at meetings of the members of COMPAC.

Section 3. - Vice-Chairman

The Vice-Chairman shall have and perform the duties of the Chairman in the absence of the Chairman or at his request. In case of the death or resignation of the Chairman, the Vice-Chairman shall succeed to the chairmanship for the unexpired term.

Section 4. - Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 5. - Vacancies

Subject to Section 3, a vacancy in any office shall be filled by the Executive Committee by the appointment of a new officer who shall hold office until the next regular or special meeting of the Board of Directors and until his successor is elected by the Board.

ARTICLE VI

Meetings

Section 1. - Membership Annual Meeting

A meeting of the members of COMPAC shall be held annually during the week of the Clinical Session of the Colorado Medical Society. The exact time and place of such meeting shall be fixed by the Chairman of the Board of

Directors and notice thereof shall be mailed, postage prepaid, to each member of COMPAC at his or her address of record with the Secretary, at least five days prior to the date of the meeting.

Section 2. - Regular Meetings of the Board

A regular meeting of the Board of Directors shall be held as soon as practical after January 1 of each year, the exact time and place to be fixed by the Chairman, such meeting being the annual meeting of the Board. Additional regular meetings may be held at such times as the Board of Directors may determine by resolution. No notice of regular meetings of the Board shall be necessary, except to advise the directors of the exact time and place thereof if not previously fixed.

Section 3. - Special Meetings

Special meetings of the Board of Directors may be held at any time on call of the Chairman or of any three members of the Board. Notice of the time, place and purpose of special meetings shall be given to each Director by the person or persons calling the meeting or by the Secretary at his or their direction. Such notice may be given by mail, by telegram or by telephone; if by mail, the notice shall be mailed postage prepaid to the Director, at his address of record with the Secretary, at least five days prior to the date of the meeting; if by telegram or telephone, the notice shall be given at least 24 hours prior to the hour fixed for the meeting.

Section 4. - Quorum

A majority of the Executive Committee shall constitute a quorum for the transaction of business.

Those members of COMPAC attending a meeting after due notice shall constitute a quorum.

ARTICLE VII

Committees

Section 1. - Executive Committee

The Board of Directors may create and appoint an Executive Committee which shall consist of Elected officers plus three additional members of the Board from the Metropolitan District, to act between regular meetings of the Board, provided that such Executive Committee shall not modify any actions taken or policies determined by the Board and shall report all its actions at the next regular meeting of the Board. The Chairman of the Board shall be the Chairman of the Executive Committee.

Regular meetings of the Executive Committee may be held at such times as it may determine by resolution. Special meetings may be held on call of any member thereof, subject to notice of the time, place and purposes at least three days in advance if given by mail or at least 24 hours in advance if given by telephone or telegram. A majority of the Executive Committee shall constitute a quorum for the transaction of business.

Section 2. - Other Committees

The Board of Directors may create such other committees as it deems necessary or desirable for carrying out the purposes and objectives of COMPAC. The Chairman of the Board shall, subject to the approval of the Board, appoint the chairman and members of each committee so created; such appointments may be made from the general membership of COMPAC.

ARTICLE VIII

Books, Records, and Finances

Section 1. - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. - Deposits

The funds of the committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend or repeal or to adopt a new Constitution and By-laws at such meeting.

10/71

CONSTITUTION AND BY-LAWS old
of the
COLORADO MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Colorado Medical Political Action Committee, hereinafter referred to as the Committee on COMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1. - Members

Active and sustaining memberships shall be available to any Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Surgery (Doctor of Dental Medicine) or Doctor of Veterinary Medicine, his spouse and members of his immediate family and others as may be specified by the Board of Directors. Associate membership shall be available to any employee of a non-profit association or society of members of any of the above named professions. The Board of Directors is authorized to establish additional classes of memberships and to prescribe the eligibility requirements therefor.

Section 2. - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3. - Dues

The Annual dues shall be payable for each calendar year and the amount thereof for each membership classification shall be as fixed by the Board of Directors.

Section 4. - Contributions

Contributions to COMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at their discretion.

ARTICLE IV

Board of Directors

Section 1. - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. - Composition

The Board of Directors shall consist of nineteen members, all of whom shall be active or sustaining members of COMPAC in good standing and who shall be selected so as to provide the following representation: Twelve shall be Doctors of Medicine who are members of the Colorado Medical Society and whose places of residence are such that there are three from each Colorado Congressional District; one shall be a Doctor of Osteopathy; one shall be a Doctor of Dental Surgery or a Doctor of Dental Medicine; one shall be a Doctor of Veterinary Medicine; and there shall be one from the membership of each of the following: The Woman's Auxiliary to the Colorado Medical Society, the Woman's Auxiliary to the Colorado Osteopathic Association, the Woman's Auxiliary to the Colorado Veterinary Medical Association, and the Woman's Auxiliary to the Colorado Dental Association.

Section 3. - Appointment and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the Colorado Medical Society for a term of one year, provided that in any event each Director shall hold office until and only until the annual meeting of the Board next following his appointment. No member shall serve for more than five terms.

Section 4. - Vacancies

Any vacancy occurring in the Board of Directors caused by death, resignation or otherwise shall be filled by the Board of Trustees of the Colorado Medical Society.

ARTICLE V

Officers

Section 1. - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Vice-Chairman, and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at the annual meeting of the Board and shall serve for a term of one year, provided that each officer shall hold office until his successor is elected. No person shall be eligible to hold the same office for more than two full successive terms.

Section 2. - Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors, and at meetings of the members of COMPAC.

Section 3. - Vice-Chairman

The Vice-Chairman shall have and perform the duties of the Chairman in the absence of the Chairman or at his request. In case of the death or resignation of the Chairman, the Vice-Chairman shall succeed to the chairmanship for the unexpired term.

Section 4. - Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 5. - Vacancies

Subject to Section 3, a vacancy in any office shall be filled by the Executive Committee by the appointment of a new officer who shall hold office until the next regular or special meeting of the Board of Directors and until his successor is elected by the Board.

ARTICLE VI

Meetings

Section 1. - Membership Annual Meeting

A meeting of the members of COMPAC shall be held annually during the week of the Annual Session of the Colorado Medical Society. The exact time and place of such meeting shall be fixed by the Chairman of the Board of

Directors and notice thereof shall be mailed, postage prepaid, to each member of COMPAC at his or her address of record with the Secretary, at least five days prior to the date of the meeting.

Section 2. - Regular Meetings of Board

A regular meeting of the Board of Directors shall be held during the month of January of each year, the exact time and place to be fixed by the Chairman, such meeting being the annual meeting of the Board. Additional regular meetings may be held at such times as the Board of Directors may determine by resolution. No notice of regular meetings of the Board shall be necessary, except to advise the directors of the exact time and place thereof if not previously fixed.

Section 3. - Special Meetings

Special meetings of the Board of Directors may be held at any time on call of the Chairman or of any three members of the Board. Notice of the time, place and purposes of special meetings shall be given to each Director by the person or persons calling the meeting or by the Secretary at his or their direction. Such notice may be given by mail, by telegram or by telephone; if by mail, the notice shall be mailed postage prepaid to the Director, at his address of record with the Secretary, at least five days prior to the date of the meeting; if by telegram or telephone, the notice shall be given at lease 24 hours prior to the hour fixed for the meeting.

Section 4. - Quorum

A majority of the Board of Directors shall constitute a quorum for the transaction of business.

Fifty members of COMPAC shall constitute a quorum for meetings of the membership.

ARTICLE VII

Committees

Section 1. - Executive Committee

The Board of Directors may create and appoint an Executive Committee from its own membership to act between regular meetings of the Board, provided that such Executive Committee shall not modify any actions taken or policies determined by the Board and shall report all its actions at the next regular meeting of the Board. The Chairman of the Board shall be ex-officio a member of such Committee and shall preside at its meetings.

Regular meetings of the Executive Committee may be held at such times as it may determine by resolution. Special meetings may be held on call of any member thereof, subject to notice of the time, place and purposes at least three days in advance if given by mail or at least 24 hours in advance if given by telephone or telegram. A majority of the Executive Committee shall constitute a quorum for the transaction of business.

Section 2. - Other Committees

The Board of Directors may create such other committees as it deems necessary or desirable for carrying out the purposes and objectives of COMPAC. The Chairman of the Board shall, subject to the approval of the Board, appoint the chairman and members of each committee so created; such appointments may be made from the general membership of COMPAC.

ARTICLE VIII

Books, Records, and Finances

Section 1. - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. - Deposits

The funds of the committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Consitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

4/27/66

CONSTITUTION AND BY-LAWS

OF THE

CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE

Amended April 26, 1973

ARTICLE I

Name and Definition

The name of this committee is the Connecticut Medical Political Action Committee, hereinafter referred to as CONPAC. It is a voluntary, non-profit, unincorporated committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of CONPAC are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more effective part in governmental affairs, including the active support of candidates for elective office.

(2) To encourage physicians and others to understand the nature and actions of their government as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. Members

Active or contributing memberships shall be available to any Doctor of Medicine, spouse of Doctor of Medicine, members of his or her immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

Section 2. Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

ATTACHMENT A

Section 3. Categories of Memberships and Annual Dues

(a)	Sustaining Members	$ 100.00
(b)	Regular Members -	
	(1) Doctors of Medicine	$ 25.00
	(2) Family membership (Physician and spouse)	$ 45.00
	(3) Individual member (non-physician)	$ 20.00
(c)	Medical students, interns, residents, other postgraduate students or minor member of a Regular or Sustaining member's family.	$ 1.00
(d)	Supporting Members	$ 1.00 (min.)
(e)	Special members, individual or corporate	Dues to be determined by the Board.

Section 4. Voting members shall be those enrolled in Categories a, b-1 and b-3.

Section 5. Contributions

Contributions to COMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1. Duties and Powers

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. Composition

The Board of Directors shall consist of not more than 14 members of COMPAC, at least two of whom shall be selected so far as possible from each of the six congressional districts and two wives of Doctors of Medicine. The Directors shall be chosen on the basis of their interest and competence and their belief in the principles held by COMPAC. They shall be agreeable to directing the non-partisan activities of COMPAC towards the selection and election of candidates for public office, irrespective of political persuasion and willing to declare themselves in support of such principles.

Section 3. A. Election

All members of the Board of Directors shall be appointed by the Planning Committee of COMPAC beginning March 1, 1962. Thereafter, the Board of Directors shall be elected at the annual meetings of COMPAC held at a time and place selected by the board of directors.

Section 4. Quorum

A quorum shall consist of six members.

ARTICLE V

Officers

Section 1. Designations, Elections, Terms

The general officers of COMPAC shall be a Chairman, a Secretary and a Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year.

Section 2. The Chairman

The Chairman shall be the chief executive officer of COMPAC and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors of COMPAC.

Section 3. Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors.

Section 4. Treasurer

The Treasurer shall be the custodian of the funds of COMPAC. He shall collect all dues and other funds of the organization. He shall disburse all monies of COMPAC in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

ARTICLE VI

Meetings

Section 1. Annual Meeting

(a) There shall be an annual meeting of COMPAC
(b) There shall be at least quarterly meetings of the board of directors and the new board shall meet immediately following the annual membership meeting.

Section 2. Special meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board or by a petition of twenty-five voting members.

ARTICLE VII

Committees

COMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1. Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's book of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. Deposits

The funds of COMPAC shall be deposited to the credit of COMPAC in such banks or other depositories as the Board of Directors may select. At least two separate and distinct funds shall be maintained, one relating to educational activities and one relating to partisan activities, or as may otherwise be required by law.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and new Constitution and By-Laws may be adopted by two-thirds of the Board of Directors, provided that at least thirty days written notice is given to the voting members of COMPAC of the intention to alter, amend or repeal or to adopt a new Constitution and By-Laws at such meeting.

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7/17/64

CHANGES IN BYLAWS WILL APPEAR IN CAPITAL LETTERS

CONSTITUTION AND BY-LAWS

OF THE

CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

THE NAME OF THIS COMMITTEE IS THE CONNECTICUT MEDICAL POLITICAL ACTION COMMITTEE, HEREINAFTER REFERRED TO AS COMPAC. IT IS A VOLUNTARY, NON-PROFIT, UNINCORPORATED COMMITTEE OF INDIVIDUAL PHYSICIANS AND OTHERS AND IS NOT AFFILIATED WITH ANY POLITICAL PARTY.

ARTICLE II

Purposes

The purposes of COMPAC are:

(1) To promote and strive for the IMPROVEMENT of government by encouraging and stimulating physicians and others to take a more effective part in governmental affairs, INCLUDING THE ACTIVE SUPPORT OF CANDIDATES FOR ELECTIVE OFFICE.

(2) To encourage physicians and others to understand the nature and actions of their government as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. Members

Active or contributing memberships shall be available to any Doctor of Medicine, spouse of Doctor of Medicine, members of his or her immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

Section 2. Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

ATTACHMENT B

Section 3. Categories of Memberships and Annual Dues

(a)	Sustaining Members	$ 100.00
(b)	Regular Members -	
	(1) DOCTORS OF MEDICINE	$ 25.00
	(2) FAMILY MEMBERSHIP (PHYSICIAN AND SPOUSE)	$ 45.00
	(3) INDIVIDUAL MEMBER (NON-PHYSICIAN)	$ 20.00
(c)	Medical students, interns, residents, other postgraduate students or minor member of a Regular or Sustaining member's family.	$ 1.00
(d)	Supporting Members	$ 1.00 (min.)
(e)	Special members, individual or corporate	Dues to be determined by the Board.

Section 4. Voting members shall be those enrolled in Categories a, b-1 and b-3

Section 5. Contributions

Contributions to COMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1. Duties and Powers

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. Composition

The Board of Directors shall consist of NOT LESS THAN 14 members of COMPAC, AT LEAST two of whom shall BE ELECTED FROM EACH OF THE SIX CONGRESSIONAL DISTRICTS and two wives of Doctors of Medicine. The Directors shall be chosen on the basis of their interest and competence and their belief in the principles held by COMPAC. They shall be agreeable to directing the non-partisan activities of COMPAC towards the selection and election of candidates for public office, irrespective of political persuasion and willing to declare themselves in support of such principles.

Section 3. A. Election

All members of the Board of Directors shall be appointed by the Planning Committee of COMPAC beginning March 1, 1962. Thereafter, the Board of Directors shall be elected at the annual meetings of COMPAC held AT THE SAME TIME AND PLACE AS THE MEETING OF THE HOUSE OF DELEGATES OF THE CONNECTICUT STATE MEDICAL SOCIETY.

Section 4. Quorum

A quorum shall consist of six members.

ARTICLE V

Officers

Section 1. Designations, Election, Terms

(This will remain)
The general officers of COMPAC shall be a Chairman, a Secretary and a Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year.

(This will be deleted)
Accept that the original officers of the Committee shall be appointed by the Planning Committee of COMPAC and shall serve until the annual meeting following the completion of their terms of office. The Chairman shall not serve for more than two consecutive terms.

Section 2. The Chairman

The Chairman shall be the chief executive officer of COMPAC and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors of COMPAC.

Section 3. Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors.

Section 4. Treasurer

(This will remain)
The Treasurer shall be the custodian of the funds of COMPAC. He shall collect all dues and other funds of the organization. He shall disburse all monies of COMPAC in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

(This will be deleted)
The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by COMPAC.

ARTICLE VI

Meetings

SECTION 1. ANNUAL MEETING

(A) THERE SHALL BE AN ANNUAL MEETING OF COMPAC
(B) THERE SHALL BE AT LEAST QUARTERLY MEETINGS OF THE BOARD OF DIRECTORS AND THE NEW BOARD SHALL MEET IMMEDIATELY FOLLOWING THE ANNUAL MEMBERSHIP MEETING.

SECTION 2. SPECIAL MEETINGS

SPECIAL MEETINGS OF THE BOARD OF DIRECTORS SHALL BE CALLED BY THE CHAIRMAN ON HIS OWN INITIATIVE OR UPON THE WRITTEN REQUEST OF THREE MEMBERS OF THE BOARD OR BY A PETITION OF TWENTY-FIVE VOTING MEMBERS.

ARTICLE VII

Committees

COMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1. Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's book of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. Deposits

The funds of COMPAC shall be deposited to the credit of COMPAC in such banks or other depositories as the Board of Directors may select. At least two separate and distinct funds shall be maintained, one relating to educational activities and one relating to partisan activities, or as may otherwise be required by law.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and new Constitution and By-Laws may be adopted by two-thirds of the Board of Directors, provided that at least thirty days written notice is given to the voting members of COMPAC of the intention to alter, amend or repeal or to adopt a new Constitution and By-Laws at such meeting.

****

7/17/64

BCC # 177

RECEIVED
FEDERAL ELECTION
COMMISSION

'77 APR 12 PM 2:05

April 11, 1977

771159

David R. Spiegel, Esq.
Office of the General Counsel
Federal Election Commission
1325 K Street, N.W.
Washington, D. C. 20463

Dear Mr. Spiegel:

I have received a letter dated March 18, 1977 from William C. Oldaker, General Counsel of the Federal Election Commission, requesting the submission of information from the Connecticut Medical Political Action Committee. This letter and its enclosures respond to that request. Before I proceed to the response, however, I have certain questions regarding the investigation to which your letter refers. According to the letter, the Federal Election Commission "has found reason to believe" that AMPAC and various other political action committees are "affiliated" within the meaning of the Federal Election Campaign Laws. Your letter does not indicate whether this investigation is a formal or informal proceeding of the Commission; whether the investigation has been assigned a docket or file number; the names of other political committees and any other organizations which are being investigated as part of this investigation; the names of complainants to the Commission relating to the issues in this investigation; the name of each political action committee with which the Commission has reason to believe that the Connecticut Medical Political Action Committee is affiliated. I would appreciate receiving this information in the near future. In anticipation of receipt of this information, I am responding in this letter to the five questions posed in Mr. Oldaker's letter.

1. The Connecticut Medical Political Action Committee ("COMPAC") was founded in 1962. Although I have been unable to determine from records existing at this time the precise date in 1962 on which COMPAC was founded, the Constitution and By-Laws indicate that the Board of Directors was to begin functioning on March 1, 1962. The Constitution

and By-Laws of COMPAC, as amended on April 26, 1973, are attached to this letter as Attachment A. The changes and amendments that were made at the April 26, 1973 COMPAC Annual Meeting are reflected in capital letters on the copy of the 1964 Constitution and By-Laws, which are attached as Attachment B. No other changes or amendments have been made since January 1, 1972.

2. Officers and directors of COMPAC since January 1, 1972 are listed in Attachment C. The duties and powers of the Board of Directors and Officers are described in Articles IV and V of the Constitution and By-Laws of COMPAC.

3. COMPAC sent a direct solicitation letter dated July 1976 to former members of COMPAC and also some prospective members. This letter is Attachment D to this response. The other solicitation materials used since January 1, 1976 are dues envelopes. Attachment E contains the 1976 dues envelopes mailed by the Connecticut State Medical Society ("CSMS") to members and prospective members of CSMS in Fairfield, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham counties in Connecticut. Attachment F contains similar dues envelopes for 1977 dues. COMPAC reimburses CSMS for the administrative costs of processing dues payments, in the amount of 1% of political committee dues collected. CSMS does not send dues envelopes to members and prospective members in Hartford County (this is done by the Hartford County Medical Association, and the dues envelopes do not refer to or solicit on behalf of COMPAC or AMPAC).

4. The Board of Directors of COMPAC is responsible for supervising and controlling all matters relating to COMPAC (see Article IV, Section 1 of the Constitution and By-Laws). Contributions of funds to COMPAC are subject to the approval of the Board, and disbursements of funds by COMPAC are within the Board's discretion (see Article III, Section 5 of the Constitution and By-Laws). A list of members of the Board since January 1, 1972 was provided in response to question 2. The Treasurer is custodian of COMPAC funds and is responsible for the disbursement of funds in accordance with the instructions of the Board of Directors (see Article V, Section 4 of the Constitution and By-Laws).

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5. The only "events" or solicitations connected with the transfer of funds from COMPAC to AMPAC are those described in response to question 3. When dues checks are sent to CSMS which include dues payments for COMPAC and AMPAC, the amounts applicable to political committee membership are sent by CSMS to the financial secretary of COMPAC (CSMS charges COMPAC 1% of this amount to cover the administrative costs of processing the dues). Then COMPAC sends to AMPAC the portion of this amount which comprises AMPAC dues; of a person's $25.00 dues, $15.00 comprises COMPAC dues and $10.00 comprises AMPAC dues. (When a person wishes to become a sustaining member ($100.00), $50.00 comprises COMPAC sustaining membership and $50.00 comprises AMPAC sustaining membership.) When checks are made payable directly to COMPAC rather than to CSMS, a similar procedure is followed in forwarding AMPAC dues to AMPAC. There are no other "arrangements" for allocating funds; the amount received by COMPAC which is applicable to AMPAC is forwarded by the secretary of COMPAC to AMPAC.

I hope that these responses are helpful to you. I look forward to receiving the further information which I requested in the first part of this letter.

Sincerely,

K. F. Brandon

Kenneth F. Brandon, M.D.
Treasurer
Connecticut Medical Political
Action Committee

Enclosures

3 1 0 1 0 2 7 1 3 7 7

CONSTITUTION AND BYLAWS

OF THE

DELAWARE MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is THE DELAWARE MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as DELPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

2. To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

3. To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 - Members

Active and Sustaining memberships shall be available to any Doctor licensed to practice Medicine and Surgery, members of his/her immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3 - Dues

DELPAC dues shall be:

Active Membership:	$ 20.00
Family Membership:	35.00
Sustaining Membership:	100.00
Student, Intern and Resident Membership:	5.00

Section 4-Contributions

Contributions to DELPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board of Directors shall consist of an appointed number of members to be determined by the Board of Trustees of the Medical Society of Delaware, at least one of whom should be a member of the Woman's Auxiliary to the Medical Society of Delaware, who is a member of DELPAC.

Section 3 - Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the Medical Society of Delaware for a term beginning January 1 and ending December 31 in each year, except that an officer-member shall serve until his successor is elected. No member shall serve more than five years.

ARTICLE V

Officers

Section 1 - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Vice-Chairman, a Secretary and a Treasurer. The Secretary and the Treasurer shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Medical Society of Delaware and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than five years.

Section 2 - The Chairman

The Chairman shall be appointed by the President with the approval of the Board of Trustees of the Medical Society of Delaware. He shall be the chief executive officer

of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board of Directors.

Section 3 - Vice-Chairman

The Vice-Chairman shall be appointed by the Board of Trustees of the Medical Society of Delaware. He shall preside in the absence of the Chairman.

Section 4 - Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary shall keep minutes of the proceedings of the meetings of the Committee, notify members of meetings, and keep a register of Committee members.

Section 5 - Treasurer

The Treasurer shall perform such duties as are customarily performed by the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 - Annual Meeting

The annual meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2 - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board. In no event should there be less than four meetings a year.

Section 3 - Quorum

A majority of the Board members shall constitute a quorum.

ARTICLE VII

Committees

DELPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

133m

CONSTITUTION AND BY-LAWS

of the

REVISED: 8/66

District of Columbia Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is the District of Columbia Political Action Committee, hereinafter referred to as the Committee or DCCPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians, dentists, and others and is not affiliated with any political party. The Committee is an independent, autonomous organization and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians, dentists, and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians, dentists, and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, Doctor of Dental Surgery, his spouse, members of his immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or para-medical association. The Board of Directors is authorized to establish additional categories of membership.

ATTACHMENT #1

REVISED: 8/66

Section 2. -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3. -- Dues

(a) DOCPAC dues shall be $20.00 per year.

(b) DOCPAC dues for family membership (husband, wife and dependent children) shall be $30.00 per year.

(c) DOCPAC dues for interns, residents and medical students shall be $5.00 per year.

Section 4. -- Contributions

Contributions to DOCPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1. -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. -- Composition

The Board of Directors shall consist of 15 members; two of whom must be members of the Woman's Auxiliary of the Medical Society of the District of Columbia, who are members of DOCPAC, two of whom must be members of the Woman's Auxiliary of the Dental Society of the District of Columbia, who are members of DOCPAC, three of whom must be Doctors of Dental Surgery, who are members of DOCPAC, and the other 8 shall be Doctors of Medicine who are members of DOCPAC.

Section 3. -- Selection and Terms

Subsequent members of the Board of Directors shall be elected by a majority vote of the Board of Directors and each Director shall hold his office until his successor is elected by the Board of Directors.

ARTICLE V

Officers

REVISED: 8/66

Section 1. -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice Chairman, a Secretary, and a Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Executive Board of the Medical Society of the District of Columbia and shall serve until the annual meeting following the completion of their terms of office. The offices of Secretary and Treasurer, at the discretion of the Board of Directors, may be filled by one person. Officers shall remain in office until their successors are elected by the Board of Directors.

Section 2. -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees.

Section 3. -- Secretary-Treasurer

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman the Vice Chairman shall preside at meetings of the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1. -- Annual Meeting

The annual meeting of the Board of Directors shall be held yearly, the second week of June.

Section 2. -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

DOCPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1. -- Books and Records

The Treasurer shall keep correct and complete books and records of account. The books of account shall be audited at least once a year. The auditor shall be named by the chairman with the approval of the Board of Directors.

Section 2. -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

DOCPAC
DISTRICT OF COLUMBIA POLITICAL ACTION COMMITTEE
2007 Eye Street, N. W., Washington, D. C. 20006 AREA CODE 202 223-2230

'77 MAR 1:53

March 24, 1977

Mr. David R. Spiegel
Office of the General Counsel
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

770985

Dear Mr. Spiegel:

The District of Columbia Political Action Committee (DOCPAC) received a letter from the Federal Election Commission's General Counsel, Mr. William Oldaker, dated February 24, 1977. Five questions were asked and we would like to respond to those questions as best we can.

Question (1) asks for the date on which our political action committee was founded and also for a copy of the Committee's by-laws. DOCPAC was founded in August of 1965. Attachment #1 is a copy of DOCPAC's Constitution and By-laws, which were last revised in August of 1966.

In response to question (2), a list of the Officers of DOCPAC's Board of Directors since January 1, 1972, is attached as item #2.

In response to question (3), DOCPAC has used the following "solicitation materials" since January 1, 1976:

(a) Attachment 3a - The DOCPAC dues envelope used in the early part of 1976

(b) Attachment 3b - The DOCPAC dues envelope used in late 1976 and in 1977

(c) Attachment 3c - A letter of solicitation dated February 16, 1976, sent out to the spouses of the physician members of the Medical Society of the District of Columbia

(d) Attachment 3d - A letter of solicitation dated June 29, 1976, sent out by the President of the Medical Society of the District of Columbia to the members of the Medical Society of the District of Columbia

(e) Attachment 3e - A letter of solicitation dated July 23, 1976, sent out by the Chairman of DOCPAC to physicians who had been DOCPAC members prior to 1976

In response to question (4), the Board of Directors of DOCPAC determines the process by which DOCPAC makes all contributions or expenditures. DOCPAC's Constitution and By-laws (see attachment #1), Article III, Section 4, indicates that "Contributions of DOCPAC shall be subject to the approval of the Board of Directors and such funds shall be dispersed at its discretion." Copies of DOCPAC's Board of Directors since January 1, 1972, are enclosed as Attachments 4a, 4b, 4c, 4d, 4e, and 4f, covering years 1972 through 1977.

In response to question (5), DOCPAC in 1976, used those "solicitation materials" as described in question (3) above, with copies of each shown as attachments. The following listing will give the dates of solicitation material mailed out by DOCPAC in its 1976 reports.

Date of Solicitation
(Same as Mailing Date)

December 15, 1975
February 18, 1976
June 29, 1976
July 23, 1976

With regards to the allocation of costs of each fund raising "event" or mail solicitation between DOCPAC and AMPAC, there is no formal arrangement between DOCPAC and AMPAC for such allocation. The allocation of proceeds from the solicitations between DOCPAC and AMPAC is simply that DOCPAC's share goes to DOCPAC and AMPAC's share goes to AMPAC.

We hope the above information, with attachments, will provide you the data you need. Should you find that additional information is needed, please let us know.

Sincerely,

Randolph A. Frank, M.D./PDT

Randolph A. Frank, M.D.
Secretary-Treasurer
District of Columbia Political
Action Committee

Enclosures

PDT/dm

EXHIBIT A

APPENDIX II

BYLAWS

of the

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE (FLAMPAC)

ARTICLE I

Name and Definition

The name of this Committee is The Florida Medical Political Action Committee hereinafter referred to as the Committee or FLAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual Doctors of Medicine and others and is not affiliated with any political party. The Committee is an independent, autonomous organization and not a branch or subsidiary of any national or other political action organization.

ARTICLE II

Objectives

The objectives of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office at all levels of government.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the objectives stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. Members

Active membership shall be available to any Doctor of Medicine, his or her spouse, members of his or her immediate family, and other professional groups as authorized by the Board of Directors. The Board of Directors is authorized to establish additional categories of membership. Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 2. Dues

The annual and fiscal year of FLAMPAC shall be the calendar year. FLAMPAC annual dues shall be established by the Board of Directors for the period from January 1 through December 31 each calendar year for all classifications of membership. A member whose annual dues have not been paid by April 1 of the current year shall be considered delinquent.

Section 3. Contributions

Contributions and membership dues to FLAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed only upon recommendation and approval of the Board of Directors and/or the Executive Committee who upon that time, will authorize either the Treasurer of the Executive Director to disburse the funds.

Section 4. Established Dues

The following are the dues for FLAMPAC and AMPAC:

FLAMPAC	AMPAC	TOTAL
15 Regular	10	25
20 Family	20	40
50 Sustaining	50	100

Officers

Section 1. The officers of this Committee shall be: a President, a Vice President, a Secretary, a Treasurer, the Immediate Past President, who shall act as Chairman of the Candidate evaluation committee, and an FMA Liaison Officer.

Section 2. These officers shall be elected by the Board of Directors at the time of the annual meeting of FLAMPAC, for a term of one year, and shall serve from the time of their election until the annual meeting following the completion of their terms of office.

Section 3. In the event of resignation or death of an officer or district chairman, the President shall exercise authority in making appointment of an officer or district chairman to serve in the interim period prior to the next meeting of the Board of Governors of The Florida Medical Association at which time recommendations for appointment will be presented for appropriate action.

Section 4. Duties and Functions

(a) President: The president is the official head of FLAMPAC and shall preside at all meetings of the Executive Committee and the Board of Directors. He shall be an ex-officio member of all committees other than the above mentioned. The President shall present an annual report to the Board of Directors. The President shall appoint all committees as prescribed for in these bylaws and perform such other duties to assure the proper functioning of the Committee.

(b) Secretary: The Secretary shall maintain correct and complete records of the activities of FLAMPAC which shall include minutes of the meetings of the Board and the Executive Committee.

(c) Treasurer: The Treasurer shall be custodian of the funds of FLAMPAC; he shall keep full and accurate accounts of the finances of FLAMPAC and provide an annual CPA audit to the Board of Directors. He shall perform other functions as directed by the Board of Directors. He shall not authorize an indebtedness to the Committee which cumulatively exceeds $5,000.00.

(d) Other Officers: The duties and functions of the other officers as provided for in these bylaws shall be prescribed by the Board of Directors.

ARTICLE V

Board of Directors

Section 1. Functions

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. Members of the Board of Directors shall serve without compensation.

Section 2. Composition

The Board of Directors shall consist of the elected officers, Doctors of Medicine appointed from each of Florida's Congressional Districts to serve as District Chairmen who are members of FLAMPAC and The Florida Medical Association, Inc., a member of the Woman's Auxiliary to The Florida Medical Association, Inc., who is a member of FLAMPAC and an FMA Liaison Officer. Representatives of other professional groups shall be appointed as deemed advisable by the Board of Directors.

Section 3. Nominations and Appointments

The District Chairmen shall be appointed by the Board of Governors of The Florida Medical Association, Inc., for a term of one year from a list of nominees for each office as recommended by the

Executive Committee. The member representative of the Woman's Auxiliary shall be nominated by the Executive Committee and approved by the Board of Governors in the same manner provided for District Chairmen. The Board of Governors shall designate annually one of its members to serve as The Florida Medical Association liaison officer to FLAMPAC.

ARTICLE VI

Executive Committee

Section 1. There shall be an Executive Committee of the Board of Directors composed of the President, Vice President, Secretary, Treasurer, Immediate Past President, the FMA Liaison officer and Woman's Auxiliary Representative.

Section 2. The Executive Committee shall consider matters referred to it by the Board of Directors and shall report its findings and recommendations to the Board. All actions of the Executive Committee shall be reported to the Board. This Committee shall be responsible for studying the needs and requirements of FLAMPAC and shall engage in long-range planning and shall also serve as a finance committee.

ARTICLE VII

Meetings

Section 1. Annual Meeting

The annual meeting of the active membership of FLAMPAC shall be held at the time of The Florida Medical Association, Inc., Leadership Conference for County Medical Society Officers.

Section 2. Board of Directors Meetings

There shall be three meetings of the Board of Directors, one at the time of FLAMPAC's annual meeting, one at the time of the FMA annual meeting and one at the call of the President.

Section 3. Executive Committee Meetings

The President on his own initiative shall call for a meeting of the Executive Committee which shall not meet less than four times a year.

Section 4. Special Meetings

Special meetings can be called for by the President or upon the written request of three members of the Board of Directors.

Section 5. A majority of the directors shall constitute a quorum provided a majority of District Chairmen are represented.

ARTICLE VIII

Committees

Section 1. Candidate Evaluation Committee

There shall be a candidate evaluation committee of the Board of Directors composed of at least two officers and two District Chairmen and the Immediate Past President shall serve as Chairman. The other members shall be appointed by the President subject to the approval of the Executive Committee. The current President shall serve as an ex-officio member of this committee.

Section 2. Standing Committees

(a) There shall be a committee on membership whose functions shall be productive evaluation of the existing membership status of the organization, with a report to be made at each regular meeting of the Board of Directors.

(b) There shall be a committee on political education whose functions shall be to clearly outline the objectives, purposes and activities of FLAMPAC and promoted among the membership as well as to interested group members.

Section 3. Special Committees

There shall be additional committees as deemed advisable by the President who shall make the appointments and outline their functions subject to the approval of the Executive Committee.

ARTICLE IX

Parliamentary Authority

The deliberations of the Committee shall be governed by parliamentary usage as contained in Sturgis' Standard Code of Parliamentary Procedure unless otherwise provided in these bylaws or modified by two-thirds vote of the members present.

ARTICLE X

Amendment of Bylaws

The bylaws may be altered, amended or repealed by two-thirds of the members of the Board of Directors present and voting provided that at least thirty (30) days written notice is given of the intention to alter or amend, further subject to appraisal of legal counsel and The Florida Medical Association, Inc.

Joseph C. Von Thron, M.D.
President

Louis C. Murray, M.D.
Secretary

(Adopted May 5, 1972)

1330

20 copies of the Memo and 50 copies of the Constitution and By-Laws were ran on October 22, 1963 and mailed on the October 23rd to the following:

Officers of the Florida Medical Committee for Better Government:

Approved for mailing by Mrs. Stanley & Howell

Chairman
Vice-Chairman
Secretary-Treasurer
District Chairmen
Immediate Past Chairman

3 1 0 1 0 2 7 0 3 0 7

The Florida Medical Committee for Better Government

411 PROFESSIONAL BUILDING JACKSONVILLE 3, FLORIDA

MEMO

TO: Members of the Executive Board
Florida Medical Committee for Better Government

FROM: Miles W. Thomley, M.D., Chairman

Your officers (after careful consideration and receiving competent legal advice) have deemed it advisable to form the Florida Medical Political Action Committee which will replace the present Florida Medical Committee for Better Government, Inc. A copy of the Constitution and By-Laws for FLAMPAC are attached for your information.

It is desirable to transfer the assets of approximately $2,986.22 of the Florida Medical Committee for Better Government, Inc. to FLAMPAC and let the former organization become inactive.

If you have any questions regarding the need for the above action, please telephone me or the Secretary-Treasurer, O. E. Harrell, M.D., 411 Professional Bldg., Jacksonville, Florida.

It will be appreciated if you will indicate on the attached postal card your approval of the transfer of the assets of the Florida Medical Committee for Better Government, Inc. to FLAMPAC and unless you indicate your position within 10 days, your approval will be noted.

Thank you in advance for your consideration of this request.

Enc.

CONSTITUTION AND BY-LAWS

of the

Florida Medical Political Action Committee (FLAMPAC)

ARTICLE I

Name and Definition

The name of this Committee is The Florida Medical Political Action Committee hereinafter referred to as the Committee or FLAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual Doctors of Medicine and others and is not affiliated with any political party. The Committee is an independent, autonomous organization and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions

of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1. -- Members

Active membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

Section 2. -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3. -- Dues

FLAMPAC annual dues shall be $10.00 for the period from January 1st through December 31st each calendar year for all classifications of membership.

Section 4. -- Contributions

Contributions to FLAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1. -- Dues

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. -- Composition

The Board of Directors shall consist of 16 members, one of whom must be a member of the Woman's Auxiliary to the Florida Medical Association, who is a member of FLAMPAC. The other 15 shall be Doctors of Medicine who are members of FLAMPAC and the Florida Medical Association, Inc. One Doctor of Medicine shall be appointed from each of the 12 Florida Congressional Districts and shall serve as District Chairmen, and the Chairman, Vice-Chairman, and Secretary-Treasurer shall constitute the 3 additional members of the Board.

Section 3. -- Selection and Terms

The Chairman, Vice-Chairman, and Secretary-Treasurer shall be elected by the members of FLAMPAC at its annual meeting. The other members of the Board

of Directors shall be appointed by the Board of Governors of the Florida Medical Association, Inc. for a term of one year from a list of two names for each office as designated by the Chairman.

Section 4. -- Executive Committee

There shall be an Executive Committee of the Board of Directors, composed of the Chairman, Vice-Chairman and Secretary-Treasurer. They shall be responsible for the long range planning of FLAMPAC and shall be authorized to act on behalf of the Committee between meetings of the Board of Directors. The Executive Committee shall report all activities to the Board at its next meeting.

ARTICLE V

Officers

Section 1. -- Designations, Election, Terms

The officers of the Committee shall be a Chairman, Vice-Chairman, and Secretary-Treasurer. The officers shall be elected at the annual meeting of FLAMPAC by those members present and voting, for a term of one year, except that the officers of FLAMPAC shall be the persons who are the current officers of the Florida Medical Committee for Better Government, Inc. and shall serve until the annual meeting following the completion of their terms of office. Officers shall serve from the time of their election until the next annual meeting.

Section 2. -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be a member of the Board of Directors, and an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees.

Section 3. -- The Vice-Chairman

The Vice-Chairman shall be a member of the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. He shall substitute for the Chairman in all capacities delegated to the Chairman when the Chairman is not available to perform the duties.

Section 4. -- Secretary-Treasurer

The Secretary-Treasurer shall be a member of the Board of Directors and shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Secretary-Treasurer shall give

bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. The Secretary-Treasurer shall have authority to appoint an assistant Secretary-Treasurer from the membership who shall perform such duties as the Secretary-Treasurer may direct.

ARTICLE VI

Meetings

Section 1. -- Annual Meeting

The annual meeting of the membership shall be held at the time of the Florida Medical Association annual meeting.

Section 2. -- Board Meetings

Meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Committees

The FLAMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1. -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2. -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

The Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of FLAMPAC present at the time of the annual meeting provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

ARTICLE X

District Chairmen

Duties - District Chairmen shall select a physician to serve as FLAMPAC

Chairman for each county or multiple counties in his district. The appointment shall be made within thirty days following his appointment as District Chairman. District Chairmen shall be responsibible for the activities of FLAMPAC in their area which includes meetings of County Chairmen as deemed advisable.

* * *

Dated _____

_____
Miles W. Thomley, M.D., Chairman

_____
Thomas S. Edwards, M.D., Vice-Chairman

_____
O. E. Harrell, M.D., Secretary-Treasurer

133P

Exhibit 1

GaMPAC

Constitution & ByLaws

approved

by

MAG Council

December 8-9, 1962

Holiday Inn, Albany, Georgia

CONSTITUTION AND BY-LAWS

of the

GEORGIA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is the Georgia Medical Political Action Committee, hereinafter referred to as the Committee or GaMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party. The Committee is an independent, automonous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians and other to take a more active and effective part in governmental affairs.

2. To encourage physicians and other to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

3. To assist physicians and other in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. Members

Active and Sustaining membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, employees, and others. Associate memberships shall be available to any employee of a non-profit medical society or association.

The Board of Directors, created by this Constitution and By-Laws is hereby authorized to establish additional categories of membership.

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of full annual dues.

Section 2. Annual Dues

Annual dues per calendar year shall be established by the Board of Directors.

Section 3. Contributions

Contributions to GaMPAC shall be subject to the approval of the Executive Committee created by this Constitution and ByLaws. Such funds shall be disbursed at the discretion of the Executive Committee pursuant to policies established by the Board of Directors.

ARTICLE IV

Board of Directors

Seciton 1 (a) The Board of Directors

The Board of Directors shall be composed of the members of the Executive Committee, one member of the medical profession from each of the State's Congressional Districts, one woman from each of the State's Congressional Districts,, and other members of GaMPAC as may be duly appointed by the Council of the Medical Association of Georgia. Members of the Board of Directors, shall be appointed by the Council of the Medical Association of Georgia. The term of office for members of the Board of Directors shall be for one year and shall begin on January 1, next, following their appointment to the Board.

All members of the Board of Directors shall be members of GaMPAC.

Section 1 (b) The Executive Committee

The Executive Committee of the Board of Directors of GaMPAC shall be elected by the Board at its Annual Meeting and shall serve for a term of one year. Their term of office shall begin on January 1 nest, following their election to the Executive Committee.

The Executive Committee shall be composed of the Chairman, who will be a physician; Co-Chairman, who shall be a woman and will be in charge of women's activities of GaMPAC; Vice-Chairman, who shall be Chairman of membership; and a Secretary-Treasurer. There shall be at least two other members of the Executive Committee elected by the Board of Directors from the membership at large of GaMPAC.

All members of the Executive Committee shall be members of GaMPAC.

Section 2 Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all the policies and activities of the Committee. The members shall serve without compensation.

Section 3 (a) Filling of Vacancies

Any vacancy occurring on the Board of Directors between the dates of the Annual Meeting of the Board of Directors may be filled by the Council of the Medical Association of Georgia. Such interim appointments shall be for the unexpired term of the vacating Board member.

Section 3 (b) Quorums

A majority of the members of the Board of Directors present and voting shall constitute a quorum. A majority of the members of the Executive Committee present and voting shall constitute a quorum.

ARTICLE V

Officers

Section 1 Designations and Election of Terms of Office

The general officers of the Committee shall be a Chairman; a Co-Chairman, who shall be in charge of women's activities for the Committee; a Vice-Chairman, who will be Membership Chairman; and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of GaMPAC at its Annual Meeting and shall serve for a term of one year, the term of office shall begin January 1 next, following election to office.

Section 2 The Chairman

The Chairman shall be the Chief Executive of the Committee and shall be an ex-officio member of all committees created by the Board of Directos and/or the Executive Committee. He shall preside at meetings of the Executive Committee and the Board of Directors, and all meetings of the membership. He shall appoint all chairmen and members of committees, subject to the approval of the Executive Committee. In the absence of the Chairman or in the event the Chairman is unable to perform his duties, responsibilities and authority as conferred upon the Chairman by this Constitution and ByLaws shall be vested with the Vice Chairman.

Section 3 The Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary-Treasurer of a committee or as shall be prescribed by the Board of Directors or the Executive Committee. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities as required by law or directed to be filed by the Board of Directors. In the absence of the Chairman or the Vice-Chairman, he shall preside at the meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee. His books shall be kept in such a manner that an audit could be obtained at any time.

ARTICLE VI

Meetings

Section 1 Annual Meeting

The Annual Meeting of the Board of Directors shall be held at a time and place to be selected by the Executive Committee. Ample notice of such meetings shall be made in writing to all members of the Board of Directors at least ten days prior to such meetings.

Section 2 Special Meetings

Special Meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of five members of the Board of Directors. The Executive Committee special meetings shall be called by the Chairman of the Board or upon the request of three members of the Executive Committee.

ARTICLE VII

Committees

GaMPAC shall have such committees as the Board of Directors determines to be necessary and desirable to carry out the purposes and objectives of the Committee. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Executive Committee.

ARTICLE VIII

Books, Records, and Finances

The Committee shall keep correct and complete books and

records of accounts. The committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks and other depositories as the Board of Directors may select.

Section 3 Conduct of Meetings

The conduct of all meetings shall be the same as the procedures propounded for such meetings in the then current edition of Robert's Rules of Order.

ARTICLE IX

Amendments to Constitution and ByLaws

This Constitution and ByLaws may be altered, amended or repealed and a new Constitution and ByLaws may be adopted by two-thirds of the members of the Board of Directors present and voting, provided that at least thirty days written notice is given to the members of the Board of Directors of the intention to alter, amend, repeal or adopt a new Constitution and ByLaws at such meeting.

133 Q
Amended 10/6/77

CONSTITUTION AND BYLAWS

of the

HAWAII MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is the Hawaii Medical Political Action Committee, hereinafter referred to as the Committee, or HAMPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees. It shall be permanent and statewide in scope.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1. - Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2. - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3. - Dues

HAMPAC's annual dues shall be:

Active Membership
- Individual Physician.....$20.00
- Physician's Spouse.....$10.00

Sustaining Membership..... $100.00

All active and sustaining dues include membership in the American Medical Political Action Committee.

The dues of students, interns, and residents may be waived by the Board of Directors.

Section 4. - Contributions

Contributions to HAMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

ARTICLE IV

Board of Directors

Section 1. - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. - Composition

The Board of Directors shall consist of not less than eleven members, one of whom must be a member of the Woman's Auxiliary to the Hawaii Medical Association and a member of HAMPAC. The others shall be Doctors of Medicine who are members of HAMPAC.

Section 3. - Selection and Terms

The members of the Board of Directors shall be appointed annually by the President of the Hawaii Medical Association with the approval of the Council. There shall be at least one representative from each state senatorial district. No member shall serve for more than ten consecutive years.

ARTICLE V

Officers

Section 1. - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice Chairman, and a Secretary-Treasurer. In addition, there shall be one District Chairman from each senatorial district. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year. No officer shall serve for more than two consecutive terms.

Section 2. - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an exofficio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors. The Vice Chairman shall serve in the absence of the Chairman.

Section 3. - Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filled by the Board of Directors.

ARTICLE VI

Meetings of the Board of Directors

Section 1. - Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2. - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

Section 3. - Quorum

A quorum of the Board of Directors shall consist of members present and voting provided prior notice of the meeting has been transmitted to all members of the Board of Directors.

ARTICLE VII

Membership

Section 1. - Meetings

There shall be such membership meetings as may be deemed necessary by the Board of Directors to carry out aims and objectives of HAMPAC.

Section 2. - Quorum

A quorum shall consist of all members present at any meeting where the entire membership has been notified ten days in advance of the meeting of the date, time, and place of the meeting.

ARTICLE VIII

Committees

Section 1. - General

HAMPAC shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE IX

Books, Records, and Finances

Section 1. - Books and Records

The Committee shall keep correct and complete books and records of account.

Section 2. - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE X

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed, and a new Constitution and Bylaw may be adopted, by two-thirds of the members present and voting at any meeting of the Board of Directors provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meetings.

April 21, 1970

CONSTITUTION AND BYLAWS

of the

HAWAII MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is the Hawaii Medical Political Action Committee, hereinafter referred to as the Committee, or HAMPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent and autonomous organization and has no branches or subsidiary committees. It shall be permanent and statewide in scope.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to know and understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates.

(3) To assist physicians and others in organizing themselves for more effective political action, and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1. - Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2. - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the prescribed minimum dues annually.

Section 3. - Dues

HAMPAC's annual dues shall be:

Active Membership
- Individual Physician.....$20.00
- Physician's Spouse.....$20.00
- Physician and Spouse.....$30.00

Sustaining Membership.....$100.00

All active and sustaining dues include membership in the American Medical Political Action Committee.

The dues of students, interns, and residents may be waived by the Board of Directors.

Section 4. - Contributions

Contributions to HAMPAC shall be subject to the approval of the Board of Directors, and such funds shall be disbursed at its direction.

ARTICLE IV

Board of Directors

Section 1. - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2. - Composition

The Board of Directors shall consist of not less than eleven members, one of whom must be a member of the Woman's Auxiliary to the Hawaii Medical Association and a member of HAMPAC. The others shall be Doctors of Medicine who are members of HAMPAC.

Section 3. - Selection and Terms

The members of the Board of Directors shall be appointed annually by the President of the Hawaii Medical Association with the approval of the Council. There shall be at least one representative from each state senatorial district. No member shall serve for more than ten consecutive years.

ARTICLE V

Officers

Section 1. - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice Chairman, and a Secretary-Treasurer. In addition, there shall be one District Chairman from each senatorial district. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year. No officer shall serve for more than two consecutive terms.

Section 2. - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an exofficio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors. The Vice Chairman shall serve in the absence of the Chairman.

Section 3. - Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filled by the Board of Directors.

ARTICLE VI

Meetings of the Board of Directors

Section 1. - Annual Meetings

The Annual Meeting of the Board of Directors shall be held at such time as may be determined by the Board.

Section 2. - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative, or upon the written request of three members of the Board.

Section 3. - Quorum

A quorum of the Board of Directors shall consist of members present and voting provided prior notice of the meeting has been transmitted to all members of the Board of Directors.

ARTICLE VII

Membership

Section 1. - Meetings

There shall be such membership meetings as may be deemed necessary by the Board of Directors to carry out aims and objectives of HAMPAC.

Section 2. - Quorum

A quorum shall consist of all members present at any meeting where the entire membership has been notified ten days in advance of the meeting of the date, time, and place of the meeting.

ARTICLE VIII

Committees

Section 1. - General

HAMPAC shall establish such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE IX

Books, Records, and Finances

Section 1. - Books and Records

The Committee shall keep correct and complete books and records of account.

Section 2. - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE X

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed, and a new Constitution and Bylaw may be adopted, by two-thirds of the members present and voting at any meeting of the Board of Directors provided that at least thirty days written notice is given of the intention to alter, amend, repeal or adopt a new Constitution and Bylaws at such meetings.

April 21, 1970

CONSTITUTION AND BYLAWS

of

IDAHO MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is IDAHO MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee, or IMPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine or Osteopathy, their spouse, members of their immediate family and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

IMPAC's dues shall be:

Active Membership	$20.00
99+ Membership	99.00
IMA Auxiliary	20.00
Sustaining Membership	50.00
Student & House Staff	10.00

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee, and shall establish and carry out all policies and activities of the committee. The members shall serve without compensation.

The Board of Directors shall be responsible for federal and state candidate support selection, membership promotion, political education and communications.

Section 2 -- Board of Directors - Composition

The Board of Directors shall consist of eight members, five of whom shall be doctors of medicine from each of the Councilor Districts of the Idaho Medical Association, one doctor of medicine who shall be chairman, one member of the Auxiliary to the Idaho Medical Association, and one executive employee of the Idaho Medical Association.

Section 3 -- Board of Directors - Selection and Terms

The members of the Board of Directors shall be appointed by the Council of the Idaho Medical Association for a term of one year. No member shall serve for more than five (5) years.

ARTICLE V

Officers

Section 1 -- Designation, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, and Secretary-Treasurer who shall be selected by the Council of the Idaho Medical Association. The IMPAC Board of Directors may submit names for each of these offices for consideration by the IMA Council.

Section 2 -- Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex officio member of all sub-committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of sub-committees, subject to the approval of the Board.

Section 3 -- The Vice-Chairman

The Vice-Chairman shall act in place of the Chairman in his absence and shall also be an ex officio member of all IMPAC Board committees.

Section 4 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are prescribed by the Board of Directors. He shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization, and shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

ARTICLE VI

Meetings

Section 1 -- Annual Meetings

The annual meeting of the Board of Directors shall be held on call of the Chairman, but not later than the close of the Annual Meeting of the Idaho Medical Association.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

IMPAC shall have such sub-committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by a majority of the members of the Board of Directors; provided that at least thirty (30) days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meetings.

IDAHO MEDICAL ASSOCIATION
P.O. BOX 2668 • 407 W. BANNOCK • BOISE, IDAHO • 83701 • (208) 344-7888

DON W. SOWER
EXECUTIVE DIRECTOR

'77 MAR 17 AM 10:

CC # 1394

no transcription
Sup- ... on file

March 14, 1977

William C. Oldaker
Office of the General Counsel
Federal Election Commission
1325 K Street N.W.
Washington, D.C. 20463

Dear Mr. Oldaker:

The Idaho Medical Political Action Committee received the Federal Election Commission notification letter dated February 24, 1977, on March 1, 1977.

In response to question 1a, the Idaho Medical Political Action Committee was founded in June 1963.

In response to question 1b, IMPAC, until 1976, was a loose confederation of physicians operating without bylaws or charter. A copy of the bylaws adopted in 1976 is enclosed (attachment 1).

In response to question 2, a list of all officers and members of the board of IMPAC, and their respective duties, since 1972, is enclosed (attachment 2).

In response to question 3, copies of all solicitation materials used by IMPAC, since January 1, 1976 is enclosed (attachment 3a and 3b).

In response to question 4a, the entire Board of Directors of IMPAC was involved in the process by which IMPAC made contributions or expenditures, setting general policy for IMPAC expenditures and contributions and for authorizing payments from IMPAC accounts. (See attachment 2 for a list of the identity of each member of the Board of Directors and IMPAC Officers.)

In response to question 4b, as stated in our response to question 1a, IMPAC had no bylaws or charter until 1976. Since 1976, please see attachment 2, which describes the duties of all officers and members of the Board of Directors of IMPAC.

In response to question 5a, an IMPAC solicitation letter was mailed in May-June 1976 to all members of the Idaho Medical Association. An IMPAC information booth was open during the IMA Annual Meeting of July 21-24, 1976.

DONALD R. BJORNSON, M.D.
PRESIDENT
IDAHO FALLS

ROY J. ELLSWORTH, M.D.
PRESIDENT-ELECT
BOISE

BEN L. KREILKAMP, M.D.
PAST-PRESIDENT
KETCHUM

BERNARD A. BODMER, M.D.
SECRETARY-TREASURER
BOISE

JAMES R. KIRCHER, M.D.
AMA DELEGATE
BURLEY

E. R. W. FOX, M.D.
AMA ALTERNATE DELEGATE
COEUR D'ALENE

GEORGE W. WARNER, M.D.
SPEAKER, TWIN FALLS

DEAN H. MAHONEY, M.D.
VICE SPEAKER, LEWISTON

WALTER D. THURSTON, M.D.
COUNCILOR, DISTRICT ONE
ST. MARIES

DONALD D. PRICE, M.D.
COUNCILOR, DISTRICT TWO
CALDWELL

BEN E. KATZ, M.D.
COUNCILOR, DISTRICT THREE
TWIN FALLS

H. KENT STANELI, M.D.
COUNCILOR, DISTRICT FOUR
POCATELLO

CLAYTON C. MORGAN, M.D.
COUNCILOR, DISTRICT FIVE
BOISE

In response to question 5b, a copy of the May-June IMPAC solicitation letter is enclosed (attachment 3a), copies of all IMPAC-AMPAC information materials available at the IMA Annual Meeting (IMPAC Information Booth) of July 21-24, 1976 is enclosed (attachment 3b).

In response to question 5c, a description of all participants in each "event" is enclosed (attachment 2, Members of the Board of Directors - 1976).

In response to question 5d, all members of the Idaho Medical Association received the solicitation letter of May-June 1976.

In response to question 5e, AMPAC did not participate in the cost of the mailing solicitation (IMPAC letter of May-June 1976). AMPAC did supply the brochures which were available to anyone attending the Annual Meeting of the Idaho Medical Association held in July 21-24, 1976.

In response to question 5f, the arrangement for the allocation of proceeds from each fundraising "event" or mail solicitation is that AMPAC shall receive $10.00 from the membership dues of each IMPAC member.

The Idaho Medical Association and the Idaho Medical Political Action Committee have made every possible effort to comply with the requests of the Federal Election Commission in the limited amount of time we were given. Should you require further information, please do not hesitate to contact our office.

Sincerely,

Don W. Sower

Don W. Sower
Executive Director

DWS:rj
Enclosures

CONSTITUTION

and

BYLAWS

of the

ILLINOIS MEDICAL POLITICAL

ACTION COMMITTEE

IMPAC

REVISED

Constitution and Bylaws

of the

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

(Revised)

Preamble

We members of the medical profession, our wives and associates do hereby band together to exert our collective influence for better government through political action and education.

Article I — Name

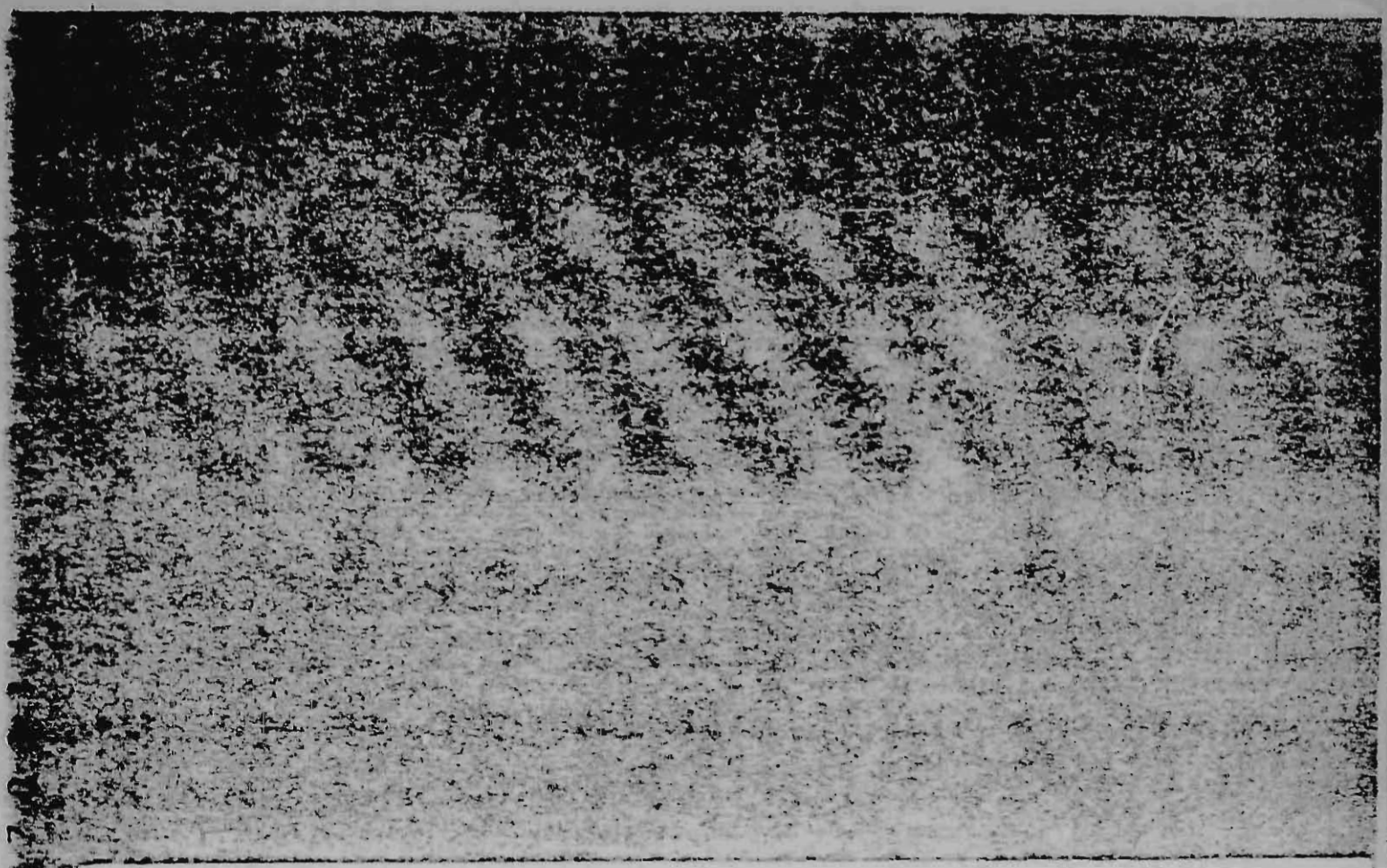
Section 1. The name of this organization shall be the Illinois Medical Political Action Committee, hereinafter referred to as IMPAC.

Article II — Form and Method of Operation

Section 1. IMPAC shall be a voluntary, unincorporated, not-for-profit organization composed of individual physicians, their spouses, and others who hold valid membership as provided for in Article V of this Constitution and Bylaws.

Section 2. IMPAC shall be an independent, autonomous [illegible] branch or subsidiary of any state or national political action organization.

Section 3. IMPAC may cooperate with other organizations to accomplish the purposes set forth in Article III. In



shall, at all times, operate independently of such organizations and shall not align itself in a routine manner with any political party or any political faction.

Article III — Purposes

Section 1. The purposes of IMPAC shall be:

a) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

b) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

c) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

d) To do any and all things necessary or desirable for the attainment of the purposes set forth above.

Article IV — Powers

Section 1. IMPAC shall [illegible] and property [illegible] as to be [illegible] fee in Article VII.

Article V — Membership

Section 1. There shall be three (3) classes of membership in IMPAC, viz., Regular, Sustaining, and Special, as hereinafter defined.

Section 2. (a) Regular Membership. Any Doctor of Medicine who is a member in good standing of his county and state medical society, and his or her spouse, may become a regular member upon payment of dues.

(b) Sustaining Membership. Any Doctor of Medicine who is a member in good standing of his county and state medical society, and his or her spouse, may become a sustaining member upon payment of dues.

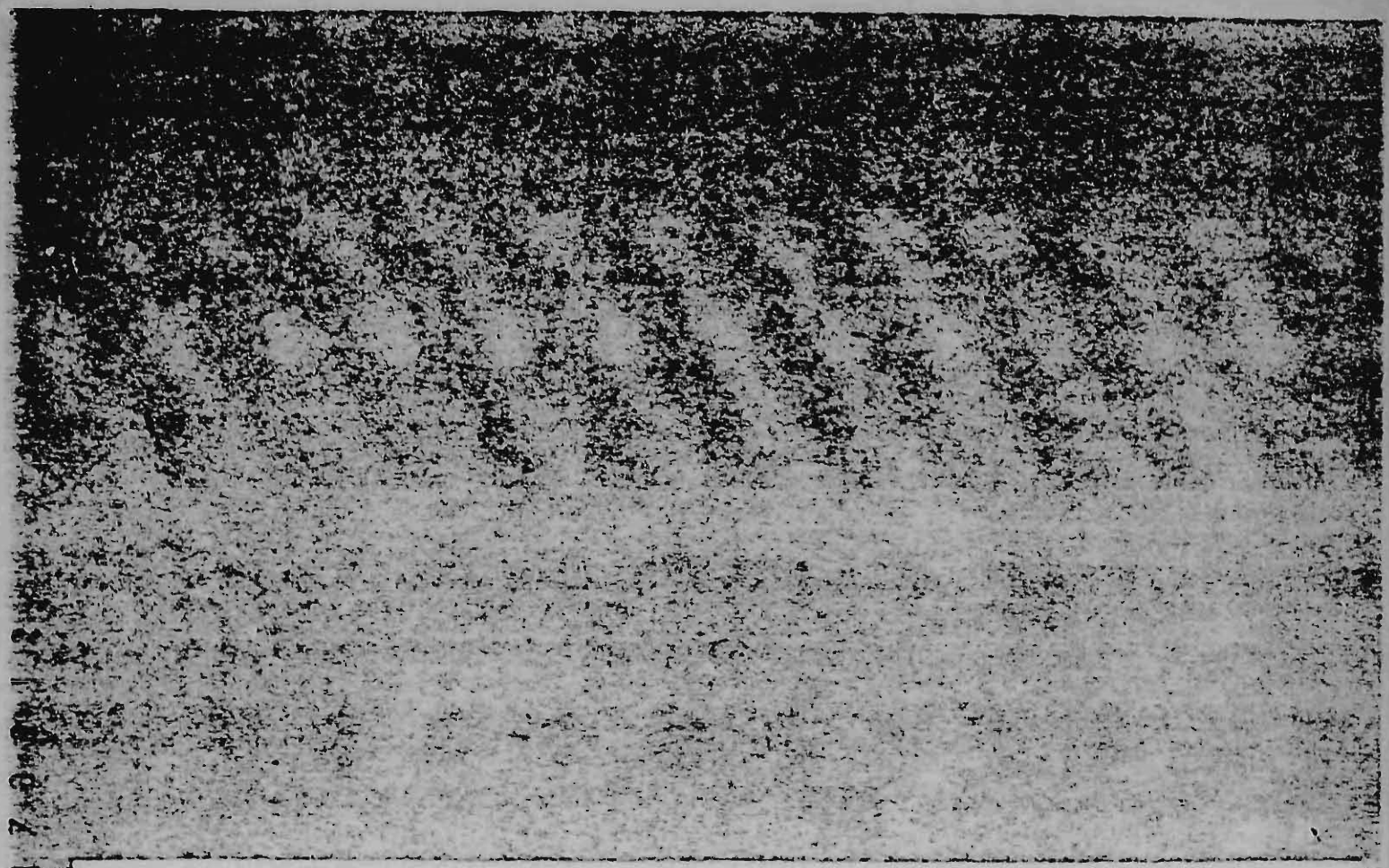
(c) Special Membership. One or more categories of special membership may be established by the Council under terms and conditions specified by the Council.

Article VI — Membership Meetings

Section 1. There shall be an annual meeting of the membership of IMPAC, at a time and place to be designated by the Council.

Section 2. Special meetings of the membership shall be called by the Secretary-Treasurer upon the written request of [illegible] members of the Council or fifty (50) members of IMPAC, the time and place to be set by the Council, except that the time shall not be later than sixty (60) days after receipt of the request.

Section 3. A quorum for a membership meeting shall be ten (10) members, when the entire membership has been notified ten (10) days in advance of the date, time, and place of the meeting.



Article VII — Council

Section 1. The affairs of IMPAC, including the management and supervision of all property and the expenditure of all funds, shall be under the control of a governing body which shall be known as the Council.

Section 2. The Council shall consist of thirty (30) persons elected from among the membership at the annual meeting in the manner provided for in Article IX with consideration given to a geographical distribution of the Council membership.

Section 3. Council members shall serve for three (3) years, except that at the annual meeting at which this revised Constitution and Bylaws is adopted, one-third (⅓) of the members shall be elected to serve for one (1) year, one-third (⅓) for a period of two (2) years, and one-third (⅓) for a period of three (3) years. Thereafter, all members of the Council shall be elected to serve for a period of three (3) years.

Section 4. Council members shall serve from the date of the annual meeting at which they are elected and until their successors have been elected.

Section 5. The Council shall meet as frequently as necessary to conduct the affairs of IMPAC, but not less than two (2) times in the period between successive annual meetings of IMPAC.

Section 6. Seven (7) members shall constitute a quorum for a meeting of the Council.

Section 7. The Council shall elect officers and members of the Executive Committee as provided for in Article VIII.

Section 8. The Council may establish other committees as needed to carry out the purposes of IMPAC.

Section 9. The Council may employ such staff as necessary to carry out the purposes of IMPAC.

Article VIII — Officers and Executive Committee of the Council

Section 1. The officers of the Council shall be Chairman, First Vice Chairman, Second Vice Chairman, and the combined office of Secretary-Treasurer.

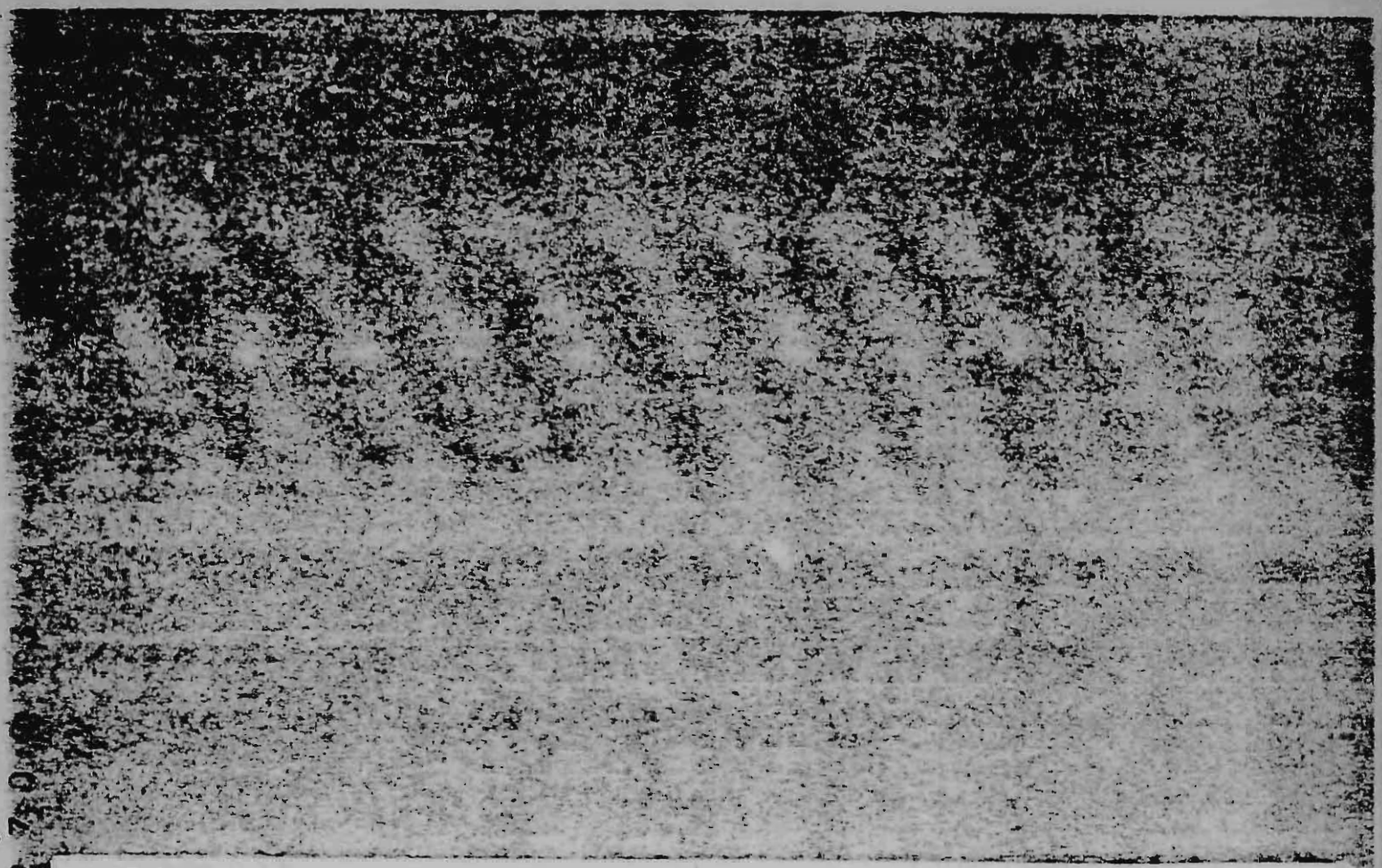
Section 2. The officers of the Council shall be the officers of IMPAC.

Section 3. There shall be an Executive Committee of the Council composed of the Chairman and four (4) members of the Council.

Section 4. The officers and members of the Executive Committee shall be elected by the Council at the first meeting following the annual meeting of IMPAC.

Section 5. The terms of all officers and members of the Executive Committee shall be for one (1) year, beginning with the date of their election and terminating with the election of their successors.

Section 6. The duties of the officers and Executive Committee shall be as follows:



a) The Chairman shall be the executive officer of IMPAC and shall preside at all membership meetings, Council meetings, and Executive Committee meetings. He shall appoint all committees other than the Executive Committee and shall otherwise perform the duties normally associated with this office.

b) The Vice Chairmen, in the order of their rank, shall assist the Chairman in the performance of his duties, shall assume all responsibilities of the Chairman in his absence or inability to serve, and shall perform such other duties as may be assigned by the Chairman.

c) The Secretary-Treasurer shall be the custodian of the funds and official records of IMPAC. He shall cause all funds to be deposited and all records to be kept in accordance with directives of the Council. He shall disburse the funds of IMPAC in the manner authorized by the Council subject to any applicable provision of the law with respect thereto. He shall present a report at the annual meeting, meetings of the Council, and at such other times as requested by the Council or Executive Committee. He shall prepare, sign, and file all reports required of IMPAC by law.

d) The Executive Committee shall [illegible] act for the Council in the interim between [illegible] meetings, including the disbursement of funds in accordance with policies and procedures established by the Council.

Article IX — Nomination and Election of Members of the Council

Section 1. Members of the Council shall be elected at the annual meeting of IMPAC.

Section 2. Each member, in good standing, as provided for in Article V shall have the privilege of casting one (1) vote, which must be cast in person. Voting shall be by ballot in each case where there is more than one candidate for the office.

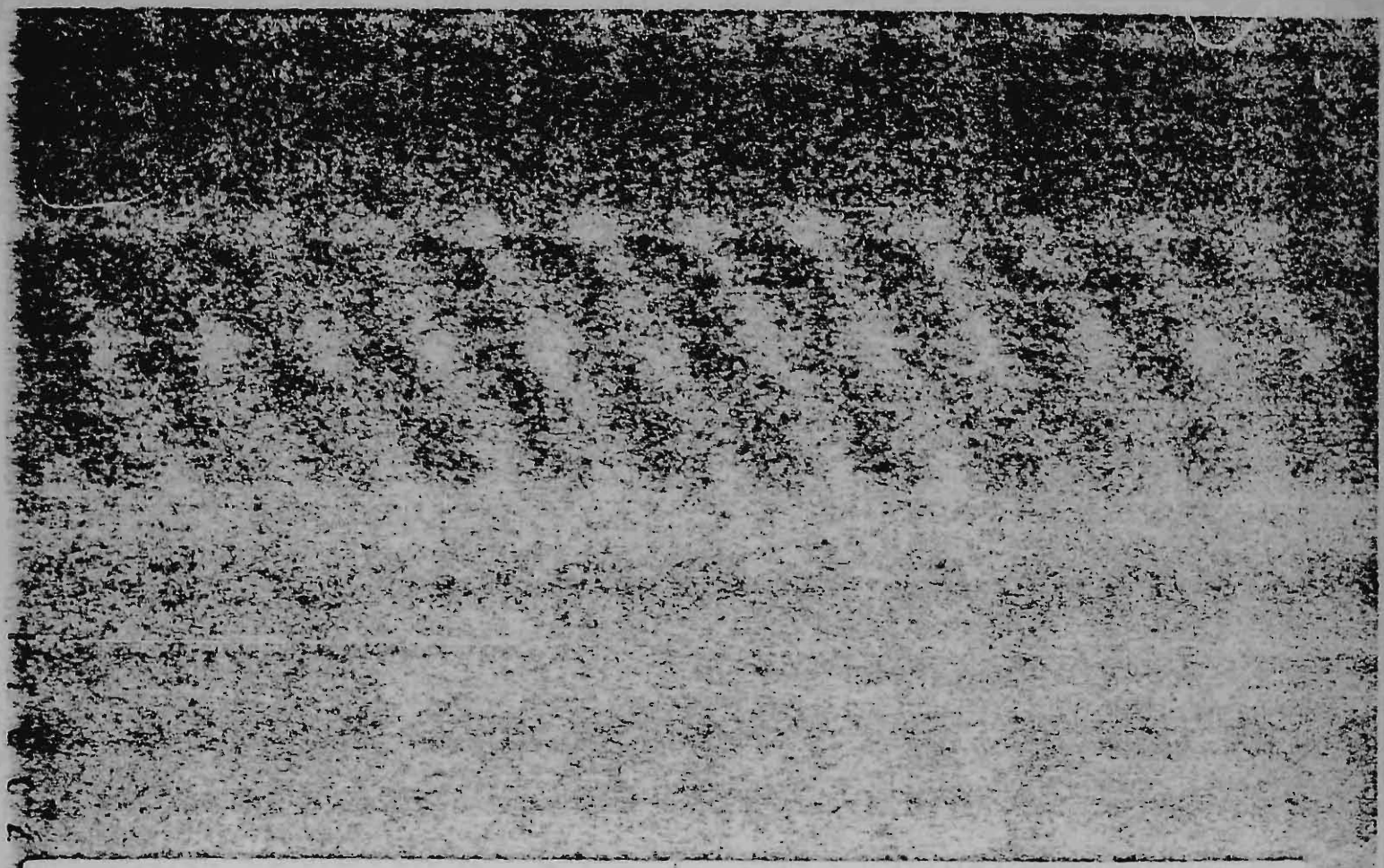
Section 3. In preparation for the next annual meeting following the meeting at which this revised Constitution and By-Laws is adopted, and each year thereafter, the Council shall elect a Nominating Committee consisting of a chairman and four [illegible] members.

Section 4. The Nominating Committee shall prepare a list of candidates for the offices to be filled, which list shall be distributed to the entire membership not later than four-[illegible] days before the annual meeting.

Section 5. Additional nominations for vacancies on the Council may be made by any member of IMPAC on presentation of [illegible] to the Secretary-Treasurer, not less than [illegible] days in advance of the annual meeting and signed by [illegible] members of IMPAC who [illegible] the nomination.

Article X — Dues and Finance

Section 1. Dues for the various categories of member-



ship provided for under Article V shall be established annually by the Council.

Section 2. The books and accounts of IMPAC shall be audited at least once a year. The auditors shall be named by the Chairman with the approval of the Council.

Section 3. The Council shall designate the official depository or depositories for all funds.

Section 4. In case of inabilities of persons designated to sign checks to perform their functions, the Council shall designate those who shall act as substitutes.

Section 5. Bond shall be obtained for the officers and appropriate employees of IMPAC at the expense of IMPAC.

Article XI – Amendments

Section 1. The Constitution and Bylaws of IMPAC may be amended in any respect at the annual or any special meeting of the members by a vote of two-thirds (2/3) of the members present, provided that written notice of the proposed amendment or amendments has been given to each member at least thirty (30) days prior to the meeting.

Section 2. Any resolution or resolutions to amend the Constitution and Bylaws shall be submitted to the Secretary-Treasurer in writing at least sixty (60) days prior to the annual or special meeting, and he shall cause to be distributed to each member a copy of any proposed amendment or amendments at least thirty (30) days prior to the meeting.

May 16, 1966

CC#1342

IMPAC

'77 MAR 9 AM 10:01

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1963

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

nonaccumulative slip
copy w/ cc file

March 9, 1977

David R. Spiegel
Federal Election Commission
1325 K. Street N.W.
Washington, D.C. 20463

Dear Mr. Spiegel:

The following is in response to your February 24, 1977 request of Dr. Paul Mahon for information regarding the Illinois Medical Political Action Committee:

1. The Illinois Medical Political Action Committee (IMPAC) was founded in 1960. Attachment A is a copy of the Constitution and Bylaws adopted in 1960. They have not been amended since that time.

2. Attachment B is a complete set of the officers of IMPAC (known as the Council) since 1972. A description of their duties may be found in Articles VII and VIII of the Constitution and Bylaws (pages 6-8).

3. Attachment C is a complete set of all solicitation materials used since January, 1976.

4. Regarding expenditures of IMPAC funds, Article VII of the Constitution provides that "the affairs of IMPAC, including the management and supervision of all property and the expenditure of all funds, shall be under the control of a governing body which shall be known as the Council:. Please refer to attachment B for a listing of all members of the Council for the period requested.

   Procedurally, the Council meets at the call of the Chairman, but not less than twice a year. Council meetings regularly discuss any issue of importance to IMPAC, including allocation of funds for support of candidates or for other functions. If additional funds are needed for any function between meetings of the Council, the Executive Committee is authorized to act on the Council's behalf. The Council then formally ratifies all Executive Committee actions at its next meeting.

5. IMPAC has sponsored no "events" as described in item 5 of your request. All solicitations have been by mail and are provided in attachment C. In that regard, please note the following:

   (1). Dues billing - sent to all physician members of the Illinois State

NONPARTISAN

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 110 Iles Park Place, Springfield, Illino

Medical Society. This item includes a notation labeled "voluntary contribution", through which physicians may elect to pay IMPAC membership dues at the same time they pay all other dues. This item is designed to provide a service to physicians, making it convenient for them to pay all dues at one time. Illinois State Medical Society then forwards all sums paid as "voluntary contributions".

(2). Followup letter - sent to all physicians who do not elect to pay the voluntary contribution as described above.

(3). Brochure "Is IMPAC Helping You" - sent to all physicians who did not elect to pay the voluntary contribution.

(4). Sustaining letter - sent to all physicians who were sustaining members in the past who did not become sustaining members in 1976.

Re: item (e): there is no arrangement for allocating costs of fundraising solicitations. IMPAC pays all of its own costs.

Finally with regard to item (f): there is no arrangement for allocating proceeds of fundraising efforts. IMPAC only solicits funds in the amount of its membership dues as follows: $45 family membership, $25 physician membership $20 spouse membership, $99 sustaining membership. These sums are the totals of both IMPAC and AMPAC dues. IMPAC performs a dues collection function as a service to our members, turning over to AMPAC that amount which constitutes AMPAC dues. IMPAC sets the amount of its dues independently from AMPAC, and merely adds to that amount whatever AMPAC has set as its dues.

If there is any other information we may provide in this matter, please advise.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
IMPAC Chairman

list of attachments

Attachment A - copy of IMPAC Constitution and Bylaws

Attachment B - list of IMPAC Council members, 1972 to present

Attachment C - 1975, 76, 77 dues billing
1976 followup letter (sample)
Brochure "Is IMPAC Helping You"
1976 sustaining letter (sample)

1330

Adopted
February 20, 1974

RULES AND REGULATIONS GOVERNING

THE INDIANA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE 1 - Name and Definition:

(A) The name of this committee shall be Indiana Medical Political Action Committee hereafter referred to as IMPAC.

(B) IMPAC shall be non-profit, bi-partisan, voluntary, and unincorporated.

(C) IMPAC shall be permanent and statewide in scope.

(D) IMPAC shall be organized independently of organized medicine at national, state and county levels.

(E) IMPAC shall be politically and geographically representative.

ARTICLE 2 - The Purposes of IMPAC are:

(A) To uphold the tradition of individual liberty and the system of free enterprise.

(B) To constantly encourage and stimulate physicians and others toward more active citizenship.

(C) To stimulate and cooperate with similar committees of other groups whose purposes are in harmony with the aims of this body.

(D) To study the issues of government, records, and platforms of office-holders and candidates for elective office and to make the results of such studies publicly available.

(E) To encourage, train, and develop leadership for political education throughout the state.

(F) To support candidates favorably inclined to the purposes, aims, and ideals of constitutional government.

ARTICLE 3 - Membership:

(A) Active and sustaining membership on this committee shall be restricted to physicians holding an unlimited license to practice medicine, surgery, and obstetrics in the state of Indiana and their friends who have contributed to IMPAC. These friends of medicine are: medical society staff, allied health personnel, medical students, interns, residents, and the spouses of any of the above.

(B) Dues: IMPAC dues shall be:

Active membership	as currently provided for in annual dues statement
Sustaining membership	$100 (per individual)
Non-physician membership	$50 (per family)

(C) Candidates for membership shall be subject to the approval of the Board of Directors and to the payment of the prescribed annual dues.

ARTICLE 4 - The Board of Directors:

(A) The IMPAC Board of Directors shall have general supervision and control over the affairs and funds of the committee and shall establish and carry out all policies and activities of the committee. The members of the board shall be active members of IMPAC, shall be encouraged to be sustaining members of IMPAC, shall pay their dues annually by March 1st of each year, and serve without compensation. The board shall provide for such auditing controls as are necessary to assure the safe-keeping and complete accounting of the funds.

(B) The IMPAC Board of Directors shall consist of twenty-seven (27) members, composed of two members (one male and one female) from each of the eleven (11) Indiana Congressional Districts, and the

following ex-officio members: the President of ISMA, the President-elect of ISMA, the Chairman of the Board of Trustees of ISMA, the Executive Secretary of the Indiana State Medical Association (ISMA), and a representative of the Women's Auxiliary.

(C) Nomination of members to serve on the IMPAC Board of Directors shall be made by the Indiana State Medical Association Board of Trustees. Each director shall be elected by a simply majority of the IMPAC Board of Directors present and voting. Each director shall be elected to a three year term. No director shall serve for more than two consecutive three-year terms. At each annual meeting, directors shall be elected in the following rotation: Commencing in 1973 with districts 2, 6, 9, and 11; in 1974, Districts 1, 4, 7, and 10; and in 1975, Districts 3, 5, and 8; thereafter, the rotation sequence shall repeat itself every three (3) years. Vacancies shall be filled for the unexpired term in the same manner as board members are elected.

(D) If any director is absent from two duly called consecutive meetings of the board, his membership on the board is automatically terminated.

ARTICLE 5 - Officers:

(A) The general officers of the Indiana Medical Political Action Committee shall be a chairman, first vice-chairman, secretary, vice-secretary, treasurer and assistant-treasurer. The chairman, first vice-chairman, the secretary and the treasurer shall be elected by the board of directors at its annual meeting and shall serve for a term of one (1) year. The chairman, with the consent of the board of directors, shall appoint an assistant treasurer and a vice-secretary

each for a term of one (1) year. All officers must be members of the IMPAC Board of Directors: Provided, however, That the chairman and the first vice-chairman shall be physicians holding an unlimited license to practice medicine, surgery, and obstetrics in Indiana.

(B) The chairman shall be the chief executive officer of IMPAC and shall be an ex-officio member of all committees. He shall appoint all chairmen and members of all committees, subject to the approval of the board of directors.

(C) The first vice-chairman shall assist the chairman in the discharge of his duties and in the absence of the chairman shall perform the duties of the chairman.

(D) The secretary shall perform such record keeping and correspondence duties as are customarily performed by the secretary of a committee, and such additional duties as may be prescribed by the board of directors.

(E) The vice-secretary shall assist the secretary in the discharge of his duties and in the absence of the secretary shall perform the duties of the secretary.

(F) The treasurer shall be the custodian of funds of the committee. He shall collect all funds of the organization. He shall disburse all monies of the committee in accordance with instructions from the board of directors. He shall keep full and accurate accounts, shall prepare and present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the board of directors. The treasurer and assistant treasurer shall give bond in such sum as may be fixed by the board of directors. The premium for such

bond is to be paid by IMPAC. An independent audit of the treasurer's books and records shall be conducted once a year.

(G) The assistant treasurer shall assist the treasurer in the discharge of his duties and in the absence of the treasurer shall perform the duties of the treasurer. Should the treasurer fail to act for any reason, upon determination of the chairman, the assistant treasurer shall automatically become acting treasurer until the next meeting of the board, at which time a new treasurer shall be elected and an assistant treasurer shall be appointed.

ARTICLE 6 - Executive Committee:

(A) The executive committee shall consist of the six general officers of IMPAC.

(B) The executive committee shall be empowered to make emergency decisions on matters that require immediate action.

(C) The executive committee may authorize emergency disbursements of amounts not to exceed twenty-five hundred dollars ($2500). If such emergency disbursements are for congressional candidate support, then consultation with the two board members from the candidate's district shall be required.

ARTICLE 7 - Meetings of the Board:

(A) The board shall hold two mandatory meetings each year. The first meeting shall be designated the semi-annual meeting and shall be held in the month of March. The second meeting shall be designated the annual meeting and shall be held in October.

(B) Additional special meetings may be called by the chairman or by any five (5) board members on at least ten (10) days notice given

to each board member. However, if two-thirds (2/3) of the directors waive the notice requirement, then such special meeting may be held less than ten (10) days after it is called.

ARTICLE 8 - Parliamentary Authority:

Parliamentary authority shall be Sturgis Standard Code of Parliamentary Procedure, when such procedures are not in conflict with these rules and regulations.

ARTICLE 9 - Quorum:

A quorum shall consist of ten (10) members and such quorum shall be sufficient to transact all business of the board unless otherwise provided in these rules and regulations.

ARTICLE 10 - Amendment of These Articles:

These rules and regulations may be amended at any regular or special meeting of the board. Ten (10) days written notice of the proposed amendment shall be given to each member of the Board. A two-thirds (2/3) vote of the board of directors shall be required to amend. If two-thirds (2/3) of the directors are not present, a mail ballot shall be taken of the absent directors.

Exhibit 11

133V

CONSTITUTION AND BYLAWS

of the

Iowa Medical Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is Iowa Medical Political Action Committee, hereinafter referred to as the Committee or IMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch, subsidiary or affiliate of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

IMPAC dues shall be determined by the Board of Directors at the annual meeting.

Section 4 -- Contributions

Contributions to IMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of IMPAC members, one from each Iowa Congressional District, the Chairman, Secretary-Treasurer, Assistant Secretary-Treasurer, and one member at large, all of whom are members of the IMS, and two members of the IMS Auxiliary.

Each board member appointed to represent a specific district shall be a resident or maintain a practice in that district. His permanent removal from that district shall automatically create a vacancy in his office. A vacancy in his office shall automatically be created if any board member who has been a board member for the period beginning with the last day of the annual meeting and ending on the day preceeding the last day of the next succeeding annual meeting, shall fail, without excuse acceptable to the Board of Directors, to attend sixty percent of the meetings of the Board of Directors held during such period.

Section 3 -- Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the Iowa Medical Society for a term of two years.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary-Treasurer and Assistant Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of two years.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees. The Immediate-

Past Chairman shall, be appointed to the Board of Directors as an ex-officio member.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary-Treasurer of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman, he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 4 -- Assistant Secretary-Treasurer

The Assistant Secretary-Treasurer shall, in the absence of the Secretary-Treasurer, be authorized to perform those duties as are outlined in Section 3 above. The Assistant Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held on call of the Chairman.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

IMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. Audits may be requested at the discretion of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws.

(Adopted September 26, 1965)
(Amended April 29, 1973)
(Amended April 30, 1975)
(Amended May 7, 1977)

133W
CC# 1142

CONSTITUTION AND BYLAWS

of the

Iowa Medical Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is Iowa Medical Political Action Committee, hereinafter referred to as the Committee or IMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

IMPAC dues shall be : Active Membership $25.00

Section 4 -- Contributions

Contributions to IMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of 22 members, three of whom must be members of the IMS Auxiliary and members of IMPAC. The remaining 19 shall be Doctors of Medicine who are members of IMPAC.

Section 3 -- Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the Iowa Medical Society for a term of one year, but in no event shall any member of the Board be allowed to serve more than six consecutive terms.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary-Treasurer and Assistant Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of two years, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Iowa Medical Society and shall serve until the Annual Meeting following the completion of their terms of office.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees. The Chairman shall, upon completion of his term of office, be appointed to the Executive Board of Directors as an ex-officio member.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary-Treasurer of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman, he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 4 -- Assistant Secretary-Treasurer

The Assistant Secretary-Treasurer shall, in the absence of the Secretary-Treasurer, be authorized to perform those duties as are outlined in Section 3 above. The Assistant Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held on call of the Chairman.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

IMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

(Adopted September 26, 1965)
(Amended April 29, 1973)
(Amended April 30, 1975)

Exhibit 9

133X

CONSTITUTION AND BYLAWS

of the

Iowa Medical Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is Iowa Medical Political Action Committee, hereinafter referred to as the Committee or IMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary-Treasurer of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman, he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

Section 4 -- Assistant Secretary-Treasurer

The Assistant Secretary-Treasurer shall, in the absence of the Secretary-Treasurer, be authorized to perform those duties as are outlined in Section 3 above. The Assistant Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held on call of the Chairman.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

IMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account.

The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

(Adopted September 26, 1965)
(Amended, April 29, 1973)

Exhibit 8.

1334

CONSTITUTION AND BYLAWS

OF THE

Iowa Medical Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is Iowa Medical Political Action Committee, hereinafter referred to as the Committee or IMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active membership shall be available to any Doctor of Medicine, his spouse, members of his immediate family, [illegible] Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

IMPAC dues shall be: Active Membership $25.00

Section 4 -- Contributions

Contributions to IMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of 20 members, one of whom must be a member of the Woman's Auxiliary to the Iowa Medical Society, who is a member of IMPAC. The other 19 shall be Doctors of Medicine who are members of IMPAC.

Section 3 -- Selection and Terms

The members of the Board of Directors shall be appointed by the Board of Trustees of the Iowa Medical Society for a term of one year.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman and a Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Iowa Medical Society and shall serve until the annual meeting following the expiration of their terms of office.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary-Treasurer of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. In the absence of the Chairman, he shall preside at meetings of the Board of Directors. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held on call of the Chairman.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

IMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep [illegible]

The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended, or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

(Adopted September 26, 1965)

CONSTITUTION AND BYLAWS

of the

KANSAS MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Kansas Medical Political Action Committee, hereinafter referred to as the Committee, or KAMPAC. It is a voluntary, non-profit,unincorporated Committee of individual physicians and others and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand and evaluate the nature and actions of government; the significance of political issues, the records of officeholders and the pertinent qualifications of candidates for elective office.

(3) To assist physicians and others to organize themselves for effective political action to promote civic responsibility and integrity in government.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 - Members

Active and Sustaining memberships shall be available to Doctor of Medicine and others who subscribe to the purposes of the Committee stated in Article II. The Board of Directors is authorized to establish additional categories of membership.

Section 2 - Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 - Dues

Minimum dues per calendar year, for each category of membership, shall be established by the Board of Directors.

Section 4 - Contributions

All funds received by KAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at their discretion.

ARTICLE IV

Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board of Directors shall consist of a minimum of nineteen members, five of whom may be wives of Doctors of Medicine. No less than twelve members shall be Doctors of Medicine. For each member of the Board of Directors, an Alternate Director shall be named in the same manner as that used to appoint members of the Board. Alternate Directors may attend all meetings of the Board of Directors and, in the absence of the member for whom he has been named Alternate, may vote on any business before the Board. All members of the Board of Directors and all Alternate Directors shall be active or sustaining members of KAMPAC.

Section 3 - Selection and Terms

The members of the Board of Directors and Alternate Directors shall be appointed by the Executive Committee of Kansas Medical Society, subject to approval of the Council of Kansas Medical Society, for a term of one year.

ARTICLE V

Officers

Section 1 - Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Vice-Chairman, a Treasurer, and an Assistant-Treasurer. The Chairman and Vice-Chairman shall be elected by the Board of Directors from among the members of the Board at its annual meeting, and shall serve until the next annual meeting. The Treasurer and Assistant-Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2 - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3 - Vice Chairman

The Vice-Chairman shall perform such duties as are customarily performed by the Vice-Chairman of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Vice Chairman shall automatically become acting Chairman until the next meeting of the Board.

Section 4 - Treasurer and Assistant-Treasurer

The Treasurer or Assistant-Treasurer shall perform such duties as are customarily performed by the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason, the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

Meetings

Section 1 - Annual Meeting

The annual meeting of the Board of Directors shall be held in January of each year.

Section 2 - Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

ARTICLE VII

Committees

KAMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The membership of committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited periodically by an auditor approved by the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal, or to adopt a new Constitution and Bylaws at such meeting.

typed Sep '74

133AA

CONSTITUTION AND BYLAWS

of the

KANSAS MEDICAL POLITICAL ACTION COMMITTEE

Amended: April 6, 1974

Adopted:

CONSTITUTION AND BYLAWS

of the

KANSAS MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is Kansas Medical Political Action Committee, hereinafter referred to as the Committee, or KAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand and evaluate the nature and actions of government, the significance of political issues, the records of officeholders, and the pertinent qualifications of candidates for elective office.

(3) To assist physicians and others to organize themselves for effective political action to promote civic responsibility and integrity in government.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 — Members

Active and Sustaining memberships shall be available to Doctors of Medicine and others who subscribe to the purposes of the Committee stated in Article II. The Board of Directors is authorized to establish additional categories of membership.

Section 2 — Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 — Dues

Minimum dues per calendar year, for each category of membership, shall be established by the Board of Directors.

Section 4 — Contributions

All funds received by KAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at their discretion.

ARTICLE IV

Board of Directors

Section 1 — Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shalll serve without compensation.

Section 2 — Composition

The Board of Directors shall consist of a minimum of nineteen members, five of whom may be wives of Doctors of Medicine. No less than twelve members shall be Doctors of Medicine. All members of the Board of Directors shall be active or sustaining members of KAMPAC.

Section 3 — Selection and Terms

The members of the Board of Directors shall be appointed by the Executive Committee of Kansas Medical Society, subject to approval of the Council of Kansas Medical Society, for a term of one year.

ARTICLE V

Officers

Section 1 — Designations, Election, Terms

The general officers of the Committee shall be a Chairman, a Secretary, a Treasurer, and an Assistant Treasurer. The Chairman and Secretary shall be elected by the Board of Directors from among the members of the Board at its annual meeting, and shall serve until the next annual meeting. The Treasurer and Assistant Treasurer shall be appointed by the Board and shall serve at its pleasure.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at the meetings of the Board of Directors. He shall appoint all chairmen and committee members subject to the approval of the Board of Directors.

Section 3 — Secretary

The Secretary shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. In the absence of the Chairman he shall preside at meetings of the Board of Directors. Should the Chairman fail to act for any reason, the Secretary shall automatically become acting Chairman until the next meeting of the Board.

Section 4 — Treasurer and Assistant Treasurer

The Treasurer or Assistant Treasurer shall perform such duties as are customarily performed by the Treasurer of a committee or as shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer and Assistant Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee. Should the Treasurer fail to act for any reason, the Assistant Treasurer shall automatically become acting Treasurer until the next meeting of the Board.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held in January of each year.

Section 2 — Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 — Quorum

Eleven directors shall constitute a quorum.

ARTICLE VII

Committees

KAMPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The membership of committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 — Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited periodically by an auditor approved by the Board of Directors.

Section 2 — Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, repeal, or to adopt a new Constitution and Bylaws at such meeting.

133BB

CONSTITUTION AND BY-LAWS

OF THE

KANSAS MEDICAL POLITICAL ACTION COMMITTEE

REVISED SEPTEMBER 17, 1972

TYPED NOVEMBER 20, 1972

APPROVED Ralph H. Baehr MD

RALPH H. BAEHR M.D.
SECRETARY-TREASURER

CONSTITUTION AND BY-LAWS

of the

Kansas Medical Political Action Committee

ARTICLE I

Name and Definition

The name of this Committee is Kansas Medical Political Action Committee, hereinafter referred to as the Committee or KaMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. Memberships shall be available to any employee of a non-profit medical society or association and other allied

groups. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Dues

The minimum annual dues for each category of membership shall be determined by the Board of Directors at the Annual Meeting.

Section 3 -- Contributions

Contributions to KaMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion.

ARTICLE IV

Board of Directors

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of twenty-one (21) members divided in the following manner. Three (3) Doctors of Medicine and one (1) member of the Woman's Auxiliary from each congressional district. The chairman will be the member at large and appointed by the President of the Kansas Medical Society.

Section 3 -- Selection and Terms

The members of the Board of Directors, who are physicians, shall be elected by the Council of the Kansas Medical Society from names nominated by the councilors whose council district or any part thereof lies within the congressional district.

The members of the Board of Directors, who are Auxiliary members, shall be elected by the Council of the Kansas Medical Society from names suggested by the Woman's Auxiliary to the Kansas Medical Society.

Members of the Board of Directors shall be elected for a term of two (2) years and no member shall serve for more than four (4) consecutive terms. In the case of vacancies the chairman and the board members in the congressional district shall have the power to appoint a replacement to fill the unexpired term.

ARTICLE V

Officers

Section 1 -- Designation, Election, Terms

The officers of the Board of Directors shall be a Chairman, Vice-Chairman, Secretary-Treasurer, and Assistant Secretary-Treasurer. The Chairman will be appointed by the President of the Kansas Medical Society subject to the approval of the Council for a term of one (1) year. The Vice-Chairman, Secretary-Treasurer, and Assistant Secretary-Treasurer shall be elected by the Board of Directors at the first meeting in each calendar year. No officer shall serve for more than four (4) terms.

Section 2 -- The Chairman

The Chairman shall be the Chief executive officer of the Committee and shall be an ex-officio member of all committees. He shall preside at meetings of the Board of Directors. The Vice-Chairman shall assume the duties of the Chairman in the Chairman's absence.

Section 3 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Assistant-Secretary-Treasurer shall assume the duties of the Secretary-Treasurer in the Secretary-Treasurer's absence. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Meetings

The Chairman shall call meetings of the Board of Directors on his own initiative or upon written request of five (5) members of the Board.

Section 2 -- AMPAC Annual Meeting

The Board of Directors shall select each year representatives from the Board to attend the annual meeting of the American Medical Political Action Committee.

ARTICLE VII

Committees

The Kansas Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

The Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and By-Laws at such meeting.

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vacancy occurred. All Board members shall be notified of said meeting by certified mail. The usual procedure of filling a vacancy for officers will prevail.

Section 4 - Secretary, Treasurer and Assistant Treasurer

The Secretary shall perform such duties as are customarily performed by the Secretary of a Committee or as shall be prescribed by the Board.

The Treasurer shall perform such duties as are customarily performed by the Treasurer of a Committee or as shall be prescribed by the Board. He shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board. All checks written for candidate support shall be signed by both the Treasurer and Chairman of the Board.

The Assistant Treasurer shall perform such duties as prescribed by the Board. In the event of a vacancy in the office of Treasurer, the Assistant Treasurer shall become Treasurer and shall perform all duties of the Treasurer until an election is held by the Board to fill said vacancy. Such election shall be held within 30 days from the date on which the vacancy occurred and all members of the Board shall be notified of said meeting by certified mail. The usual procedure of filling a vacancy for officers will prevail.

ARTICLE VI
Meetings

Section 1 - Annual Meetings

The annual meeting of the Board of Directors shall be held in late November or early December, the exact date to be fixed by the Board.

Section 2 - Special Meetings

Special meetings of the Board shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 - Parliamentary Rules

Where there are no contravening Constitution or Bylaws directions, Sturgis Standard Code of Parliamentary Procedure, Second Edition New and Revised will apply when business is conducted.

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Section 4 - Attendance at Meetings

If any member shall fail to attend three consecutive Board meetings, without approval of said Board, his membership on the Board will automatically and immediately be considered vacated and the Board of Trustees of KMA so notified in order that a replacement for this vacancy will be appointed.

ARTICLE VII
Committees

The Kentucky Educational Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board.

ARTICLE VIII
Books, Records, and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of accounts. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board may select.

ARTICLE IX
Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given to each member of the Board of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

If your practice is incorporated, KEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the KMA will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Contributions are subject to the limitations of FEC Regulations Sections 110.1, 110.2 and 110.5 (Federal regulations require this notice).

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KEMPAC

KENTUCKY EDUCATIONAL MEDICAL POLITICAL ACTION COMMITTEE

3532 EPHRAIM MCDOWELL DRIVE
LOUISVILLE, KENTUCKY 40205

Constitution and By-Laws

Copies of KEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C.

Revised November 10, 1976

ARTICLE I
NAME AND DEFINITION

The name of this committee is the Kentucky Educational Medical Political Action Committee, hereinafter referred to as the Committee or KEMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others. The Committee shall be politically non-partisan.

ARTICLE II
PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III
MEMBERSHIP, DUES AND CONTRIBUTIONS

Section 1 - Members

Active and sustaining membership shall be available to any physician, physician's spouse, his employees, members of his immediate family, medical students, and their spouses, interns and residents, and their spouses, upon the favorable vote of a majority of the Board of Directors.

Section 2 - Associate Members

Associate membership shall be available to any person approved by a majority vote of the Board upon payment of $20 per person. Associate members shall have no vote but may receive all publications and attend such functions as are deemed pertinent by the Board.

Section 3 - Dues

The suggested amounts of contributions to KEMPAC are $50 per family membership, $20 of which shall be forwarded to the American Medical Political Action Committee (AMPAC) in the physician's name and spouse's name as contributions in that organization. Suggested contributions for residents are $10, to be divided equally between KEMPAC and AMPAC and $7 for medical students, $5 of which shall be forwarded to AMPAC.

Section 4 - Sustaining Membership

A member may become a sustaining member by payment of $100 annual dues, $50.00 of which will be forwarded to AMPAC.

Section 5 - Contributions

All contributions to KEMPAC shall be subject to the approval of the Board and such funds shall be disposed of at its direction.

Section 6 - Publications

Contributions to KEMPAC shall include a subscription to KEMPAC TOPICS, which shall be published on a monthly basis unless otherwise specified by the Board of Directors.

ARTICLE IV
Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board shall consist of 18 members, four of whom will be members of the Auxiliary and who are members of KEMPAC, and they shall be of bipartisan complexion. The other 14 shall be doctors of medicine who are members of KEMPAC - two from each congressional district - and they shall be of bipartisan complexion. The major parties will be the two parties that polled the greatest number of votes in the preceding presidential election.

Section 3 - Selection and Terms

The members of the Board shall be appointed by the Board of Trustees of the Kentucky Medical Association for a term of one year. No member shall serve for more than six consecutive years.

Section 4 - Past Chairmen

All past chairmen of the Board will be exofficio members of the Board and invited to attend all meetings. They shall have full voice in all matters, including the right to make motions, but shall not have a vote.

ARTICLE V
Officers

Section 1 - Designations, Elections, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary, Treasurer, and Assistant Treasurer. These officers shall constitute the Executive Committee and shall be in a three to two ratio as to party affiliation. The Chairman and Treasurer shall not be of the same party affiliation. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Kentucky Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve in the same capacity for more than two terms; however he may serve, if elected, in another office.

Section 2 - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an exofficio member of all sub-committees. He shall preside at meetings of the Board and shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 - Vice Chairman

The Vice Chairman shall assist the Chairman in the performance of his duties. In the absence of the Chairman he shall preside at meetings of the Board. In the event of a vacancy in the office of the Chairman, the Vice Chairman shall succeed to the office of Chairman until the next Board meeting which shall be called to order within 30 days from the date in which the

Vice Chairman shall succeed to the office of Chairman until the next Board meeting which shall be called to order within 30 days from the date in which the vacancy occurred. All Board members shall be notified of said meeting by certified mail. The usual procedure of filling a vacancy for officers will prevail.

Section 4 - Secretary, Treasurer and Assistant Treasurer

The Secretary shall perform such duties as are customarily performed by the Secretary of a Committee or as shall be prescribed by the Board.

The Treasurer shall perform such duties as are customarily performed by the Treasurer of a Committee or as shall be prescribed by the Board. He shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board. All checks written for candidate support shall be signed by both the Treasurer and Chairman of the Board.

The Assistant Treasurer shall perform such duties as prescribed by the Board. In the event of a vacancy in the office of Treasurer, the Assistant Treasurer shall become Treasurer and shall perform all duties of the Treasurer until an election is held by the Board to fill said vacancy. Such election shall be held within 30 days from the date on which the vacancy occurred and all members of the Board shall be notified of said meeting by certified mail. The usual procedure of filling a vacancy for officers will prevail.

ARTICLE VI
Meetings

Section 1 - Annual Meetings

The annual meeting of the Board of Directors shall be held in late November or early December, the exact date to be fixed by the Board.

Section 2 - Special Meetings

Special meetings of the Board shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 - Parliamentary Rules

Where there are no contravening Constitution or Bylaws directions, Roberts' Rules of Order will apply when business is conducted.

Section 4 - Attendance at Meetings

If any member shall fail to attend three consecutive Board meetings, without approval of said Board, his membership on the Board will automatically and immediately be considered vacated and the Board of Trustees of KMA so notified in order that a replacement for this vacancy will be appointed.

ARTICLE VII
Committees

The Kentucky Educational Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board.

ARTICLE VIII
Books, Records, and Finances

Section 1 - Books and Records

The Committee shall keep correct and complete books and records of accounts. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 - Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board may select.

ARTICLE IX
Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given to each member of the Board of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

KEMPAC

KENTUCKY EDUCATIONAL MEDICAL
POLITICAL ACTION COMMITTEE

3532 EPHRAIM MCDOWELL DRIVE
LOUISVILLE, KENTUCKY 40205

Constitution and By-Laws

Revised January 25, 1973

ARTICLE I
NAME AND DEFINITION

The name of this committee is the Kentucky Educational Medical Political Action Committee, hereinafter referred to as the Committee or KEMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others. The Committee shall be politically non-partisan.

ARTICLE II
PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III
MEMBERSHIP, DUES AND CONTRIBUTIONS

Section 1 - Members

Active and sustaining membership shall be available to any physician, physician's spouse, his employees, members of his immediate family, medical students, and their spouses, interns and residents, and their spouses, upon the favorable vote of a majority of the Board of Directors.

Section 2 - Associate Members

Associate membership shall be available to any person approved by a majority vote of the Board upon payment of annual dues of not less than $20.00 per person. Associate members shall have no vote but may receive all publications and attend such functions as are deemed pertinent by the Board.

Section 3 - Dues

The annual dues for active members shall be not less than $35.00 per family membership, $20.00 of which shall be forwarded to American Medical Political Action Committee (AMPAC) in the physician's name and spouse's name as dues in that organization. Annual dues for medical students and their spouses shall be $7.00, $5.00 of which shall be forwarded to AMPAC as dues in that organization. Annual dues for interns and their spouses and residents and their spouses shall be $10.00, $5.00 of which shall be forwarded to AMPAC as dues in that organization.

Section 4 - Sustaining Membership

A member may become a sustaining member by payment of $100 annual dues, $50.00 of which will be forwarded to AMPAC.

Section 5 - Contributions

All contributions to KEMPAC shall be subject to the approval of the Board and such funds shall be disposed of at its direction.

Section 6 - Publications

Contributions to KEMPAC shall include a subscription to KEMPAC TOPICS, which shall be published on a monthly basis unless otherwise specified by the Board of Directors.

ARTICLE IV
Board of Directors

Section 1 - Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 - Composition

The Board shall consist of 18 members, four of whom will be members of the Auxiliary and who are members of KEMPAC, and they shall be of bipartisan complexion. The other 14 shall be doctors of medicine who are members of KEMPAC - two from each congressional district - and they shall be of bipartisan complexion. The major parties will be the two parties that polled the greatest number of votes in the preceding presidential election.

Section 3 - Selection and Terms

The members of the Board shall be appointed by the Board of Trustees of the Kentucky Medical Association for a term of one year. No member shall serve for more than six consecutive years.

Section 4 - Past Chairmen

All past chairmen of the Board will be exofficio members of the Board and invited to attend all meetings. They shall have full voice in all matters, including the right to make motions, but shall not have a vote.

ARTICLE V
Officers

Section 1 - Designations, Elections, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary, Treasurer, and Assistant Treasurer. These officers shall constitute the Executive Committee and shall be in a three to two ratio as to party affiliation. The Chairman and Treasurer shall not be of the same party affiliation. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Kentucky Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve in the same capacity for more than two terms; however he may serve, if elected, in another office.

Section 2 - The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an exofficio member of all sub-committees. He shall preside at meetings of the Board and shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 - Vice Chairman

The Vice Chairman shall assist the Chairman in the performance of his duties. In the absence of the Chairman he shall preside at meetings of the Board. In the event of a vacancy in the office of the Chairman, the

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The Chairman shall be the chief executive officer of the Committee and shall be an exofficio member of all sub-committees. He shall preside at meetings of the Board and shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 – Vice Chairman

The Vice Chairman shall assist the Chairman in the performance of his duties. In the absence of the Chairman he shall preside at meetings of the Board. In the event of a vacancy in the office of the Chairman, the Vice Chairman shall succeed to the office of Chairman until the next Board meeting at which time the usual procedure of filling a vacancy for officers will prevail.

Section 4 – Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a Committee or as shall be prescribed by the Board. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board, the premium on such bond to be paid from the general fund of KEMPAC.

ARTICLE VI

Meetings

Section 1 – Annual Meetings

The annual meeting of the Board of Directors shall be held in late November or early December, the exact date to be fixed by the Board.

Section 2 – Special Meetings

Special meetings of the Board shall be called by the Chairman on his own initiative or upon the written request of three members of the Board.

Section 3 – Parliamentary Rules

Where there are no contravening Constitution or Bylaws directions, Roberts' Rules of Order will apply when business is conducted.

Section 4 – Attendance at Meetings

If any member shall fail to attend three consecutive Board meetings, without approval of said Board, his membership on the Board will automatically and immediately be considered vacated and the Board of Trustees of KMA so notified in order that a replacement for this vacancy will be appointed.

ARTICLE VII

COMMITTEES

The Kentucky Educational Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board.

ARTICLE VIII

Books, Records, and Finances

Section 1 – Books and Records

The Committee shall keep correct and complete books and records of accounts. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 – Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given to each member of the Board of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meeting.

KENTUCKY EDUCATIONAL MEDICAL POLITICAL ACTION COMMITTEE

KEMPAC

3532 Ephraim McDowell Drive, Louisville, Ky. 40205

CONSTITUTION

AND

BY-LAWS

Revised November 13, 1970

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ARTICLE I

NAME AND DEFINITION

The name of this committee is the Kentucky Educational Medical Political Action Committee, hereinafter referred to as the Committee or KEMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others. The Committee shall be politically non-partisan.

ARTICLE II

PURPOSES

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

MEMBERSHIP, DUES AND CONTRIBUTIONS

Section 1 – Members

Membership shall be available to any Doctor of Medicine, his employees and members of his immediate family, *upon the favorable vote of a majority of the Board of Directors.*

Section 2 – Associate Members

Associate membership shall be *available* to any person approved by a majority vote of the Board upon payment of annual dues *of not less than* $20.00 per person. *Associate Members* shall have no vote but may receive all publications and attend such functions as are deemed pertinent *by the Board.*

Section 3 – Dues

The annual dues for active members shall be not less than thirty-five dollars per family membership, $20.00 of which shall be forwarded to American Political Action Committee (AMPAC) in the member's name and wife's or husband's name as dues in that organization. The Board is authorized to establish additional categories of membership with higher dues assessments.

Section 4 – Sustaining Membership

A member may become a sustaining member by payment of $100 annual dues, $50.00 of which will be forwarded to AMPAC.

Section 5 – Contributions

All contributions to KEMPAC shall be subject to the approval of the Board and such funds shall be disposed of at its direction.

ARTICLE IV

Board of Directors

Section 1 – Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 – Compostion

The Board shall consist of 17 members, three of whom will be members of the auxiliary and who are members of KEMPAC. The other 14 shall be doctors of medicine who are members of KEMPAC - two from each congressional district - and they shall be of bipartisan complexion. The major parties will be the two parties that polled the greatest number of votes in the preceding presidential election.

Section 3 – Selection and Terms

The members of the Board shall be appointed by the Board of Trustees of the Kentucky Medical Association for a term of one year. No member shall serve for more than *six* consecutive years.

Section 4 – Past Chairmen

All past chairmen of the Board will be exofficio members of the Board and invited to attend all meetings. They shall have full voice in all matters, including the right to make motions, but shall not have a vote.

ARTICLE V

Officers

Section 1 – Designations, Elections, Terms

The general officers of the Committee shall be a Chairman, Vice Chairman and a Secretary-Treasurer. These officers shall constitute the Executive Committee and shall be in a two to one ratio as to party affiliation. The officers shall be elected by the Board of Directors from among the members of the Board at its annual meeting and shall serve for a term of one year, except that the original officers of the Committee shall be appointed by the Board of Trustees of the Kentucky Medical Association and shall serve until the annual meeting following the completion of their terms of office. No officer shall serve for more than two terms.

In the event that one of the officers cannot complete his term of one year, the vacancy will be filled at the next Board meeting by the usual election mechanism. This interim service will not be regarded as a full term of one year and in such an event the elected person will be eligible to serve two terms of one year each if so elected by the Board.

Section 2 – The Chairman

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CONSTITUTION AND BYLAWS

of the

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE

Adopted March 5, 1967
Amended July 16, 1973
Amended March 12, 1978

CONSTITUTION AND BYLAWS

of the

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee or LAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 — Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family and others interested in supporting our activities. The Board of Directors is authorized to establish additional categories of membership.

ARTICLE III cont'd.

Section 2 — Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 — Dues

Dues shall be set by the Board of Directors in accordance with the following schedule:

Active membership ---------- $15.00 minimum
Sustaining membership -------- $50.00 minimum
Student membership ---------- $ 5.00 minimum
Family membership ---------- $25.00 minimum

Section 4 — Contributions

Contributions to LAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion. Approval by a simple majority of the entire Board is necessary for the disbursal of funds for political action.

Unless voted otherwise by the Board of Directors, LAMPAC will aid in solicitation and collection of dues for AMPAC.

ARTICLE IV

Section 1 — Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 — Composition

The Board of Directors shall consist of not more than 25 sustaining LAMPAC members, two of whom will be members of the Auxiliary to the Louisiana State Medical Society. The others shall be Doctors of Medicine or members of allied professions. The Board of Directors shall consist of 2 (two) physicians from each Congressional District of Louisiana, each district respresented by a Director and an Alternate Director. The Alternate Director shall vote only in the absence of the Director.

Section 3 — Selection and Terms

The members of the Board of Directors shall be elected to take office on January 1st for a term of three years in staggered terms, with approximately one-third of the Directors elected each year. The Alternate Directors shall be elected for the same term and in a like manner. However, the terms shall be so constructed that the Director and Alternate Director from a given district or from a specific organization shall be elected in different years. In no instance may a Director or an Alternate Director vote in a contest in which he

ARTICLE IV.cont'd.

is a candidate for the office.

Selection of initial expiration dates for present Directors and Alternate Directors, to conform with the above, shall be by a drawing held immediately after approval of this amendment. Election shall be held in the last half of the calendar year by vote of the Board of Directors from a slate of nominees made by the Board and additional nominees by the membership. At least thirty days prior to the election date, a mailing shall be made to each LAMPAC member soliciting his approval or disapproval of the Board designated nominees from the member's district or organization, and allowing the member, if he disapproved the Board designated nominee, to nominate another from his district or organization.

If the membership solicitation yields a return, up to the date of the election, with more disapprovals than approvals of a nominee, that nominee shall be ineligible for election to that position.

If a Director or Alternate Director resigns, becomes disqualified or is otherwise removed from his position prior to the expiration of his term, the Board of Directors shall nominate and elect a replacement to complete the term, without necessarily soliciting the opinion of the membership.

Any Director or Alternate who is absent from three consecutive meetings of the Board shall be considered as having submitted his resignation from the Board is subject to replacement as stipulated above.

ARTICLE V

Officers

Section 1 — Designations, Elections, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary and Treasurer (last two may be combined). The officers shall be elected by the Board of Directors from among the members of the Board at the first meeting of each calendar year, shall take office immediately after election and shall serve for a term of one year or until replaced in accordance with the provisions of ARTICLE IV.

Section 2 — The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an Ex-Officio member of all committees. He will preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board.

Section 3 — Vice-Chairman

The Vice-Chairman shall serve as chairman in the absence of the Chairman.

ARTICLE V cont'd.

Section 4 — Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Secretary (or in absence, the Treasurer) shall preside at meetings of the Board of Directors if the Chairman and Vice-Chairman are both absent. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 — Annual Meeting

The Annual meeting of the Board of Directors shall be held at the time of the annual meeting of the Louisiana State Medical Society.

Section 2 — Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board. Each member must be notified of meetings in writing or by phone. A quorum shall be more than 50% of members physically present or polled by telephone at the time of the meeting.

ARTICLE VII

Committees

The Louisiana Medical Political Action Committee shall have such committees as the Board of Directors determine are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 — Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at the discretion of the Board, or at the time of any change in the office of the Secretary-

ARTICLE VIII, Section 1 cont'd.

Treasurer. The auditor shall be named by the Chairman with the approval of the Board of Directors.

Section 2 — Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days' written notice is given of the intention to alter, amend or repeal or adopt a new Constitution and Bylaws at such meeting.

13366

CONSTITUTION AND BYLAWS

of the

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE

Adopted March 5, 1967
Amended July 16, 1973

CONSTITUTION AND BYLAWS

of the

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee or LAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues, and Contributions

Section 1 -- Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

ARTICLE III cont'd.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

Active membership:	$10.00 minimum
Sustaining membership:	$99.00 minimum
Student membership:	$ 5.00 minimum

Section 4 -- Contributions

Contributions to LAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion. A simple majority of the entire Board is necessary for the disbursal of funds or for political action.

ARTICLE IV

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

Section 2 -- Composition

The Board of Directors shall consist of not more than 25 (twenty-five) LAMPAC members, two of whom will be members of the Woman's Auxiliary to the Louisiana State Medical Society. The others shall be Doctors of Medicine or members of allied professions. The Board of Directors shall consist of 2 (two) physicians from each Congressional District of Louisiana, each district represented by a Director and an Alternate Director. The Alternate Director shall vote only in the absence of the Director.

Section 3 -- Selection and Terms

The members of the Board of Directors shall be elected for a term of one year. The Board of Directors shall act as the nominating committee, and each Director and Alternate Director shall be elected on a district basis by a mail ballot which will provide for write-in candidates. This election of the Board by the general membership of LAMPAC shall be held every five years.

ARTICLE IV, Section 3 cont'd.

The LAMPAC Board in the interim will have the responsibility for maintaining the widest possible active representation of the general membership as provided for in the Constitution. The Board may elect two delegates at-large and two alternates at the Board's discretion. The at-large Directors shall be voting members. An additional one voting Board member at-large shall be appointed each year for one year's tenure by the Executive Committee of the Louisiana State Medical Society. An additional voting Board member at-large shall be elected yearly for a tenure of one year by the House of Delegates of the Louisiana State Medical Society.

Any member of the Board of Directors who is absent from three consecutive meetings without acceptable written explanation to the Board of Directors will be replaced, after authorized notification in writing by the Secretary-Treasurer.

ARTICLE V

Officers

Section 1 -- Designations, Elections, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, and Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at the first meeting of each calendar year, and shall serve for a term of one year.

Section 2 -- The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an Ex-Officio member of all committees. He will preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board.

Section 3 -- Vice-Chairman

The Vice-Chairman shall serve as chairman in the absence of the Chairman.

Section 4 -- Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall

ARTICLE V, Section 4 cont'd.

present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. He shall preside at meetings of the Board of Directors if the Chairman and Vice-Chairman are both absent. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held at the time of the annual meeting of the Louisiana State Medical Society.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three members of the Board. Each member must be notified of meetings in writing or by phone. A quorum shall be more than 50% of members physically present or polled by telephone at the time of the meeting.

ARTICLE VII

Committees

The Louisiana Medical Political Action Committee shall have such committees as the Board of Directors determine are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at the discretion of the Board, or at the time of any change in the office of the Secretary-Treasurer. The auditor shall be named by the Chairman with the approval of the Board of Directors.

ARTICLE VIII cont'd.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days' written notice is given of the intention to alter, amend, or repeal or adopt a new Constitution and Bylaws at such meeting.

13344

CONSTITUTION AND BY-LAWS

of the

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE

(Adopted March 5, 1967)

ARTICLE I

Name and Definition

The name of this Committee is LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee or LAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records, officeholders and candidates for elective office.

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Membership, Dues, and Contributions

Section 1 — Members

Active and sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family, and others. Associate memberships shall be available to any employee of a non-profit medical society or association. The Board of Directors is authorized to establish additional categories of membership.

Section 2 — Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 — Dues

Active membership: $10.00 minimum
Sustaining membership: $99.00 minimum
Student membership: $5.00 minimum

Section 4 — Contributions

Contributions to LAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed at its discretion. A simple majority of the entire Board is necessary for the disbursal of funds or for political action.

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The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

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The Board of Directors shall consist of not more than 25 (twenty five) LAMPAC members, two of whom will be members of the Woman's Auxiliary to the Louisiana State Medical Society. The others shall be Doctors of Medicine or members of allied professions. The Board of Directors shall consist of 2 (two) physicians from each Congressional District of Louisiana, each district represented by a Director and an Alternate Director.

Section 3 — Selection and Terms

The members of the Board of Directors shall be elected for a term of one year. The Board of Directors shall act as the nominating comitee, and each Director and Alternate Director shall be elected on a district basis by a mail ballot which will provide for write-in candidates. Nominations by the Board of Directors will be made at the LAMPAC Board of Directors meeting prior to November 1 each year, and ballots shall be sent to all active LAMPAC members on or before November 1 each year, indicating a deadline for return.

No Director shall serve more then five years after adoption of this Constitution and By-Laws.

Any member of the Board of Directors who is absent from three consecutive meetings without acceptable written explanation to the Board of Directors will be replaced, after authorized notification in writing by the Secretary-Treasurer.

ARTICLE V

Officers

Section 1 — Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, and Secretary-Treasurer. The officers shall be elected by the Board of Directors from among the members of the Board at the first meeting of each calendar year, and shall serve for a term of one year.

Section 2 — The Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an Ex-Officio member of all committees. He will preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees subject to the approval of the Board.

Section 3 — Vice-Chairman

The Vice-Chairman shall serve as chairman in the absence of the Chairman.

Section 4 — Secretary-Treasurer

The Secretary-Treasurer shall perform such duties as are customarily performed by the Secretary of a committee or as shall be prescribed by the Board of Directors. The Secretary-Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. He

shall preside at meetings of the Board of Directors if the Chairman and Vice-Chairman are both absent. The Secretary-Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium on such bond to be paid by the Committee.

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Section 1 -- Annual Meeting

The annual meeting of the Board of Directors shall be held at the time of the annual meeting of the Louisiana State Medical Society.

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ARTICLE VII

Committees

The Louisiana Medical Political Action Committee shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records, and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at the discretion of the Board, or at the time of any change in the office of the Secretary-Treasurer. The auditor shall be named by the chairman with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and By-Laws

This Constitution and By-Laws may be altered, amended or repealed and a new Constitution and By-Laws may be adopted by two-thirds of the members of the Board of Directors, provided that at least thirty days written notice is given of the intention to alter, amend, or repeal or adopt a new Constitution and By-Laws at such meeting.

1.b

CONSTITUTION

of the

MARYLAND MEDICAL POLITICAL

ACTION COMMITTEE

November 1967

Adopted

April 1963

Amended

March 1964

Amended

November 1967

MM:m
500/April 1963
200/March 1964
1000/March 1968

CONSTITUTION

OF THE

MARYLAND MEDICAL POLITICAL ACTION

COMMITTEE

ARTICLE I - NAME AND DEFINITION

The name of this organization shall be the Maryland Medical Political Action Committee, hereinafter referred to as MMPAC. It shall be a voluntary, non-profit, unincorporated Committee of individual physicians, their wives and others, cooperating in political education and action. MMPAC shall be an independent autonomous organization and shall not be a branch or subsidiary of any national or other political committee.

ARTICLE II - PURPOSES

The purposes of the Committee are:

Section 1. To promote and work for better government by encouraging and assisting physicians, their wives, other members of the healing arts and friends (hereinafter referred to as its members) to take a more active and effective part in governmental affairs.

Section 2. To encourage its members to understand the nature and actions of their government; to inform them of important legislation and political issues affecting the medical profession; to present to its members the records of office holders and candidates for elective office.

Section 3. To assist its members in organizing themselves for effective political activity and civic responsibility.

Section 4. To lend support to and work for the nomination and election of any candidate for public office representing the best interests of the public and medicine's viewpoint.

Section 5. To do all things necessary and desirable for the attainment of the purposes stated above which are in accord with State and Federal laws.

ARTICLE III - MEMBERSHIP, CONTRIBUTIONS AND EDUCATIONAL GRANTS

Section 1. Membership shall be available to all Doctors of Medicine, other members of the healing arts, their spouses, members of their immediate family and friends. Membership shall be in accordance with the contributions listed below.

Section 2. Contributions. Candidates for membership shall be subject to approval by the Executive Committee and payment of annual contributions as follows:

Sustaining:	
Individual:	$100.00 or more
Husband and wife:	$125.00 or more
Active:	
Individual:	$25.00 or more
Husband and wife:	$45.00 or more

The membership year shall commence on January 1st of each year and end on December 31st of the same year.

Section 3. AMPAC Contributions. Contributions per capita shall be forwarded to AMPAC for each member.

Section 4. Educational Grants to the Maryland Medical Political Action Committee shall be subject to the approval of the Board of Directors and such funds shall be disbursed in accordance with this Constitution.

ARTICLE IV - OFFICERS

Section 1. The Officers of MMPAC shall be a Chairman, a Vice-Chairman, a Secretary and a Treasurer. These Officers shall be elected at the Annual Meeting held in the spring of the odd-numbered years for a term of 2 years or until their successors are elected. The Officers of MMPAC shall be

the general officers of the Executive Committee and the Board of Directors.

Section 2. The Chairman shall be the Chief Executive Officer of MMPAC. He shall preside at all meetings of the Executive Committee, the Board of Directors and the meetings of MMPAC. He shall appoint all chairmen subject to approval by the Executive Committee. He shall be an ex-officio member of all committees. The Chairman shall have the authority to act as Treasurer when the Treasurer is unable to function.

Section 3. The Vice-Chairman shall perform such executive duties as may from time to time be requested by the Chairman. In the case of death, disability, resignation or absence of the Chairman, he shall automatically become Chairman.

Section 4. The Secretary shall perform such duties as are customarily performed by the Secretary of a political action committee or as shall be prescribed by the Executive Committee and the Board of Directors. In the absence of the Chairman and Vice-Chairman, he shall preside at meetings of the Executive Committee.

Section 5. The Treasurer shall be the custodian of the funds of MMPAC. He shall collect all contributions and other funds of the organization. He shall disburse all moneys of MMPAC in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors or the Executive Committee.

Section 6. Nominating Committee. There shall be a Nominating Committee selected by the Executive Committee. It shall be the duty of this Committee to nominate a slate of candidates for each office to be filled at the annual meeting. The Committee shall send a copy of the proposed

slate to each District PAC at least six weeks before the election. Additional nominations may be made from the floor provided the written consent of the proposed nominee has been obtained and is filed with the Secretary at the time of the nomination. Election shall be by Viva Voce and a majority vote shall elect.

ARTICLE V - BOARD OF DIRECTORS

Section 1. The Board of Directors of MMPAC shall consist of the Officers of MMPAC, the Chairmen of the District PACs, and an appointed Chairman of the Women's Division and at least two other members in good standing of MMPAC to be appointed by the Board of Directors (or, alternatively elected at the Annual Meeting of MMPAC). The remaining members, if any, shall be representatives of groups which share the philosophy of MMPAC.

Section 2. The Board of Directors shall have general supervision and control of the affairs and funds of MMPAC and shall set all policies and initiate all activities of the organization. Its members shall serve without compensation and they must be active or sustaining members.

Section 3. Such committees shall be appointed as the Board of Directors determines are necessary and desirable to carry out MMPAC's purposes and objectives. The Chairman and members of such committees shall be appointed by the MMPAC Chairman subject to approval by the Board of Directors.

Section 4. Four (4) members of the Board of Directors shall constitute a quorum.

ARTICLE VI - EXECUTIVE COMMITTEE

Section 1. There shall be an Executive Committee of the Board of Directors composed of the General Officers of MMPAC and one member of the Board of Directors appointed by the Executive Committee. The Executive Committee shall have complete power to act between meetings of the Board of Directors.

Section 2. A vacancy in office shall be filled by the Executive Committee for the unexpired term.

Section 3. Three (3) members of the Executive Committee shall constitute a quorum.

ARTICLE VII - CONGRESSIONAL DISTRICT POLITICAL ACTION COMMITTEES

Section 1. The Executive Committee, following the annual meeting in the odd-numbered years, shall select a Chairman in each of the eight Congressional Districts in Maryland who shall be responsible for carrying out MMPAC policies in their District. It shall be at the District level that MMPAC members shall participate in "Grass Roots Political Activity." The District PAC shall be subsidiary to and under the jurisdiction of the Board of Directors of MMPAC.

ARTICLE VIII - MEETINGS

Section 1. Annual Meeting. There shall be an Annual Meeting of MMPAC at the call of the Board of Directors. The purpose of this meeting will be to elect officers in the odd-numbered years, to receive reports of Officers and Committees and for such other business as may arise.

Section 2. The annual meeting shall be open to all members of MMPAC and each member in good standing shall have a vote.

Section 3. Special meetings of MMPAC may be called by the Board of Directors and shall be called upon written request of twenty-five (25) members. At least ten (10) days notice shall be given and the business to be transacted shall be limited to that mentioned in the call for the meeting.

Section 4. Quorum. Ten (10) members present at any MMPAC meeting shall constitute a quorum.

ARTICLE IX - BOOKS, RECORDS AND FINANCES

Section 1. MMPAC shall, at the District and State level, keep correct and complete books and records of account. MMPAC books of account shall be audited at least once a year by an auditor named by the Executive Committee.

Section 2. The funds of MMPAC shall be deposited to the credit of the Maryland Medical Political Action Committee in such banks or other depositories as the Executive Committee may select.

ARTICLE X - PARLIAMENTARY AUTHORITY

The rules contained in Robert's Rules of Order Revised shall govern MMPAC in all cases to which they are applicable and in which they are not inconsistent with this Constitution.

ARTICLE XI - AMENDMENTS TO CONSTITUTION

This Constitution may be amended in any respect at any meeting of the Board of Directors by a 2/3 vote of the members present provided the amendment has been proposed by the Board of Directors or the Bylaws Committee, and that a copy of the proposed amendment has been sent to the Board of Directors and the District PAC Chairmen at least four (4) weeks prior to the meeting.

cc # 1335

Maryland Medical Political Action Committee

1211 Cathedral Street • Baltimore, Maryland 21201 • (301) 539-0872

RECEIVED FEDERAL ELECTION

'77 MAR 10 PM 4:10

March 9, 1977

Mr. William C. Oldaker
General Counsel
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Dear Mr. Oldaker:

This letter is in response to your letter dated February 24, 1977 to Francis C. Mayle, M.D. Dr. Mayle is presently not the Chairman of this organization. The information you requested on the attachment follows:

1. (a) MMPAC was founded on September 25, 1962.
   (b) Bylaws from January 1, 1972 are enclosed.

2. Officers and Directors since January 1, 1972 are listed on attachments to this letter.

3. Copies of solicitation materials are enclosed, including typical letters, dues envelope and dues notice.

4. Decisions on campaign contributions and expenditures are made by the Board of Directors.

   (a) The Board is identified in the lists provided under item 2 above.
   (b) There is no provision for allocation of authority for authorization of campaign contributions or expenditures in the Bylaws or elsewhere.

5. There were no "events" connected with transfers of dues to AMPAC. Solicitations are mailings of dues bills or letters to physicians as indicated under item 3 above.

   (a) The dates are on the letters.
   (b) Most of the dues were paid as a separate item by members when they paid their annual membership dues to the medical society. A copy of the bill is enclosed.
   (c) Since there are no "events", there are no participants in such "events."
   (d) Physicians and their spouses receive solicitations.
   (e) There are no fundraising events. Costs of soliciting membership dues are paid by MMPAC out of dues paid.
   (f) Again, there are no "events", so no proceeds. Dues are transferred to AMPAC at $10 per member.

Sincerely,

Joseph J. Harrison
Treasurer

JJH/nbw

133 JJ

CONSTITUTION

of the

MARYLAND MEDICAL POLITICAL

ACTION COMMITTEE

JUNE 1974

CONSTITUTION

OF THE

MARYLAND MEDICAL POLITICAL ACTION

COMMITTEE

ARTICLE I - NAME AND DEFINITION

The name of this organization shall be the Maryland Medical Political Action Committee, hereinafter referred to as MMPAC. It shall be a voluntary, non-profit, unincorporated Committee of individual physicians, their wives and others, cooperating in political education and action. MMPAC shall be an independent autonomous organization and shall not be a branch or subsidiary of any national or other political committee.

ARTICLE II - PURPOSES

The purposes of the Committee are:

Section 1. To promote and work for better government by encouraging and assisting physicians, their wives, other members of the healing arts and friends (hereinafter referred to as its members) to take a more active and effective part in governmental affairs.

Section 2. To encourage its members to understand the nature and actions of their government; to inform them of important legislation and political issues affecting the medical profession; to present to its members the records of office holders and candidates for elective office.

Section 3. To assist its members in organizing themselves for effective political activity and civic responsibility.

Section 4. To lend support to and work for the nomination and election of any candidate for public office representing the best interests of the public and medicine's viewpoint.

Section 5. To do all things necessary and desirable for the attainment of the purposes stated above which are in accord with State and Federal laws.

ARTICLE III - MEMBERSHIP, CONTRIBUTIONS AND EDUCATIONAL GRANTS

Section 1. Membership shall be available to all Doctors of Medicine, other members of the healing arts, their spouses, members of their immediate family and friends. Membership shall be in accordance with the contributions listed below.

Section 2. Contributions. Candidates for membership shall be subject to approval by the Executive Committee and payment of annual contributions as follows:

Sustaining:	
Individual:	$100.00 or more
Husband and wife:	$150.00 or more
Active:	
Individual:	$ 25.00 or more
Husband and wife:	$ 45.00 or more

The membership year shall commence on January 1st of each year and end on December 31st of the same year.

Section 3. AMPAC Contributions. Contributions per capita shall be forwarded to AMPAC for each member.

Section 4. Educational Grants to the Maryland Medical Political Action Committee shall be subject to the approval of the Board of Directors and such funds shall be disbursed in accordance with this Constitution.

ARTICLE IV - OFFICERS

Section 1. The Officers of MMPAC shall be a Chairman, a Vice-Chairman, a Secretary, a Treasurer and an Assistant Treasurer. These officers shall be elected at the Annual Meeting held in the spring of the odd-numbered years for a

term of 2 years or until their successors are elected. The Officers of MMPAC shall be the general officers of the Executive Committee and the Board of Directors.

Section 2. The Chairman shall be the Chief Executive Officer of MMPAC. He shall preside at all meetings of the Executive Committee, the Board of Directors and the meetings of MMPAC. He shall appoint all chairmen subject to approval by the Executive Committee. He shall be an ex-officio member of all committees. The Chairman shall have the authority to act as Treasurer when the Treasurer is unable to function.

Section 3. The Vice-Chairman shall perform such executive duties as may from time to time be requested by the Chairman. In the case of death, disability, resignation or absence of the Chairman, he shall automatically become Chairman.

Section 4. The Secretary shall perform such duties as are customarily performed by the Secretary of a political action committee or as shall be prescribed by the Executive Committee and the Board of Directors. In the absence of the Chairman and Vice-Chairman, he shall preside at meetings of the Executive Committee.

Section 5. The Treasurer shall be the custodian of the funds of MMPAC. He shall collect all contributions and other funds of the organization. He shall disburse all moneys of MMPAC in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors or the Executive Committee.

Section 6. The Assistant Treasurer shall perform such duties as may from time to time be requested by the Treasurer. In the case of death, disability, resignation or absence of the Treasurer, the Assistant Treasurer shall automatically become Treasurer.

Section 7. Nominating Committee. There shall be a Nominating Committee selected by the Executive Committee. It shall be the duty of this committee to nominate a slate of candidates for each office to be filled at the annual meeting. The Committee shall send a copy of the proposed slate to each District PAC at least six weeks before the election. Additional nominations may be made from the floor provided the written consent of the proposed nominee has been obtained and is filed with the Secretary at the time of the nomination. Election shall be by Viva Voce and a majority vote shall elect.

ARTICLE V - BOARD OF DIRECTORS

Section 1. The Board of Directors of MMPAC shall consist of the Officers of MMPAC, the Chairmen of the District PACs and 3 members of the Woman's Auxiliary of the Medical and Chirurgical Faculty. The Chairman of the Legislative Committee of the Medical and Chirurgical Faculty and the Chairman of the Legislative Committee of the Woman's Auxiliary to the Medical and Chirurgical Faculty shall be members ex-officio. At least two other members in good standing of MMPAC may be appointed with the approval of the Board of Directors. The President, Past-President, and President-Elect of the Medical and Chirurgical Faculty shall also serve: and the Past-Chairman of the MMPAC Board, even though he may have served his 10-year term.

Section 2. The Board of Directors shall have general supervision and control of the affairs and funds of MMPAC and shall set all policies and initiate all activities of the organization. Its members shall serve without compensation and they must be active or sustaining members.

Section 3. Such committees shall be appointed as the Board of Directors determines are necessary and desirable to carry out MMPAC's purposes and objectives. The Chairman and members of such committees

shall be appointed by the MMPAC Chairman subject to approval by the Board of Directors.

Section 4. Four (4) members of the Board of Directors shall constitute a quorum.

Section 5. No member may serve on the Board of Directors longer than five (5) consecutive terms unless elected to office, in which case he may serve out the term of that office.

ARTICLE VI - EXECUTIVE COMMITTEE

Section 1. There shall be an Executive Committee of the Board of Directors composed of the general officers of MMPAC and one member of the Board of Directors elected by the Board of Directors. The Executive Committee shall have complete power to act upon urgent matters between meetings of the Board of Directors.

Section 2. A vacancy in office shall be filled by the Executive Committee for the unexpired term.

Section 3. Three (3) members of the Executive Committee shall constitute a quorum.

ARTICLE VII - CONGRESSIONAL DISTRICT POLITICAL ACTION COMMITTEES

Section 1. The Executive Committee, following the Annual Meeting in odd numbered years, shall select Two (2) chairmen in each of the eight Congressional Districts in Maryland, one Republican and one Democrat, who shall be responsible for carrying out MMPAC policies in their District. MMPAC members of each district may submit nominees for the Co-Chairmanship of their Districts. It shall be at the District level that MMPAC members shall participate in "Grass Roots Political Activity." The District PAC shall be subsidiary to and under the jurisdiction of the Board of Directors of MMPAC.

ARTICLE VIII - MEETINGS

Section 1. Annual Meeting - There shall be an Annual Meeting of MMPAC at the call of the Board of Directors. The purpose of this meeting will be to elect officers in the odd numbered years, to receive reports of Officers and Committees and for such business as may arise. Notification of the Annual Meeting shall be given through suitable publications and by letter to members of MMPAC at least six (6) weeks prior to said meeting.

Section 2. The annual meeting shall be open to all members of MMPAC and each member in good standing shall have a vote.

Section 3. Special meetings of MMPAC may be called by the Board of Directors and shall be called upon written request of twenty-five (25) members. At least ten (10) days notice shall be given and the business to be transacted shall be limited to that mentioned in the call for the meeting.

Section 4. Quorum. Ten (10) members present at any MMPAC meeting shall constitute a quorum.

ARTICLE IX - BOOKS, RECORDS AND FINANCES

Section 1. MMPAC shall, at the District and State level, keep correct and complete books and records of account. MMPAC books of account shall be audited as least once a year by an auditor named by the Executive Committee.

Section 2. The funds of MMPAC shall be deposited to the credit of the Maryland Medical Political Action Committee in such banks or other depositories as the Executive Committee may select.

ARTICALE X - PARLIAMENTARY AUTHORITY

The rules contained in Robert's Rules of Order Revised shall govern MMPAC in all cases to which they are applicable and in which they are not inconsistent with this Constitution.

ARTICLE XI - AMENDMENTS TO CONSTITUTION

This Constitution may be amended in any respect at any meeting of the Board of Directors by a 2/3 vote of the members present provided the amendment has been proposed by the Board of Directors or the By-laws Committee, and that a copy of the proposed amendment has been sent to the Board of Directors and the District PAC Chairmen at least four (4) weeks prior to the meeting.

Adopted

April 1963

Amended

March 1964

Amended

November 1967

Amended

June 5, 1974

MM:m
500/April 1963
200/March 1964
1000/March 1968
2000/June 1974

CONSTITUTION

of the

MARYLAND MEDICAL POLITICAL

ACTION COMMITTEE

March 1964

CONSTITUTION

OF THE

MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I - NAME AND DEFINITION

The name of this Committee is the Maryland Medical Political Action Committee, hereinafter referred to as the Committee. It is a voluntary, non-profit, unincorporated Committee of individual physicians and others and is not affiliated with any political party. The Committee is an independent, autonomous organization and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II - PURPOSES

The purposes of the Committee are:

1. To promote and strive for the improvement of government by encouraging and stimulating physicians, other members of the healing arts, and friends to take a more active and effective part in governmental affairs.

2. To encourage physicians, other members of the healing arts, and friends to understand the nature and actions of their government, as to important political issues and as to the records of office holders and candidates for elective office.

3. To assist physicians, other members of the healing arts and friends in organizing themselves for more effective political action and in carrying out their civic responsibilities.

4. To aid or promote the success or defeat of any political party, candidate or principle in any election or any proposition submitted to vote at a public election, or to aid or take part in the nomination or election of any candidate for public office in the public interest.

5. To do any and all things necessary or desirable for the attainment of the purposes stated above, and not in conflict with the laws of the State of Maryland and the United States.

ARTICLE III-MEMBERSHIP, DUES AND CONTRIBUTIONS

Section 1. MEMBERSHIP. Membership shall be available to any Doctor of Medicine, any other member of the Healing Arts, his spouse, members of his immediate family or friends. Membership shall be in accordance with the dues listed below.

Section 2. DUES. Candidates for membership shall be subject to approval by the Executive Committee and payment of full annual dues as follows:

Sustaining:	Individual	$100.00
	Husband & Wife	$125.00 and above
Active:	Individual	$25.00
	Husband & Wife	$35.00 and above

and are payable on a calendar year basis.

Section 3. CONTRIBUTIONS. Contributions to the Maryland Medical Political Action Committee shall be subject to the approval of the Executive Committee and such funds shall be disbursed in accordance with this Constitution.

ARTICLE IV - EXECUTIVE COMMITTEE

Section 1. There shall be an Executive Committee composed of the Chairman, Vice-Chairman, a

Secretary and a Treasurer of the Maryland Medical Political Action Committee, and members at large.

Section 2. QUORUM. A quorum for meetings of the Executive Committee shall be three members of that Committee.

Section 3. DUTIES. The Executive Committee shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. It shall have complete power to act between meetings. Its members shall serve without compensation.

Section 4. ELECTION AND TERMS. The members of the Executive Committee shall be elected at the annual meeting and all members of the Executive Committee must be Active or Sustaining members of the Maryland Medical Political Action Committee. Terms of office shall correspond to the calendar year. At the annual meeting to be held in 1963, members of the Executive Committee shall be elected for the following terms:

One for five years
One for four years
One for three years
One for two years
One for one year

Thereafter, one member shall be elected annually for a five-year term, on a calendar year basis.

The Executive Committee shall have the power to elect a successor to any of the above positions, in the event of death, resignation, inability to serve or for any other reason deemed necessary.

ARTICLE V - OFFICERS

Section 1. The general officers of the Executive Committee shall be the officers

of the Maryland Medical Political Action Committee. The officers shall be elected by the Executive Committee at its annual meeting.

Section 2. The Chairman shall be the Chief Executive Officer of the Executive Committee and the Maryland Medical Political Action Committee and shall be an ex-officio member of all Committees. He shall preside at meetings of the Executive Committee. He shall appoint all chairmen and members of committees subject to the approval of the Executive Committee.

Section 3. THE VICE-CHAIRMAN. The Vice-Chairman shall perform such executive duties as may from time to time be requested by the Chairman. In the case of death, disability or resignation of the Chairman, he shall automatically become Chairman. In the temporary absence of the Chairman, he shall function in his stead.

Section 4. SECRETARY. The Secretary shall perform such duties as are customarily performed by the Secretary of a political action committee or as shall be prescribed by the Executive Committee. In the absence of the Chairman and Vice-Chairman, he shall preside at meetings of the Executive Committee.

Section 5. TREASURER. The Treasurer shall be the custodian of the funds of the Maryland Medical Political Action Committee. He shall collect all dues and other funds of the organization. He shall disburse all moneys of the Maryland Medical Political Action Committee in accordance with the instructions of the Executive Committee. He shall keep full and accurate accounts, shall present financial statements, and shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Executive Committee.

ARTICLE VI - MEETINGS

Section 1. ANNUAL MEETING. The annual meeting of the Maryland Medical Political Action Committee shall be held during the period of the

fall meeting of the Medical and Chirurgical Faculty in 1963. In 1964 and successive years it shall be held during the period of the Scientific Sessions of the Medical and Chirurgical Faculty.

ARTICLE VII - COMMITTEES

Section 1. The Maryland Medical Political Action Committee shall have such committees as the Executive Committee determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman subject to the approval of the Executive Committee.

ARTICLE VIII - BOOKS, RECORDS AND FINANCES

Section 1. BOOKS AND RECORDS. The Maryland Medical Political Action Committee shall keep correct and complete books and records of account. The Maryland Medical Political Action Committee's books of account shall be audited at least once a year. The auditor shall be named by the Executive Committee.

Section 2. DEPOSITS. The funds of the Maryland Medical Political Action Committee shall be deposited to the credit of the Maryland Medical Political Action Committee in such banks or other depositories as the Executive Committee may select.

ARTICLE IX - AMENDMENTS TO CONSTITUTION

This Constitution may be altered, amended or repealed and a new Constitution may be adopted by four-fifths of the members of the Executive Committee, provided that at least thirty days written notice is given of the intention

to alter, amend, or repeal or to adopt a new Constitution at such meeting.

ARTICLE X

In order to effect the work of the Maryland Medical Political Action Committee there shall be formed such subsidiary local organizations as the Executive Committee from time to time shall direct.