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*The Non Commissioned Officers Association  
of the United States of America*

*cordially invites you*

*to a Reception in Honor of*

*The Honorable John G. Tower, U.S. Senator*

*Recipient of NCOA's 1973 Annual*

*"L. Mondel Rivers Award for Legislative Action"*

*Thursday, the Sixteenth of May*

*five-thirty to eight o'clock p.m.*

*Room 1224*

*Dirksen Senate Office Building*

*Accepted - May 14, 1974.*



*RSVP*

*202-546-7891*

*202-546-7892*

PROFESSIONALS' FORUM

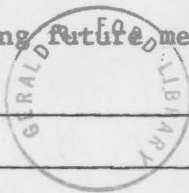
Tuesday, October 1, 1974, Luncheon at 12:00 noon  
The Army-Navy Club, 1627 I Street, N. W. at Farragut Square

Speaker: Hon. Mark O. Hatfield  
U. S. Senator, Oregon

- I will attend the Luncheon. (My check for \$5.95 is enclosed)  
 I will not be able to attend the Luncheon. (Payable: J. Scott McBride, Treasurer)  
 I would be interested in attending future meetings of The Professionals' Forum.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_



*Regretted  
by telephone*

Mr. J. Scott McBride  
c/o Applied Marketing, Inc.  
2030 M Street, N. W., Suite 401  
Washington, D. C. 20036



OFFICE OF THE SECRETARY OF DEFENSE  
WASHINGTON, D. C. 20301

September 4, 1974

Dr. Theodore C. Marrs  
Special Assistant to the President  
The White House  
Executive Office Bldg., Room 103  
Washington, D. C. 20500

Dear Dr. <sup>Ted</sup>Marrs:

A small group of us who work in the Washington area feel a need to establish a monthly forum for senior and middle-level professionals. The basic purpose of such a forum would be to explore current issues in some depth, including the moral and ethical principles of sound and meaningful professional relationships. In this regard, we envision having a speaker address each meeting who would share with us the personal motivations underlying his own endeavors in the professional sphere. While the central theme will primarily focus on professional excellence, the meetings themselves will have a spiritual underpinning that will undoubtedly provide the basis for some of the following discussion.

We would like very much to have you join us at our first meeting on Tuesday, October 1, 1974, with Senator Mark O. Hatfield scheduled as our speaker. Mark will be talking to us about some of the struggles he has undergone in resolving differences between his personal convictions and those he views as the will of his constituency.

The luncheon meeting will begin at 12:00 noon at The Army-Navy Club, 1627 I Street, N.W. at Farragut Square. The cost will be \$5.95 per person. We will need to know by Friday, September 20, if you will be able to attend. We ask that you include your remittance with your acceptance slip in the enclosed envelope. If, for some reason, you should have to cancel at the last minute, it is doubtful that we would be able to make a refund for we are charged for each place setting.

As attendance will be on an invitation basis only, you are urged to send your acceptance to: J. Scott McBride, c/o Applied Marketing, Inc., 2030 M Street, N.W., Suite 401, Washington, D. C. 20036. If you have any questions, please call me at OX 5-0954.

We sincerely hope that you can be with us to share in what we feel will be a very meaningful experience.

Sincerely,

  
Douglas M. Johnston

DMJ:bjl  
Enclosures

ERLE COCKE, JR.

*Management Consultant*

1629 K STREET, N. W.  
WASHINGTON, D. C. 20006

(202) 293-1322

November 1, 1974



Dr. Theodore C. Marrs  
Special Assistant to the President  
The White House  
Washington, D. C. 20500

Dear Doc:

My wife Maggie thinks that the four of us ought to get together. She readily agrees on the City Tavern Club at 3206 M Street, Georgetown (next door to Rive Gauche). We would like to offer you a 7:30 p.m. dinner on Friday, November 8, Saturday, November 9) or (Sunday, November 10).

I thought the new National Commander of The American Legion, James M. Wagoner, turned out a good crowd to his Washington Press, Radio and Television reception. You honored the Commander by your presence, and certainly your many years of identification with The American Legion, both in the Pentagon and White House, is appreciated by all of us.

Could you have your secretary call me and tell me which date suits the Marrs?

Sincerely,

A handwritten signature in cursive script that reads "Erle Cocke, Jr." The signature is written in dark ink and is positioned above the typed name.

Erle Cocke, Jr.

EC:rs

*accepted for*  
*Nov 13*

THE WHITE HOUSE

WASHINGTON

11-22-74

Velma - 5 people.

Please Call



Col. Chipman re:

Mtg. with ROA and  
Sr. Mess - - Please set

up mtg. . . . 9:15 <sup>Monday</sup> <sub>2 PM</sub>

Subj: Re-computation of  
Military Retiree

Pay -  
P.A. No. (331-1111)



## Chamber of Commerce of the United States

HUMAN AND COMMUNITY RESOURCES DEVELOPMENT GROUP

1615 H STREET, N.W.  
WASHINGTON, D.C. 20006

202-659-6170

December 6, 1974

TO: Messrs. Beebe, Christensen, Conway, Crawford, Diprete,  
Earle, Pearce, Pettengill, Rosen, Thomas, Marrs,  
Altman, Fox, Klar, Meriwether, Nicholson, Samuel,  
Ms. Koster

This confirms the meeting of the Advisory Group on Health on Tuesday, December 10, 1974. We will convene at 9:00 A. M. in Conference Rooms 1 and 2 of the National Chamber Building, 1615 H Street, N. W., Washington, D. C. 20062.

In order to make arrangements for luncheon I would appreciate it if you would let me know by 12:00 noon on the 9th how many people will be representing your organization.

You can contact my secretary, Mrs. Adams, on Area Code 202, 659-6109.

Finally, I have enclosed a recent study on employer-sponsored health insurance programs carried out by The Bureau of National Affairs. Data are included concerning eligibility, cost sharing, dependency and maternity benefits and deductible co-insurance provisions. Tables 4 and 5 contain data on major medical benefits and the costs of medical insurance under company pay-all and contributory plans.

I will look forward to seeing you at the meeting.

Cordially,

WILLIAM P. MCHENRY, JR.  
Director  
Economic Security, Education  
and Manpower

Enclosure

RD LIBRARY



PERSONNEL  
POLICIES  
FORUM

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EMPLOYEE HEALTH

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& WELFARE BENEFITS

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PPF SURVEY NO. 107 OCTOBER 1974

BNA

THE BUREAU OF NATIONAL AFFAIRS, INC., WASHINGTON, D. C.

- Group Life--Optional (Production employees): \$15,000 life, \$15,000 AD&D; cost \$6.00 per month shared equally by employee and company. (Clerical-Managerial): Graduated life and AD&D benefits; cost \$2.95 - \$8.85 paid by employee. (Large western transportation company)

MEDICAL INSURANCE

Nearly all -- 98 percent -- of the PPF companies have hospital and surgical insurance benefits for all groups of employees. These figures are up slightly from the 1969 survey when such plans covered 97 percent of production employee groups, and 94 percent of office and management groups.

Two major changes over the past five years have been the growth in major medical coverage and the number of comprehensive plans which combine the basic hospital and major medical benefits under one plan. As indicated by the figures in Table 1, more than three quarters -- 77 percent -- of production employee groups now have major medical plans; this compares to 64 percent in 1969. Coverage of office employees went to 91 percent from 82 percent in 1969, and for management employees the 1974 figure is 93 percent compared to 85 percent in 1969. Less than one eighth of the companies responding to the 1969 survey had comprehensive plans; in the present survey, one half the companies have such plans for office and management groups and 45 percent have them for production employees.

Hospital/Surgical Insurance

Nearly all employees become eligible for hospital benefits by the time they have been on the payroll three months (see Table 3), and many of them are eligible the first day on the job; first-day eligibility more likely to be the case for management employees (24 percent) than for production (14 percent) or office employees (17 percent). About one third of the companies specify permanent, full-time employment as a requirement for hospital/surgical insurance.

TABLE 3 -- HOSPITAL/SURGICAL INSURANCE

| Employee Group  | % of Companies With Hospital/Surgical Benefits |       |     |                     |       |     |            |       |     |
|---|--|-------|-----|---------------------|-------|-----|------------|-------|-----|
|   | Production/<br>Maintenance                     |       |     | Office/<br>Clerical |       |     | Management |       |     |
|   | Large  | Small | All | Large               | Small | All | Large      | Small | All |
| 1. What is the eligibility requirement for coverage? <u>1/</u>        |  |       |     |                     |       |     |            |       |     |
| First day   | 18   | 11    | 14  | 22                  | 12    | 17  | 30         | 18    | 24  |
| 1 month   | 28   | 27    | 28  | 28                  | 31    | 30  | 26         | 31    | 28  |
| 2 months  | 7  | 4     | 5   | 5                   | 4     | 5   | 3          | 4     | 3   |
| 3 months  | 20   | 22    | 21  | 15                  | 30    | 18  | 14         | 15    | 14  |
| 6 months  | 0  | 4     | 2   | 1                   | 1     | 1   | 0          | 1     | 1   |
| Permanent/full time employment  | 30   | 32    | 31  | 31                  | 34    | 32  | 31         | 34    | 32  |
| Other   | 3  | 4     | 3   | 3                   | 1     | 2   | 3          | 1     | 2   |
| (No response)   | (0)  | (1)   | (1) | (0)                 | (1)   | (1) | (0)        | (1)   | (1) |
| 2. Do employees share in the cost?                                    |  |       |     |                     |       |     |            |       |     |
| Yes   | 42   | 30    | 36  | 45                  | 34    | 39  | 42         | 32    | 37  |
| a. What percentage do they pay? <u>2/</u>                             |  |       |     |                     |       |     |            |       |     |
| Variable amount   | 13   | 5     | 9   | 12                  | 4     | 9   | 10         | 4     | 7   |
| 25% or less   | 29   | 36    | 32  | 36                  | 36    | 36  | 36         | 33    | 35  |
| 26%-50%   | 48   | 55    | 51  | 43                  | 56    | 48  | 45         | 59    | 51  |
| Over 50%  | 3  | 0     | 2   | 3                   | 0     | 2   | 3          | 0     | 2   |
| (No response)   | (7)  | (4)   | (6) | (6)                 | (4)   | (5) | (6)        | (4)   | (5) |
| 3. Are dependents covered?  |  |       |     |                     |       |     |            |       |     |
| Yes   | 99   | 99    | 98  | 99                  | 99    | 98  | 99         | 99    | 98  |
| a. What percentage do employees pay for dependent coverage? <u>3/</u> |  |       |     |                     |       |     |            |       |     |
| None  | 23   | 36    | 29  | 22                  | 33    | 27  | 23         | 32    | 27  |
| 25% or less   | 22   | 8     | 15  | 23                  | 11    | 17  | 23         | 12    | 18  |

(Continued next page)

TABLE 3 -- HOSPITAL/SURGICAL INSURANCE (Contd.)

| Employee Group                                 | % of Companies With Hospital/Surgical Benefits |       |      |                     |       |      |            |       |      |
|--|--|-------|------|---------------------|-------|------|------------|-------|------|
|  | Production/<br>Maintenance                     |       |      | Office/<br>Clerical |       |      | Management |       |      |
|  | Large  | Small | All  | Large               | Small | All  | Large      | Small | All  |
| 3. Are dependents covered? (Contd.)            |  |       |      |                     |       |      |            |       |      |
| 26%-50%  | 25   | 26    | 25   | 23                  | 26    | 25   | 21         | 26    | 23   |
| 51%-90%  | 4  | 5     | 5    | 6                   | 5     | 5    | 6          | 4     | 5    |
| 100%   | 10   | 10    | 10   | 10                  | 10    | 10   | 11         | 11    | 11   |
| (No response)                                  | (16)   | (15)  | (16) | (16)                | (15)  | (16) | (16)       | (15)  | (16) |
| 4. Are hospital extras a part of the plan?     |  |       |      |                     |       |      |            |       |      |
| Yes  | 86   | 76    | 81   | 86                  | 76    | 81   | 86         | 76    | 81   |
| 5. Are maternity benefits provided?            |  |       |      |                     |       |      |            |       |      |
| Yes  | 100  | 98    | 98   | 100                 | 98    | 98   | 100        | 98    | 98   |
| a. Is there a maximum amount? <u>4/</u>        |  |       |      |                     |       |      |            |       |      |
| Yes  | 65   | 64    | 64   | 65                  | 65    | 65   | 66         | 65    | 66   |
| b. The maximum amount is-- <u>5/</u>           |  |       |      |                     |       |      |            |       |      |
| \$50-\$200                                     | 23   | 22    | 22   | 19                  | 21    | 20   | 18         | 19    | 19   |
| \$225-\$500                                    | 37   | 37    | 37   | 40                  | 36    | 38   | 40         | 35    | 38   |
| Over \$500                                     | 4  | 13    | 9    | 8                   | 15    | 12   | 8          | 6     | 7    |
| 5-14 days, semi-private room                   | 8  | 11    | 10   | 8                   | 11    | 9    | 10         | 10    | 10   |
| Reasonable and customary charges               | 15   | 15    | 15   | 17                  | 11    | 14   | 14         | 15    | 14   |
| Other  | 13   | 2     | 7    | 8                   | 6     | 7    | 8          | 6     | 7    |
| 6. What are the deductible features? <u>1/</u> |  |       |      |                     |       |      |            |       |      |
| No deductible indicated                        | 54   | 61    | 57   | 53                  | 53    | 53   | 53         | 53    | 53   |
| \$ deductible                                  |  |       |      |                     |       |      |            |       |      |
| First \$25                                     | 9  | 4     | 7    | 11                  | 5     | 8    | 11         | 5     | 8    |
| First \$50                                     | 13   | 8     | 11   | 12                  | 11    | 11   | 12         | 12    | 12   |
| First \$100                                    | 12   | 7     | 9    | 9                   | 7     | 8    | 9          | 5     | 7    |
| Other \$ amount                                | 3  | 5     | 4    | 4                   | 5     | 5    | 4          | 5     | 5    |
| Coinsurance                                    |  |       |      |                     |       |      |            |       |      |
| 80%-20%  | 20   | 19    | 20   | 22                  | 23    | 22   | 22         | 23    | 22   |
| Other %  | 11   | 7     | 9    | 12                  | 7     | 9    | 12         | 7     | 9    |
| Other type deductible                          | 4  | 4     | 4    | 4                   | 4     | 4    | 4          | 4     | 4    |
| 7. What kinds of plans are used? <u>1/</u>     |  |       |      |                     |       |      |            |       |      |
| Insurance carrier                              | 66   | 49    | 57   | 68                  | 50    | 59   | 70         | 51    | 61   |
| Blue Cross/Blue Shield                         | 38   | 43    | 41   | 39                  | 46    | 43   | 39         | 45    | 42   |
| Self-insured                                   | 3  | 4     | 3    | 3                   | 4     | 3    | 3          | 4     | 3    |
| Other  | 8  | 5     | 7    | 5                   | 4     | 5    | 5          | 3     | 4    |
| (No response)                                  | (1)  | (1)   | (1)  | (1)                 | (1)   | (1)  | (1)        | (1)   | (1)  |

1/ Percentages add to more than 100 because of multiple responses.

2/ Percentages are of those companies in which employees share in the cost.

3/ Percentages are of those companies providing dependent coverage.

4/ Percentages are of those companies providing maternity benefits.

5/ Percentages are of those companies having a maximum on maternity benefits.

Costs of hospital/surgical insurance are shared by employees in 36 percent of the production groups, 39 percent of office, and 37 percent of management groups. Apparently there has been relatively little change in this regard over the past five years; the comparable 1969 figures are 38 percent for production, 39 percent for office, and 38 percent for management.

Dependent coverage is available in nearly all the companies; in about one tenth of the firms, the employer pays the full cost of dependent coverage, and in more than one fourth the employee pays the full cost.

The percentage of the cost for individual or dependent coverage sometimes varies, depending on the employee's length of service or pay rate. For example:

- Individual member pays 100% of premium during probationary period (90 days), 50% from three months to one year, nothing after one year. Family member pays 100% of premium during probationary period (90 days), 50% from three months to one year, 33.3% after one year. (Small eastern hospital)
- Hourly and salaried employees pay total cost of selected coverage during first year of employment. After one year's service, employer funds cost of individual basic program plus Option. (Large eastern university)
- Under our Blue Cross-Blue Shield Plan the following is a rate schedule showing the amounts paid by the employee and the employer:

|                               |                                   |          |              |
|-------------------------------|-----------------------------------|----------|--------------|
| Number of years with company: | Starting to 2 yrs.                | 2-5 yrs. | after 5 yrs. |
| Employer pays                 | 50%                               | 75%      | All          |
| Employee pays                 | 50%                               | 25%      | -            |
|                               | (Large central insurance company) |          |              |

- Employee share and employer share of the premium payments vary according to wage levels with the employer paying a higher percentage of the premium for lower paid jobs. For example, on a wage scale of one to ten the employer share of the premium varies from 76.3% for wage group one to 66.5% for wage group ten for dependent coverage. (Large central manufacturing company)

Extra hospital charges are covered in about four fifths of the plans (in 1969, 94 percent of the plans covered hospital extras), and maternity benefits are provided in 98 percent (compared to 100 percent in 1969). A maximum total benefit for maternity cases is specified in two thirds of the plans, and in more than one half this maximum is \$500 or less for a normal delivery; often a higher amount if allowed for Caesarian delivery or other complications.

Deductible features of the hospitalization plans are indicated by less than one half the respondents; the most common arrangement is for the first \$50 to be deductible and the remainder paid 20 percent by the employee and 80 percent by the plan; in a couple of plans, the insurance company pays the first \$1,000 of covered expenses and 80 percent of costs above that amount.

Hospital/surgical coverage is provided by local Blue Cross/Blue Shield plans for 41 percent of production employee groups, 43 percent of office groups, and 42 percent of management. These figures are somewhat higher than those for 1969, which were 34 percent for production, 29 percent for office, and 30 percent for management. Most of the remaining plans are through insurance carriers; only three percent of the companies self-insure hospital benefits. Benefits are provided under some other arrangement, either a union plan or a local health maintenance organization (HMO), for 7 percent of production groups, 5 percent of office, and 4 percent of management groups.

A difficulty concerning the kind of plan used for hospital benefits is discussed by one PPF member, as follows:

- I think a major problem today is that large corporations negotiate fringe benefits at the V. P. level (and above). Frequently, administration of these plans at the grass roots (plants) falls down. A small local hospital with no first-hand knowledge of the corporation's insurance carrier is likely to demand admission deposits. Local Blue Cross would be far easier. But headquarters, usually a 1,000 miles away in a large city, frequently fails to comprehend the problem. Result? Employee dissatisfaction with the plan and union agitation for something better. (Small eastern manufacturing plant)

One small employer with no formal plan for medical insurance does help with some costs. The Personnel Manager describes the process as follows:

- The company does not have health insurance covering employees and their dependents. However, employees who have been with the company one calendar year are reimbursed annually for allowable medical expenses. The employee must pay the first \$100.00. When the employee has insurance, he is reimbursed for medical expenses in excess of those defrayed by the insurance program less the \$100.00 deduction. (Small southern trade company)

### Major Medical Insurance

Coverage and features of the major medical plans in effect at the PPF companies are indicated by the figures in Table 4. Compared to basic hospital plans, the costs of major medical benefits are somewhat more likely to be shared by the employee and the percentage paid by the employee is likely to be higher. Major medical is paid for entirely by the employee in 6 percent of production groups and in 9 percent of office and management groups, whereas the employer pays at least some of the cost of basic hospital benefits for all employee groups in all companies with hospital/surgical plans.

| Employee Group  | % of Companies With Major Medical Benefits |       |      |                     |       |      |            |       |      |
|---|--|-------|------|---------------------|-------|------|------------|-------|------|
|   | Production/<br>Maintenance                 |       |      | Office/<br>Clerical |       |      | Management |       |      |
|   | Large                                      | Small | All  | Large               | Small | All  | Large      | Small | All  |
| 1. What is the eligibility requirement for coverage? <u>1/</u>        |  |       |      |                     |       |      |            |       |      |
| First day   | 17   | 6     | 12   | 23                  | 10    | 17   | 31         | 12    | 21   |
| 1 month   | 29   | 26    | 28   | 26                  | 31    | 28   | 23         | 33    | 29   |
| 2 months  | 5  | 6     | 5    | 4                   | 6     | 5    | 3          | 6     | 4    |
| 3 months  | 24   | 26    | 25   | 20                  | 19    | 20   | 17         | 16    | 16   |
| 6 months  | 2  | 2     | 2    | 3                   | 1     | 2    | 3          | 1     | 2    |
| Permanent/full time employment  | 24   | 34    | 37   | 24                  | 32    | 28   | 23         | 32    | 27   |
| Other   | 5  | 9     | 7    | 7                   | 6     | 7    | 6          | 6     | 6    |
| (No response)   | -  | -     | -    | -                   | (1)   | (1)  | -          | (1)   | (1)  |
| 2. Do employees share in the cost?                                    |  |       |      |                     |       |      |            |       |      |
| Yes   | 43   | 36    | 40   | 47                  | 37    | 42   | 44         | 35    | 39   |
| a. What percentage do they pay? <u>2/</u>                             |  |       |      |                     |       |      |            |       |      |
| Less than 20%   | 7  | 16    | 11   | 12                  | 12    | 12   | 13         | 13    | 13   |
| 25%-50%   | 67   | 42    | 57   | 58                  | 52    | 55   | 55         | 50    | 52   |
| 51%-99%   | 15   | 10    | 13   | 15                  | 8     | 12   | 16         | 8     | 13   |
| 100%  | 4  | 11    | 6    | 9                   | 8     | 9    | 10         | 8     | 9    |
| (No response)   | (7)  | (21)  | (13) | (6)                 | (20)  | (12) | (6)        | (21)  | (13) |
| 3. Are dependents covered?  |  |       |      |                     |       |      |            |       |      |
| Yes   | 98   | 100   | 99   | 99                  | 100   | 99   | 97         | 100   | 99   |
| a. What percentage do employees pay for dependent coverage? <u>3/</u> |  |       |      |                     |       |      |            |       |      |
| None  | 17   | 26    | 22   | 19                  | 26    | 23   | 20         | 26    | 23   |
| Less than 1%-25%  | 17   | 11    | 15   | 17                  | 13    | 15   | 13         | 13    | 13   |
| 26%-50%   | 24   | 28    | 26   | 23                  | 25    | 24   | 22         | 25    | 23   |
| 51%-99%   | 5  | 6     | 5    | 6                   | 6     | 6    | 6          | 6     | 6    |
| 100%  | 11   | 10    | 10   | 13                  | 10    | 12   | 16         | 10    | 13   |
| (No response)   | (26)                                       | (19)  | (22) | (22)                | (19)  | (20) | (23)       | (20)  | (22) |

(Continued next page)

TABLE 4 -- MAJOR MEDICAL PLANS (Contd.)

| Employee Group                       | % of Companies With Major Medical Benefits |       |      |                     |       |      |            |       |      |
|--------------------------------------|--|-------|------|---------------------|-------|------|------------|-------|------|
|                                      | Production/<br>Maintenance                 |       |      | Office/<br>Clerical |       |      | Management |       |      |
|                                      | Large                                      | Small | All  | Large               | Small | All  | Large      | Small | All  |
| 4. What the maximum benefits --      |  |       |      |                     |       |      |            |       |      |
| a. per disability?                   |  |       |      |                     |       |      |            |       |      |
| \$10,000 or less                     | 16   | 6     | 11   | 7                   | 6     | 7    | 7          | 4     | 6    |
| \$15,000-\$50,000                    | 27   | 26    | 27   | 34                  | 25    | 30   | 32         | 28    | 30   |
| \$100,000 or more                    | 6  | 4     | 5    | 7                   | 3     | 5    | 10         | 3     | 6    |
| No limit                             | 5  | 4     | 4    | 3                   | 4     | 4    | 3          | 4     | 4    |
| (No response)                        | (46)                                       | (60)  | (53) | (49)                | (62)  | (54) | (48)       | (61)  | (54) |
| b. per year?                         |  |       |      |                     |       |      |            |       |      |
| \$10,000 or less                     | 14   | 11    | 13   | 9                   | 12    | 10   | 8          | 12    | 10   |
| \$15,000-\$50,000                    | 18   | 19    | 18   | 21                  | 19    | 20   | 20         | 19    | 20   |
| \$100,000 or more                    | 3  | -     | 2    | 6                   | -     | 3    | 8          | -     | 4    |
| No limit                             | 3  | 2     | 3    | 4                   | 3     | 4    | 4          | 4     | 4    |
| (No response)                        | (62)                                       | (68)  | (64) | (60)                | (66)  | (63) | (60)       | (65)  | (62) |
| c. per lifetime?                     |  |       |      |                     |       |      |            |       |      |
| \$10,000 or less                     | 10   | 14    | 11   | 9                   | 9     | 9    | 7          | 6     | 6    |
| \$15,000-\$50,000                    | 43   | 45    | 44   | 46                  | 50    | 48   | 45         | 49    | 47   |
| \$100,000 or more                    | 14   | 11    | 13   | 14                  | 12    | 13   | 17         | 14    | 16   |
| No limit                             | 1  | 4     | 3    | 1                   | 4     | 3    | 1          | 6     | 4    |
| (No response)                        | (32)                                       | (26)  | (29) | (30)                | (25)  | (27) | (30)       | (25)  | (27) |
| 5. What are the deductible features? |  |       |      |                     |       |      |            |       |      |
| First \$25                           | 2  | 6     | 3    | 1                   | 6     | 4    | 1          | 6     | 4    |
| First \$50                           | 16   | 15    | 16   | 17                  | 16    | 17   | 18         | 17    | 18   |
| First \$100                          | 59   | 55    | 57   | 59                  | 54    | 57   | 58         | 54    | 56   |
| Other \$ amount                      | 5  | 4     | 4    | 9                   | 6     | 7    | 8          | 6     | 7    |
| 80%-20% coinsurance                  | 67   | 66    | 66   | 69                  | 66    | 67   | 68         | 67    | 67   |
| Other % coinsurance                  | 5  | 8     | 6    | 7                   | 6     | 7    | 7          | 6     | 6    |
| Other type deductible                | 2  | -     | 1    | 1                   | -     | 1    | 1          | -     | 1    |
| No deductible or no response         | 10   | 13    | 11   | 7                   | 12    | 9    | 7          | 12    | 9    |

1/ Percentages add to more than 100 because of multiple responses.  
 2/ Percentages are of those companies in which employees share in the cost.  
 3/ Percentages are of those companies providing dependent coverage.

An important feature of most major medical plans is a stipulation of a maximum amount of benefits per disability, per year, and/or per lifetime of the insured. As the figures in Table 4 (4) show, the most common maximum is in terms of per lifetime and the amount specified is \$50,000 or less in more than one half the plans.

The most common deductible arrangement is for the insured to pay the first \$100 of covered expenses, compared to the most common \$50 deductible for basic hospital/surgical plans, and 80 percent-20 percent coinsurance above that. Deductible features are indicated for about nine out of ten major medical plans compared to less than half of the basic medical plans.

Comprehensive Medical Plans

Comprehensive medical plans combining basic hospital/surgical benefits and major medical benefits cover production employees in 45 percent of the responding companies, office employees in 50 percent, and management employees in 51 percent (see Table 1). No separate analysis was made of the features of comprehensive plans, except for the cost figures reported below. The features of the hospital/surgical coverage of comprehensive plans are included in the data reported in Table 3 and those for the major medical coverage in the data for Table 4.

Costs of Medical Insurance

More than three fourths of the personnel executives provided figures on how much it costs the employer to provide medical insurance benefits for employees. These figures are summarized in Table 5, covering plans paid for entirely by the company, and in Table 6, covering plans for which the employee pays part or all of the cost. In both tables the figures are on the basis of how much the employer pays per employee per month.

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 TABLE 5 -- COSTS OF MEDICAL INSURANCE -- COMPANY PAID PLANS
 

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| <u>Type of Insurance/Employee Group Covered</u> | <u>Amount Paid Per Month Per Employee By Employer</u> |                   |
|---|---|-------------------|
|   | <u>Range--\$</u>                                      | <u>Median--\$</u> |
| <u>Employee Coverage</u>                        |   |                   |
| Comprehensive Plans                             |   |                   |
| Production/Maintenance<br>(N = 39)              | 8.00-53.50  | 16.78             |
| Office/Clerical<br>(N = 41)                     | 8.00-53.50  | 15.85             |
| Management<br>(N = 40)                          | 8.00-53.50  | 15.85             |
| Hospitalization Insurance Only                  |   |                   |
| Production/Maintenance<br>(N = 34)              | 8.51-29.60  | 16.66             |
| Office/Clerical<br>(N = 34)                     | 3.25-35.98  | 15.39             |
| Management<br>(N = 35)                          | 3.25-35.98  | 15.39             |
| Major Medical Only                              |   |                   |
| Production/Maintenance<br>(N = 18)              | 0.47-18.59  | 2.00              |
| Office/Clerical<br>(N = 23)                     | 0.47-18.59  | 1.96              |
| Management<br>(N = 25)                          | 0.47-18.59  | 1.96              |
| <u>Dependent Coverage</u>                       |   |                   |
| Comprehensive Plans                             |   |                   |
| Production/Maintenance<br>(N = 10)              | 36.04-54.00   | 44.63             |
| Office/Clerical<br>(N = 11)                     | 24.05-54.00   | 41.27             |
| Management<br>(N = 11)                          | 24.05-54.00   | 41.27             |
| Hospitalization Insurance Only                  |   |                   |
| Production/Maintenance<br>(N = 16)              | 22.47-74.24   | 42.99             |
| Office/Clerical<br>(N = 15)                     | 5.43-74.24  | 40.00             |
| Management<br>(N = 16)                          | 5.43-76.94  | 40.14             |

(Continued next page)

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TABLE 5 -- COSTS OF MEDICAL INSURANCE -- COMPANY PAID PLANS (Contd.)

| <u>Type of Insurance/Employee Group Covered</u> | <u>Amount Paid Per Month Per Employee By Employer</u> |                   |
|---|---|-------------------|
| <u>Employee Coverage</u>                        | <u>Range--\$</u>                                      | <u>Median--\$</u> |
| Major Medical Only                              |   |                   |
| Production/Maintenance<br>(N = 9)               | 2.00-25.90  | 4.66              |
| Office/Clerical<br>(N = 10)                     | 2.00-25.90  | 4.66              |
| Management<br>(N = 12)                          | 2.00-50.22  | 4.80              |

TABLE 6 -- COSTS OF MEDICAL INSURANCE -- CONTRIBUTORY PLANS

| <u>Type of Insurance/Employee Group Covered</u> | <u>Amount Paid Per Month Per Employee By Employer</u> |                   |
|---|---|-------------------|
| <u>Employee Coverage</u>                        | <u>Range--\$</u>                                      | <u>Median--\$</u> |
| Comprehensive Plans                             |   |                   |
| Production/Maintenance<br>(N = 26)              | 4.33-25.00  | 9.44              |
| Office/Clerical<br>(N = 26)                     | 4.33-25.00  | 9.44              |
| Management<br>(N = 26)                          | 4.33-25.00  | 9.44              |
| Hospitalization Insurance Only                  |   |                   |
| Production/Maintenance<br>(N = 15)              | 6.59-19.59  | 10.00             |
| Office/Clerical<br>(N = 14)                     | 5.11-19.59  | 9.71              |
| Management<br>(N = 14)                          | 5.11-19.59  | 9.71              |
| Major Medical Only                              |   |                   |
| Production/Maintenance<br>(N = 12)              | 0 - 4.71  | 1.28              |
| Office/Clerical<br>(N = 17)                     | 0 - 4.91  | 1.28              |
| Management<br>(N = 17)                          | 0 - 4.71  | 0.66              |
| <u>Dependent Coverage</u>                       |   |                   |
| Comprehensive Plans                             |   |                   |
| Production/Maintenance<br>(N = 48)              | 5.91-51.60  | 25.90             |
| Office/Clerical<br>(N = 49)                     | 5.00-51.60  | 26.73             |
| Management<br>(N = 49)                          | 5.00-51.60  | 26.00             |

(Continued next page)



TABLE 6 -- COSTS OF MEDICAL INSURANCE -- CONTRIBUTORY PLANS (Contd.)

| Type of Insurance/Employee Group Covered | Amount Paid Per Month Per Employee By Employer |           |
|--|--|-----------|
|  | Employee Coverage                              | Range--\$ |
| Hospitalization Insurance Only           |  |           |
| Production/Maintenance<br>(N = 32)       | 7.86-100.16                                    | 32.65     |
| Office/Clerical<br>(N = 33)              | 7.86- 58.00                                    | 28.61     |
| Management<br>(N = 32)                   | 7.86- 58.00                                    | 28.65     |
| Major Medical Only                       |  |           |
| Production/Maintenance<br>(N = 22)       | 0 - 81.43                                      | 2.99      |
| Office/Clerical<br>(N = 32)              | 0 - 81.43                                      | 3.31      |
| Management<br>(N = 32)                   | 0 - 81.43                                      | 2.40      |

The data indicate that there is a wide range for the amounts paid by employers for medical insurance, and they seem to be slightly higher for plans covering production employees than for office or management groups. Looking at the median costs paid, it appears that employers with comprehensive plans pay less than employers providing hospital/surgical and major medical under two separate plans. The costs for comprehensive are only slightly more than the costs reported for hospitalization only.

Because the figures used for Table 6 include those from all companies in which employees pay any percentage of the benefit costs, the data do not provide any indication of the total costs of the plans. They do indicate, however, how much the company itself pays to provide the benefits listed.

A "cost plus" arrangement for paying for Blue Cross medical insurance is reported by one PPF member. Here is the way it works:

- It is a cost plus plan which in effect is a self insured program with Blue Cross administering our money for a 10% fee. In addition we are re-insured for any losses over and above \$360K annually. Therefore it is impossible to compute any dollar amount paid for employees' and dependents' "premiums." We deposit a certain amount of dollars each month for the insurance company to spend. The plan is very new and we have no way of appraising it at this time. (Small western manufacturing company, division of large nationwide corporation)

A similar arrangement reported by another employer covers hospital/surgical, major medical, and sickness and accident disability benefits, as follows:

- The company is operating under an "excess plan" contract with insurance company, paying 10% of estimated insurance costs. Payment for each unit of coverage \$5.64 per month. (Large central manufacturing company)

#### Other Medical Insurance Plans

Respondents were asked to check if they provide any of the benefits listed in Table 7 and to list any other types of medical benefits offered their employees. As indicated, dental insurance is provided for production employees in 9 percent of the PPF companies, office employees in 12 percent, and management employees in 13 percent. While these figures are not high, in 1969 dental coverage was offered in only two percent of the responding companies to any employees. Drug insurance plans cover 13 percent of the production employee groups (a number of these are part of a union plan), and 9 percent of both office and management groups. Eye care insurance is found in only 3 percent of the companies.

TABLE 7 -- OTHER MEDICAL INSURANCE

| Benefit --<br>Employee Group Covered | % of Responding Companies |       |      |               |         |    |
|--------------------------------------|---------------------------|-------|------|---------------|---------|----|
|                                      | Industry                  |       |      | All Companies |         |    |
|                                      | Large                     | Small | Mfg. | Nonmfg.       | Nonbus. |    |
| Dental Insurance Plan                |                           |       |      |               |         |    |
| Production/Maintenance               | 13                        | 4     | 6    | 13            | 9       | 9  |
| Office/Clerical                      | 16                        | 9     | 13   | 13            | 9       | 12 |
| Management                           | 17                        | 9     | 14   | 13            | 9       | 13 |
| Prescription Drug Insurance Plan     |                           |       |      |               |         |    |
| Production/Maintenance               | 11                        | 15    | 14   | 8             | 15      | 13 |
| Office/Clerical                      | 8                         | 10    | 9    | 5             | 15      | 9  |
| Management                           | 8                         | 11    | 10   | 5             | 12      | 9  |
| Eye-Care Insurance Plan              |                           |       |      |               |         |    |
| Production/Maintenance               | 4                         | 3     | 3    | 5             | 3       | 3  |
| Office/Clerical                      | 4                         | 1     | 3    | 3             | 3       | 3  |
| Management                           | 3                         | 1     | 1    | 3             | 3       | 2  |

Other types of medical benefits, noted by one respondent each, are "diagnostic outpatient care," and "we offer employees the privilege of purchasing Cancer and Intensive Care Insurance at their own expense."

#### Health Maintenance Organizations

At the time the survey questionnaire was mailed, the federal Health Maintenance Organization Act of 1973 had been passed but no regulations implementing the law had been promulgated. The law specifies that if there is a qualified HMO in the area, employees covered by medical benefits are to be given an option to be enrolled in the HMO with the employer paying whatever amount is paid for the medical insurance now provided.

To find out the potential effect of the new law on PPF companies, respondents were asked if there is an HMO in the vicinity of their workplace, and if so, is enrollment in the HMO offered as part of their medical benefits. Less than one fourth (23 percent) of the responding companies are located in an area with an HMO, and of these, less than one third currently offer HMO participation. One PPF member whose organization does offer HMO enrollment indicates the way it works as follows:

- The employer pays the entire cost of the health insurance plan carried by Blue Cross-Blue Shield (\$17.50) per month. A like amount is contributed toward the employee premium for the Kaiser HMO insurance. The employee must pay the balance of the employee premium, or \$3.36 per month. (Large western school district)

Several respondents note that they anticipate offering HMO coverage as required by law. For example:

- We understand that guidelines are to be issued soon by HEW on HMO's. Considering that we may therefore have to offer an HMO as an alternate plan, we would then have to make that change according to the law. (Small western manufacturing company)

#### SICKNESS AND ACCIDENT DISABILITY INSURANCE

Benefits to tide employees over during periods of disability caused by sickness or accident are provided in a wide variety of arrangements, ranging from paid sick leave where the employer merely continues an employee's pay for a certain period of time in the event of accident or illness, to short-term sickness and accident insurance plans (which are required by law in a few states), to long-term disability (LTD) plans. The present survey does not cover sick leave provisions.

THE WHITE HOUSE

WASHINGTON

Sgt. Glass of McDill AFB called, and invited you to speak on December 7, at 2000 hours on the subject of "Sertoma." This is the first Armed Forces "Sertoma" Club - a nationwide club. "Sertoma" stands for "Service to Mankind." It is a Kiwanis-like club.

There will be approximately 40 people there.

I didn't think that you would be so inclined, but wanted you to decide.

A/C 813 830-4436 - 4437

*830-4444.*

Velma



*Needs answer today:*

*Regatta*

## REPORT TO THE BOARD OF COMMISSIONERS

### BOARD OF COMMISSIONERS:

1. The next meeting of the Board of Commissioners is scheduled for December 16 and 17, 1974, Westerner Motel Inn, Farmington, New Mexico. The necessary committee meetings need to be scheduled for Sunday, December 15, 1974, at the same location.
2. The Commissioner vacancy created by the change in status of Taylor McKenzie, M.D., will need to be filled and should be a matter of discussion at the next Board meeting.
3. Attached is a copy of the tentative agenda for the next Board meeting.

### EXECUTIVE OFFICES:

1. The Executive Director and Dr. John Schaefer, Board member, met with the Flagstaff community to review their capabilities in relation to the American Indian School of Medicine. Minutes of that meeting are submitted.
2. The Executive Director rendered a presentation to the National Indian Education Association Convention in Phoenix, Arizona, November 12, 1974.
3. Executive Director attended two AAMC meetings in Chicago during the month of November.
4. Mr. Ed. Perkins attended a meeting of the United Southeastern Tribes Tribal Chairmen and this body is now on record supporting the American Indian School of Medicine and would very much like to become involved in the American Indian School of Medicine project.



### MEDICAL SCHOOL PLANNING:

1. The Executive staff is involved in the development of a statement describing the role of the Joint Interagency Liaison Committee of federal agencies (BIA, IHS, VA) for their review at the next meeting to occur in early December.
2. The Executive staff is to meet with a group of senators re: the American Indian School of Medicine in early December.

3. The Medical School Planning Committee has conducted its second meeting and a report of these meetings will be submitted. The following assignments carried out.
  - (a) Additional information and data on the Flagstaff Community and the capabilities of NAU for the accreditation of the American Indian School of Medicine obtained.
  - (b) Update of space and cost needs for the American Indian School of Medicine obtained.
  - (c) The issue of the effect of traditional and cultural influences on the medical school performance of American Indian medical students further discussed.
  - (d) It is apparent that two things must occur in preparation for the development of the American Indian School of Medicine and needs early attention and action:
    1. The clinical facilities and capabilities on the Navajo Reservation need to be upgraded to accommodate medical education.
    2. Postgraduate training program (Family Practice Residency Program) needs to be in place, operational and accredited.
4. The Executive staff continues to attempt to identify sources of funding for the operation of the Development Office and Medical School Planning. The Kellogg Foundation is reticent to provide support until there is evidence that others will also agree to become involved, particularly the federal government. The Kaiser Foundation is also interested and will entertain a proposal, but is also, understandably, somewhat reticent.

AHEC DIVISION:

1. Continuing Education Program: Developmental team site visitation to 10 service units on Navajo, Hopi and Zuni have been completed. Members of the developmental team included: Dr. John Condon, Dr. Milan Novak, Dr. Dan Smith, Ms. Mary Jane Welty, Ms. Jan Miner, Dr. Apgar, Dr. Pennington and Bob DeFelice. The intent of these site visits was to gather relevant data on continuing educational needs and appropriate methodologies to be utilized in providing programs.

The next step will be to present Area Office and each Service Unit with the results of our findings as well as a proposed continuing education program schedule for their review and comment. After approval and revision, it is anticipated that the initial sessions will begin by mid January 1975 and continue throughout the entire year.

2. Newsletter: Although a bit late, the NHA Baa' Hani' reached the press and was circulated on November 20, 1974, to our over 800 subscribers throughout the United States. Editorial planning for the January issue will commence in a few weeks.
3. The NCC-NHA Health and Human Services Task Force has been meeting to discuss the establishment of allied health training programs at NCC.
4. A joint working committee has been established with Indian Health Service to improve the situation regarding health data. This committee met on two occasions during November to develop a plan and approach. The features of this plan are:
  - (a) To attempt to standardize all health reporting formats (likely to convert all to the IHS automated data system).
  - (b) To develop linkages with all private, state and federal systems reporting or receiving health data.
  - (c) To determine overlap in reporting and gaps in reporting.
  - (d) To initiate a comprehensive data base using available resources.
5. Staff time was spent on the development of two proposals:
  - (a) Use of Traditional Healing Ways in the Treatment of Alcoholism.
  - (b) A proposal for the planning of a Tribal Health Department.
6. Staff attended a two-day conference at the Gallup Indian Medical Center to discuss the future of the Radiological and Certified Laboratory Assistants Training Programs. It is the position of NHA that these programs should be linked to Navajo Community College.

7. Dr. Pennington, Dr. Kaltenbach and Mr. Phil Longhurst met with Dean, the University of Utah School of Nursing concerning possible future linkages between the Family Practice Residency and the University of Utah School of Nursing Training Program at Shiprock.
8. The Office of Preventive Medicine continued to provide direction for the Navajo Streptococcal Disease Control Program.
9. Continued correspondence with prospective faculty is occurring. Will meet with a family physician, December 2 in Portland, Oregon, during Clinical Session of AMA and make arrangements for a site visit. An internist will make a site visit here December 16. Another internist will be invited for a site visit shortly thereafter. Advertisement for MCH Director-Pediatrician have been placed.
10. Final negotiations are in process for a memorandum of agreement with the Area Office, IHS, regarding use of Shiprock Service Unit for the Family Practice Residency Program.
11. Exploration of incorporation of NHSC physician into the residency program at Teec Nos Pos is underway. Supporting documents have been submitted to NCHPA for consideration at their December 9-10, 1974, meeting. If approved, the proposal will be submitted to the San Francisco Regional Office, DHEW, for obtaining such a placement July 1975.
12. Counselor-Administrator Workshop: The staff sponsored a counselor-administrator workshop at the Window Rock High School on November 7, 1974. The purposes of the workshop were to provide the participants equal recognition of unmet health needs and to allow the participants an input to establish a system that can best identify entry barriers of our Indian students into health fields, and attempt to devise strategies that can erase those barriers. The workshop was designed to serve this purpose and the staff felt that their intention was achieved. The counselors and administrators seemed to have recognized the need to encourage Indian students to enter health fields in order to correct deplorable health care. Further, responsible individuals (administrators) seemed to have recognized a need to improve school systems, so that the school systems may meet the unique needs and thus better prepare students for post high school education. The Office of Student Affairs staff was very impressed with outstanding speeches delivered by Dr. Taylor McKenzie, Dr. Annie Wauneka, and Carl Gorman. The workshop was attended by 80 counselors, 10 school administrators, and approximately 95 students. Approximately 30 schools were represented from throughout the Navajo Reservation, as well as border-town schools, such as Flagstaff, Richfield, Albuquerque, and Farmington.

The workshop was a success such that it was able to reflect the importances of understanding the patterns of the Navajo culture; the participated counselors and administrators felt it was essential to understand the behavioral patterns, beliefs, and customs of their "clients."

13. Ned Hatathli American Indian Student Seminar: The staff has also been extensively involved in planning for the Ned Hatathli American Indian Student Seminar at the University of Arizona in Tucson. The seminar is tentatively scheduled for February 7 and 8, 1975. The University of Arizona faculty and students agreed to co-sponsor the seminar and they have already erected a committee to pursue this project. The wishes of the committee are to invite Indian health professionals from different parts of the country, as well as representatives from health organizations within the area. Approximately 400 high school students are expected to attend the seminar. The Office of Student Affairs will appropriate \$4,000 toward this project and will also continue to assist the University of Arizona committee in locating other funding sources.
14. Pre-Collegiate Program: The Pre-Collegiate Program continues to pursue the goals and objectives by its continued undertaking of significant innovative activities directed at creating opportunities for entry into health. Mr. Julius Pete continues to establish positive relationships with surrounding schools by participating in their career days or merely by talking to their students. Numerous schools were visited last month, but only two schools were visited this month because of heavy administrative demands at the office. Mr. Pete is preparing a plan of operations to undertake a study leading to disclosure of barriers contributing to limited entries into health. Despite the unique and meaningful activities being initiated by the Pre-Collegiate Office, recent news was received that Macy Foundation may discontinue funding this program after its initial year of operation. Efforts have begun to locate and obtain adequate funding elsewhere to continue the program.
15. Scholarship Program: Numerous hours were devoted to preparation for the scholarship meetings on December 2, 1974. The staff spent a number of hours examining the budget for student support to determine how much money was available and to determine how many students NHA will be able to assist during the Spring semester of 1975. The Scholarship Committee met on December 2 to consider 6 applicants, as well as to review AHEC contract as a result of the charges made by the AHEC Regional Office pertaining to "managerial deficiencies." Four requests for financial assistance were approved while two requests were tabled until the next meeting on December 30. Many



more college students are expected to apply for financial assistance over the Christmas vacation. It was estimated by the staff that approximately \$50,000 is still available for the Spring semester of 1975. Furthermore, included in the group for which requests were approved was Mrs. Loretta Miller. Mrs. Miller will turn in her resignation at the end of December to commence studies at one of UNM's branch college in January. The staff regrets to lose an outstanding staff member and it is only our hope that her position be replaced by an individual of equal abilities and caliber.

NCHPA:

1. Correspondence from Gale A. Held, Acting Chief, Health Planning Branch, Division of Resource Development, DHEW, Region IX, acknowledges receipt and approval of requests regarding amendments in the Notice of Grant Award for the program years 01 and 02. The changes also reflect that the Director of Project has been amended to designate Cecil Patrick, M.P.H. in that position.
2. Negotiations regarding the \$15,000 contract for District 1 with the New Mexico Comprehensive Health Planning Council were finalized and approval to accept this contract was granted by the Executive Committee of the Board of Commissioners at their meeting, November 26, 1974. Mitchell Cordover, Writer/Editor for the NCHPA, has been identified as the health planner for District 1.
3. The NCHPA Advisory Council Executive Committee met with Marlene Haffner, M.D., Area Director, NAIHS, November 25, 1974, to discuss planning coordination and cooperative arrangements between the NCHPA and Indian Health Service. It was agreed that a memorandum of understanding or agreement be prepared and presented to the full Council. The next quarterly meeting of the Council was set for December 10-11, 1974, at Chinle Community Center.
4. NCHPA staff and Advisory Council members attended a 1122 Project Review Workshop in Santa Fe which was conducted by faculty of the Tulane University School of Public Health.
5. NCHPA staff participated in an informative discussion with representation of the Hopi Tribal Health Department regarding coordination of health planning activities involving the Hopi Nation. A follow-up meeting is being scheduled with the Health Committee of the Hopi Tribal Council as a prelude for a presentation to the full Council.

6. NCHPA staff assigned to the Chinle area established liaison with the Northern Arizona Council of Governments health planning staff for the purposes of developing and documenting areas of cooperation and definition of areas of responsibility.
  7. The Standing Committees of the Advisory Council met to review their specific areas of responsibilities as stated in the Work Program and their Plans of Operation. Time frames for completion of activities have been developed.
  8. Activities for the establishment of a subarea council have been initiated in the Chinle area. Focal point for these activities is the Community Health Planner's Office situated at the Chinle Community Center. A joint meeting of Tribal, PHS, ONEO, and Chapter Officials has been scheduled. Similar community organization activities will be implemented in the eastern portion of the planning area.
  9. Technical assistance and information was provided to the Navajo Nation Family Planning Program, Inc., Navajo Nation's Environmental Protection Commission and to NHA's Family and Community Medicine Residency Program. DBBAY, Inc., and the Kayenta Health Board have indicated their desire to request planning assistance from the NCHPA.
  10. The development of a uniform data base reporting system received impetus as a result of a series of meetings with the:
    - (a) Arizona Bureau of Health Statistics;
    - (b) New Mexico RMP, Health Manpower Registry, Hill-Burton, Health & Social Services, Medicaid, and the "A" Agency;
    - (c) University of Utah, Division of Biostatistics of the Department of Community Medicine; and
    - (d) Family Health Center, Page, Arizona.
- Goals and objectives have been defined and a training workshop in data collection for the Advisory Council has been outlined.
11. An NCHPA presentation was delivered to an orientation meeting at Ruidoso for New Mexico areawide health planning agencies. Subsequent to contacts made at this meeting, our agency has received a request to participate in the revision of the criteria of 1122 review process.

NAVAJO HEALTH AUTHORITY BOARD OF COMMISSIONERS  
MEETING

December 16 & 17, 1974  
9:00 am

WESTERNER MOTEL  
FARMINGTON, NEW MEXICO

P r o p o s e d A g e n d a

- I. INTRODUCTION - Call to Order
  - A. Roll Call
  - B. Invocation
  - C. Remarks - Chairman of the Board
  - D. Review of the Agenda
  - E. Approval of the Minutes
  - F. Announcements
  - G. Introduction of Guests and Staff
- II. REPORTS
  - A. Report of the Executive Director
  - B. Report of the Administration & Support Services
  - C. Report of Navajo Comprehensive Health Planning Agency
  - D. Report of the AHEC Division
  - E. Community Liaison Report
  - F. Legislative Liaison Report
  - G. Report of the Development Office
  - H. Reports, Discussions, Action

III. OTHER REPORTS/DISCUSSIONS

- A. United Southeastern Tribes
- B. In-Med
- C. Pan-Indianism
- D. Medical School Planning Committee
- E. Medical School Committee
- F. Flagstaff Proposal
- G. Budget and Finance Committee
- H. Philosophy, Policies and Evaluation Committee
- I. Health Professions Education Committee
- J. Fund Development Committee

IV. TOUR

3:30 pm, field trip to Shiprock (if time permits)

# EXECUTIVE PROTECTIVE SERVICE

To: Officer-in-charge  
Appointments Center  
Room 060, OEOB

Please admit the following appointments on December 17, 19 74

for Dr. T. C. Marrs of White House  
(Name of person to be visited) (Agency)

11:00 AM

Mr. Thomas Barthelemy

12:30 PM

Dr. Philip Handler

2:30 PM

Miss Frances O'Connor



MEETING LOCATION

Requested by Mary Featherall

Building EOB

Room No. 103 Telephone 2349

Room No. 103

Date of request 12-16-74

Additions and/or changes made by telephone should be limited to three (3) names or less.

**DO NOT DUPLICATE THIS FORM.**

# EXECUTIVE PROTECTIVE SERVICE

To: Officer-in-charge  
Appointments Center  
Room 060, OEOB

Please admit the following appointments on December 16, 19 74

for Dr. T.C. Marrs of White House :  
(Name of person to be visited) (Agency)

9:00 AM

Mrs. Lillian Giberga

4:30 PM

Mr. Irving Kaufman



### MEETING LOCATION

Building EOB

Room No. 103

Requested by Mary I. Featherall

Room No. 103 Telephone 2349

Date of request December 13, 1974

Additions and/or changes made by telephone should be limited to three (3) names or less.

**DO NOT DUPLICATE THIS FORM.**

APPOINTMENTS CENTER: SIG/OEOB - 395-6046 or WHITE HOUSE - 456-6742

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR RESERVE PERSONNEL CENTER  
3800 YORK STREET  
DENVER, COLORADO 80205



OFFICE OF THE COMMANDER

Dr. Theodore C. Marrs  
Special Assistant to the President

Dear Dr. Marrs

The Air Reserve Personnel Center Staff invites you to a change-of-command and retirement ceremony at the Center, 0930 hours, 27 December 1974. You are also invited to a farewell party in honor of Colonel and Mrs. Benjamin S. Catlin, III, 1800-2100 hours, Fitzsimons Army Medical Center Officers' Club, same day.

Dress for the party will be business suit for the men. The ladies may have their own choice.

Please RSVP by 15 December. For your convenience, a form and a stamped self-addressed envelope are attached.

In order to defray the cost for the hors d'oeuvres, space, etc., a fee of \$4.00 per person is necessary. A pay-as-you-go bar will be available.

We are looking forward to seeing you on 27 December.

Sincerely

A handwritten signature in cursive script that reads "Joe T. Pound".

JOE T. POUND  
Colonel, USAF  
Vice Commander

- 2 Atch  
1. Envelope  
2. RSVP Form



*Regretted*

TO: ARPC/CCE

\_\_\_\_\_ will attend the

\_\_\_\_\_  
(Identify change-of-command ceremony, farewell party, or both)

I will be accompanied by \_\_\_\_\_  
(Wife/Husband/Guest, as applicable)

Request billeting for \_\_\_\_\_

I/we will arrive at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Time) (Date) (Via)

I/we will depart \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Time) (Date) (Via)

A check in the amount of \$ \_\_\_\_\_, payable to Lt Colonel Jay

Lease is enclosed.

Other information, if applicable: \_\_\_\_\_  
(Presentation, time req'd, etc.)

\_\_\_\_\_  
(FOLLOWING INFORMATION FOR ARPC USE)

\_\_\_\_\_ Escort/Project Officer, if applicable.

\_\_\_\_\_ Billeting

\_\_\_\_\_ Parking

\_\_\_\_\_ Other

PLEASE RETURN IN DUPLICATE



TO: ARPC/CCE

\_\_\_\_\_ will attend the

\_\_\_\_\_  
(Identify change-of-command ceremony, farewell party, or both)

I will be accompanied by \_\_\_\_\_  
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Request billeting for \_\_\_\_\_.

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(FOLLOWING INFORMATION FOR ARPC USE)

\_\_\_\_\_ Escort/Project Officer, if applicable.

\_\_\_\_\_ Billeting

\_\_\_\_\_ Parking

\_\_\_\_\_ Other

PLEASE RETURN IN DUPLICATE

ARPC/CCE  
3800 York Street  
Denver CO 80205

ARPC/CCE  
3800 York Street  
Denver CO 80205



OFFICE OF THE COMMANDER  
AIR RESERVE PERSONNEL CENTER  
3600 YORK STREET  
DENVER, COLORADO 80205

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OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID  
DEPARTMENT OF THE AIR FORCE  
DOD - 318



Dr. Theodore C. Marrs  
Special Assistant to the President  
Room 103 Old Executive Building  
Washington DC 20500

January 9, 1975

Dear Colonel Gustafson:

Thank you so much for your invitation to be guest of honor and speaker at your Dining-Out on Friday evening, February 21, 1975. When I talked with T/Sgt. Ben McCarter on the telephone I noted that my calendar was open and that I would like to accept your invitation. However, since then I have been invited to attend a reception honoring the President on that evening and this happens to be an event which I must attend because of protocol.

It is with sincere regret that I have to decline your invitation both for myself and for Mrs. Marrs. Please keep us in mind for something in the future.

Sincerely,

Theodore C. Marrs  
Special Assistant to the President

Colonel Gerald C. Gustafson, USAF  
Chairman, Air Force Aerospace  
Studies Program  
University of Maryland  
College Park, Maryland 20742



UNIVERSITY OF MARYLAND  
COLLEGE PARK, MARYLAND 20742



AIR FORCE AEROSPACE  
STUDIES PROGRAM



7 January 1975

The Honorable Theodore C. Marrs  
Special Assistant to the President  
The White House  
Washington, D.C. 20500

Dear Dr. Marrs:

This is an invitation to be our Guest of Honor at a Dining-Out planned for Friday evening 21 February 1975. We appreciate your expression of interest in response to recent telephone calls from TSgt Ben McCarter, our Detachment Sgt Major.

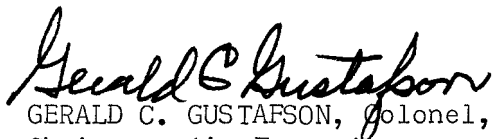
This year's Dining-Out varies from a Dining-In in that cadets may bring wives, girlfriends, parents, etc. As our Guest of Honor you will also be the Guest Speaker. Speech lengths in the past, at successful events, have varied from 20 minutes to 60 minutes. We think you have a message of vital importance for the group that our Dining-Out will attract. The experiences that you have had, and the level of people who were involved, should be of special interest.

The event is tentatively scheduled with a cocktail hour from seven to eight p.m., after which the program will begin. You and your lady, of course, will be our guests. We expect an audience of 150 to 200 people including cadets, our staff, their guests and some officials of the University and other active and retired military people in the area.

Major John Lighter, our Commandant of Cadets, will be in contact with you later, should there be any variance in plans, to appraise you of expected guests, to confirm size of the audience and to give you directions to the Washingtonian Country Club. Since he is the person who will be working most closely with the Dining-Out, you should feel free to contact him at 454-3242 or 454-3245 if you have any questions.

We very much appreciate your interest and assistance in furthering the general education of our future Air Force officers.

Sincerely,

  
GERALD C. GUSTAFSON, Colonel, USAF  
Chairman, Air Force Aerospace  
Studies Program



AFROTC DETACHMENT 330  
UNIVERSITY OF MARYLAND  
COLLEGE PARK MD 20742

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UNITED STATES AIR FORCE  
OFFICIAL BUSINESS



POSTAGE AND FEES PAID  
DEPARTMENT OF THE AIR FORCE

DOD 318

The Honorable Theodore C. Marrs  
Special Assistant to the President  
The White House  
Washington, D.C. 20500



# AIR FORCE ASSOCIATION

1750 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20006 (202) 298-9123

An Independent Non Profit Aerospace Organization

JOE L. SHOSID

President

January 10, 1975

Dr. Theodore C. Marrs  
Special Assistant to The President  
The White House  
Washington, D. C. 20502

Dear Ted:

The Air Force Association's Airmen and Junior Officer  
Advisory Councils will conduct their first meeting of the year  
here in Washington on Thursday and Friday, January 30-31.

We are proud of these Councils and we believe that you  
will want to meet their Chairmen and members.

We cordially invite you to attend an informal reception  
and luncheon at 12:00 Noon, Thursday, January 30, in the Ches-  
apeake Room of the Twin Bridges Marriott Motor Hotel. These  
Councils and a number of other AFA leaders will be on hand and  
all of us would be honored if you could arrange your schedule  
to be with us. The luncheon will adjourn by no later than  
2:00 PM.

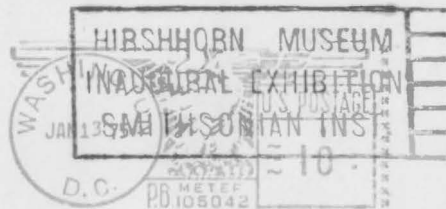
If you can be with us, please have your secretary call  
Miss Flanagan at the above number at your earliest convenience,  
and NLT Tuesday, January 24,

We look forward to having you with us.

Kindest personal regards,

Joe L. Shosid





Dr. Theodore C. Marrs  
Special Assistant to The President  
The White House  
Washington, D. C. 20502



SUITE 400  
1750 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D. C. 20006

THE WHITE HOUSE  
WASHINGTON

Date \_\_\_\_\_

TO: \_\_\_\_\_

FROM: DR. THEODORE C. MARRS

For your signature \_\_\_\_\_

For your coordination \_\_\_\_\_

For your information \_\_\_\_\_

Per our conversation \_\_\_\_\_

Other:

# Invitation - OBE

Dear Sir,

I am pleased to inform you that you have been selected to receive the Order of the British Empire (OBE) for your services to the community.

The award is a mark of recognition for your exceptional contributions and achievements in your field.

You will receive a letter from the Home Office detailing the terms and conditions of the award, along with information on how to accept it.

Please contact the Home Office if you have any questions or require further assistance.

Yours faithfully,

Home Office



**AMERICAN ENTERPRISE INSTITUTE**

FOR PUBLIC POLICY RESEARCH

1150 SEVENTEENTH STREET, N.W., WASHINGTON, D.C. 20036

TELEPHONE 202: 296-5616

January 15, 1975

Theodore Marrs, M.D.  
Special Assistant to the  
President  
Executive Office Building  
Washington, D.C. 20500

Dear Dr. Marrs:

The American Enterprise Institute for Public Policy Research would like to invite you to a Round Table discussion entitled, "Health Insurance: What Should Be the Federal Role?" The discussion will be held at the American Enterprise Institute, 1150 Seventeenth Street, N.W. (12th floor), Washington, D.C., on Wednesday evening, January 22, 1975. Cocktails and hors d'oeuvres will be served beginning at 6 p.m.; the Round Table discussion will begin at 7:15 p.m. The panel participants will be Congressman James Corman, Congressman Al Ullman, Senator Bill Brock, and Secretary Caspar Weinberger with Mr. Melvin Laird as moderator.

Would you please let us know as soon as possible, and not later than Friday, January 17, if you plan to attend the discussion. You may call Ms. Jean Eisenstein or myself at (202) 296-5616 ext. 223.

We certainly hope you can be with us for the discussion.

Sincerely yours,

*Robert B. Helms*

Robert B. Helms, Director  
Center for Health Policy  
Research

RBH:je



Dr. Ted Marrs

*With the Compliments of*

*David Karr*

*Happy New Year*

DAVID KARR

21, AVENUE KLEBER  
75116 PARIS

TÉL. 727-49-03  
704-63-79

January 6, 1975

Dear Jack:

I thought you would be interested in the attached letter from Mr. Kosygin's son-in-law which arrived belatedly because of the mail strike. It seems to underline some of the things that I have been discussing with you.

I plan to be in Washington during the week of February 2, on 2, 3 and 4. If you or Dr. Marrs are free for lunch, I would be happy to have the opportunity of visiting with you at that time or at some other time. I will be in touch with Ambassador Feldman to see if we can match our trips.

With every good wish,

The Hon. John Marsh  
The White House  
Washington DC



ГОСУДАРСТВЕННЫЙ КОМИТЕТ  
СОВЕТА МИНИСТРОВ СССР  
ПО НАУКЕ И ТЕХНИКЕ

STATE COMMITTEE  
OF USSR COUNCIL OF MINISTERS  
FOR SCIENCE AND TECHNOLOGY

11, GORKY STREET, MOSCOW. TEL. 229-22-36

Mr. David Karr  
President  
Financial Engineers, S.A.  
21 avenue Kléber  
75016 Paris

October 21, 1974

*Dear David,*

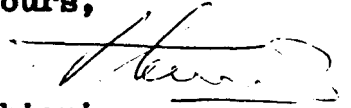
Upon return from my trip to your country I am glad to send this note expressing my sincere appreciation to you for having devoted your time and making my visit so pleasant and fruitful.

I have enjoyed staying in the comfortable "Pierre" and was always glad to have your company, advice and help throughout the whole of the trip.

I look forward to seeing you in future since a lot has been left undiscussed, we are always short of time.

With best wishes to you and your family,

Sincerely yours,



Jermen Gvishiani



DR. TED MARRS  
The White House  
Washington DC  
USA

**PAR AVION**  
**BY AIR MAIL**



DAVID KARR  
21 AVENUE KLEBER  
75016 PARIS

02



**INTERNATIONAL PAPER COMPANY**

SUITE 700, 1620 EYE ST., N.W., WASHINGTON, D.C. 20006, PHONE 202-785-3666

RALPH W. KITTLE, Vice President

January 22, 1975

Mr. Theodore Marrs  
Special Assistant to the President  
for Human Resources  
The White House  
Washington, D. C. 20500

Dear Mr. Marrs:

I most cordially invite you and your lady to attend International Paper's annual Reception and Buffet in Washington. It will be held on Wednesday, March 12th beginning at 5:30 p.m. in the Presidential Ballroom of the Statler Hilton Hotel on 16th Street.

International Paper's Chairman and Chief Executive, J. Stanford Smith, and other members of our senior management will be present, as will be a number of distinguished attorneys who represent our interests around the country. Guests will include Administration officials responsible for government policies affecting International Paper, and Senators and Congressmen from the many areas of the country where we have operations.

We believe it is essential in our form of government that you who govern and we who are governed have an opportunity to meet and talk from time to time in an informal and friendly atmosphere, away from the pressures of business. There will be no speeches, and the reception and dinner concludes early for the convenience of our busy guests. The reception opens at 5:30 p.m., and the buffet is ready by 7:00 p.m., but there is no binding schedule or timetable.

I certainly hope you both can join us on the evening of March 12th. A reply card is enclosed for your convenience. Looking forward to seeing you.

Sincerely,

*Ralph Kittle*



*Accepted by  
return card.*

*Regretted*

THE WHITE HOUSE  
WASHINGTON

January 22, 1975

Dr. Marrs:

These are invitations which need to be  
answered very soon.

Thanks.

Velma



THE WHITE HOUSE  
WASHINGTON

Dr. Marrs:

Do you want to attend this  
reception?

Velma



**AMERICAN HOSPITAL ASSOCIATION**

ONE FARRAGUT SQUARE SOUTH WASHINGTON, D.C. 20006 TELEPHONE 202-393-6066  
WASHINGTON OFFICE

DATE: January 24, 1975

TO: Westerners in the Washington Area

FROM: Austin B. Hogan, Jr.  
Assistant for Legislation  
American Hospital Association

SUBJECT: RECEPTION REMINDER -- Monday, February 3, 1975  
5-7 p.m., House Caucus Room  
345 Cannon House Office Building

The Western State Hospital Associations are sponsoring a reception honoring the Western States Congressional Delegations -- to be held on Monday, February 3, 1975, from 5:00 to 7:00 p.m., in the House Caucus Room, 345 Cannon House Office Building - on Capitol Hill.

The Members of the U.S. Senate and House of Representatives from the Western States, (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Washington and Wyoming), and their principal staff assistants, have been invited to join with their State and local community health care leaders, who will be in Washington to attend the annual meeting of the American Hospital Association.

We are looking forward to a most enjoyable reception -- with a distinctive Western flavor -- and would also like to extend to you a cordial invitation to join us for this event.

If your schedule will permit you to drop by, please RSVP to Roz Davidson or Katie Bolt on 393-6050.

Hope to see you there.

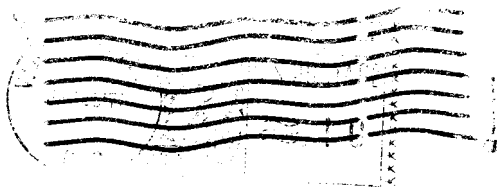


*American Hospital Association*

ONE FARRAGUT SQUARE SOUTH · WASHINGTON, D.C. 20006

WASHINGTON SERVICE BUREAU

Honorable Theodore C. Marrs  
Special Assistant to the President  
White House  
Washington, D.C. 20500





The Officers and the Board of Managers  
of the  
Saint Andrew's Society of Washington, D. C.  
request the pleasure of your company  
at the annual  
Burns' Night Dinner  
honouring the two hundred and sixteenth  
anniversary of the Bard's birth  
on Saturday evening, January twenty-fifth  
at half-past six o'clock

at the Rosslyn Ramada Inn  
1900 Fort Myer Drive  
Arlington, Virginia

Highland Evening Dress  
White or Black tie  
Military Evening Dress

1975

BURNS' NIGHT COMMITTEE

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John S. Montgomery, Vice Chairman

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Dr. Theodore Marris  
3441 Rose Lane  
Falls Church, Virginia

22042

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Burns' Nicht Committee

827 Belhaven Road

Bethesda, Md. 20034

RICHARD L. MEILING, M. D.

614/258 3314

91 NORTH COLUMBIA AVENUE  
COLUMBUS, OHIO 43209

File  
c  
Jan. 25, 1975  
Merrill  
Speech

Theodore C. Marrs, M. D.  
Special Assistant to the President  
The White House  
Washington, D.C.

Dear Ted:

Reference your letter of Jan. 13, which was addressed to me at the Univ. of Michigan....don't you know they have never heard of Ohio State.... at any rate your letter arrive here today.

Please note my above address

I reach<sup>d</sup> that magic age of 65 years and as of July 1, 1974 was given retirement status and two emeritus titles one as emeritus professor and one as emeritus Vice President.....The Betty and I spent three months slowly going around the world....Iran and Greece were the most interesting....India, Nepal, Thailand and Egypt were the least interesting. Three weeks in Germany, Austria and Switzerland with old university friends was most delightfull.

Retirement is not the most exciting activity...~~First~~.. First I really miss my secretary!!!she really ran my schedule...and second I miss having responsibility for administrative activities....hunting, fishing and golf are fun but so far no substitute for responsibility. If you hear of anyone needing a consultant in Iran, Greece, Lichtenstein, Austria, Germany or Switzerland be so kind as to drop my name in the pot.....we thank you

Now to answer your question...the International Society for Advancement of Humanistic Studies in Gynecology (ISFAHSIG) is a group of physicians and allied medical scientists that enjoy winter weather and sports...We are about 170 members...we meet in the mts. in either USA or Europe each winter...Wives and children are welcome at all meetings....Family breakfast at 7:00 AM....A speaker ~~xxx~~ each morning from 8:00 AM to 8:45 AM ....coffee break ....Question and answer with the speaker from 9:00 AM to 10:00 AM ....then off for the slopes, cross country, shopping etc....Picnic on the snow at the base of a lift at 12:30 PM ...more activities or sack time.....off the slopes at 4:00 PM...Members present slides or movies about a trip..a new operative procedure ..etc Four nights out of seven there is a party for the entire family...one night is a "carnaval"masked dance (german Fasching type) with beer and weiss wuerst etc....usually most people retire by 11:00 PM.....No guests may talk about the professional or technical side of gynecology...(we think we are the experts in this) This year it is the government and the practice of medicine.....PSRO, Peer Rev.. Quality Control...the new law On Health Services Planning and Development(to "bridge between PSRO and National Health Insurance" according to the legislative history of this bill)... What will the New Health Manpower legislation (passed by both House and Senate in 1974) for 1975 do to medical education, residency trgn, foreign graduates, immigration of graduates from underdeveloped countries, etc. Speakers from, Congress, Mr. Baroody from the Exec. Br, Labor, Presid. of the AMM.....~~the~~

I would be delighted to have you be my guest ...if you can expose yourself to Colorado SUN and forget Alabamma..think it over.

Sincerely

Dick



RICHARD L. MEILING, M. D.

91 NORTH COLUMBIA AVENUE  
COLUMBUS, OHIO 43209



Theodore C. Marrs  
Special Assistant to the President  
The White House  
Washington, D.C.



The Secretary of the Smithsonian Institution  
and

The Director of the National Museum of History and Technology  
cordially invite you to the opening of  
**STEUBEN, SEVENTY YEARS OF AMERICAN GLASSMAKING**  
a traveling exhibition from the Toledo Museum of Art  
on Monday evening, the twenty-seventh of January from six to eight o'clock

National Museum of History and Technology  
Constitution Avenue at Fourteenth Street, Northwest  
Washington City

Please reply by enclosed card