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PHOTOCOPY
PRESERVATION

October 6, 1993

File
Koop

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Kim Tilley
SUBJECT: Additional information for Dr. Koop meeting

Attached for your meeting with Dr. Koop is:

- Revised memo from Lynn Margherio;
- Memo regarding Dr. Koop's request to relocate the National Museum of Health and Science to the Mall;
- Dr. Koop's original letter of request;
- Secretary Shalala's response to Senators Kennedy, Nunn and Hatfield who wrote in support of the proposal (OMB hasn't signed off on the letter yet);
- Internal HHS memo on the proposal;
- Draft legislation.

It's unclear whether or not he'll bring this up, but there's a decent chance given the length of your meeting.

October 4, 1993

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: LYNN MARGHERIO

SUBJECT: PROVIDER FORUMS

Physicians and other health care professionals will play a critical role in shaping the health reform debate. People trust their doctor with their well-being when they're ill; they will look to their doctor to tell them how access and quality will be impacted under health reform.

Right now, there is still considerable confusion and uncertainty about what the President's health plan means for those on the front line of health care delivery. And, confusion can often lead to skepticism and resistance.

Those physicians and health care professionals who have had the opportunity to learn more about the plan have come away generally supportive. For example, the feedback we received from the physician briefing and the White House breakfast on September 20th was very good. The physicians felt comforted that the Administration was encouraging a dialogue rather than presenting them with a fait accompli.

To increase awareness and educate the health professional community, we propose a series of 10-12 forums.

The following reflects the agreements we have come to with Dr. Koop. Our most recent discussion took place on Saturday.

The forums will begin with the Institute of Medicine event on October 19 here in Washington, D.C. They will be followed by two other national events (already confirmed by Dr. Koop). Subsequent forums will be coordinated with the schedules of both the President and the First Lady, as well as the objectives of Congressional Relations and Intergovernmental Affairs.

Phil Lee has agreed to provide Dr. Koop with some staff help through the Agency for Health Care Policy Research at DHHS to assist with logistics. Because Ira wants to make sure that the White House is the primary contact for Dr. Koop, he has asked me to continue to coordinate the forums.

The following represents a rough outline of timing and possible venues for these forums.

SCHEDULE OF EVENTS:

The first three forums take place in October and November. They piggyback on events hosted by outside organizations.

Scheduled forums:

October 19 – Institute of Medicine – Washington, D.C.

You are scheduled to address the annual meeting of the Institute of Medicine, the medical branch of the National Academy of Sciences. The event draws about 400 decisionmakers and opinion leaders in the medical community.

Suggested format: town meeting with Dr. Koop as moderator.

Suggested topic: a general discussion of health reform and how it impacts physicians – a special emphasis on academic health centers, antitrust, malpractice, quality.

October 31 – American Academy of Pediatrics – Washington, D.C.

You are already scheduled to keynote the American Academy of Pediatrics event in D.C. Dr. Koop recommends that this event be tied in with the provider forums. If you agree, we would need to arrange for Dr. Koop to introduce you.

Suggested format: 1) a panel discussion followed by Q&A from the audience; or 2) you deliver brief opening remarks to frame the discussion and Dr. Koop moderates questions from the audience.

Suggested topic: how reform addresses concerns of pediatricians and children's hospitals – including preventive care, essential community providers, health education, school-based clinics

**November 7 –
4:00 – 5:00 PM**

AAMC – Washington, D.C.

This meeting brings together medical students, deans of medical schools, directors of admission, medical students, and representatives of community hospitals and national specialty organizations.

Suggested format: Dr. Koop would introduce the President **or** the First Lady who would deliver remarks and then open it to questions and answers.

Suggested topic: a general discussion of health reform and how it impacts physicians – – a special emphasis on academic health centers, antitrust, malpractice, quality.

Subsequent forums:

I would recommend a pace of one forum every two to three weeks. We have discussed a possible schedule with Dr. Koop to bring us through December:

November 22 or 23 – Urban Forum – Location TBD

At a location to be determined, this forum would discuss the impact of health reform on inner city communities.

Suggested format: an interdisciplinary panel discussion of local and national physicians and non-physician providers. Q&A to follow.

December 2 or 3 Tri-state Rural Forum – Hanover, New Hampshire

Dr. Koop has made initial arrangements with the governors of Maine, New Hampshire and Vermont to host a rural forum at a neutral site – – the Koop Institute in Dartmouth, NH.

Invitations will be made to the 2200 physicians in the tri-state area, working through county and state medical societies and the state directors of health. Dr. Koop estimates that approximately 1/3 of the area's physicians can be expected to show.

Suggested format: a panel of local physicians, followed by Q&A from the audience. To showcase the possibilities of technology, we could link up the Institute with rural providers or the VA hospitals in the area.

December 6 – AMA House of Delegates – New Orleans, LA
3:00 – 5:00 PM

This is the governing body of the AMA, representing county and state medical societies in the 50 states. Each delegate has an obligation to report back to his or her community following the meeting. Depending upon our relationship with the AMA, this meeting could be ideal venue for a provider forum.

We would start up again in January and continue through March at a similar pace.

Suggested topics for future forums include:

- Quality management and improvement
- Public health
- Doctor–patient relationship
- Workforce and continuing education

Suggested cities for future forums include:

New York
Boston
Los Angeles
Seattle
Chicago
St. Louis
Minneapolis
Atlanta
A second rural forum: Missouri, Iowa, Illinois?

DECISIONS FOR WHICH WE'RE LOOKING TO YOU FOR GUIDANCE

- 1) To what degree do you want to be involved?
- 2) To what degree should the President be involved?
- 3) Do you have a preference on formats for these forums – – i.e. panel discussions, town meetings?

October 6, 1993

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Kim Tilley, Amy Nemko
RE: Dr. Koop's request re: National Museum of Health and Education

KOOP REQUEST

Dr. Koop recently (9/7) sent you a letter requesting the support of the Clinton Administration in revitalizing and relocating the National Museum of Health and Education back to the National Mall from the Walter Reed Army Memorial Center. He enclosed letters from Senators Kennedy, Hatfield, and Nunn to Secretaries Shalala and Aspin requesting Executive Branch comment on the proposed legislation.

LEGISLATION

Koop's stated reasons for proposing this, as cited in the legislation, are:

(a) increased emphasis must be placed on public health education; (b) when the National Museum of Health and Medicine was located on the Mall from 1888 to 1968, it was one of the most popular and well-visited museums in D.C.; (c) there is no national educational health facility in D.C. within easy access to the 25 million annual visitors to the Mall; (d) taxpayers pay approximately 30% of all health care services which could become less necessary with better educated citizens;

Proposed bill:

- States as its purpose in relocating the Museum "to serve as a central resource for instruction about and involvement in critical health issues";
- Sets the Museum's location on the east plaza of the Hubert Humphrey Building;
- Establishes a board of governors, chaired by the Assistant Secretary for Health of HHS;
- Establishes an advisory council comprised of the Secretary of HHS, the Secretary of Defense, one Senator, one Representative, the Secretary of the Smithsonian, and the Secretary of the Department of the Interior;
- Authorizes \$21.8 million for construction;
- Authorizes \$1.7 million to operate the Museum in the first year, and such sums as are necessary in years following.

Senator Hatfield is the primary sponsor. The bill has not been introduced; the date of introduction is unclear.

CONSIDERATIONS

HHS, DOD and Interior are impacted by the proposed legislation. HHS is affected because of the subject matter and the choice of location. DOD is affected because of its ownership of the pathology collection in the museum (and probably some other reasons that at this time we don't know). Interior is involved because of its location and national museum status.

HHS

In April, Secretary Shalala met with Dr. Koop regarding the Museum's relocation; in a follow-up letter, she states her "support" of the project and her enthusiasm for HHS's participation, while noting "important details" to be worked through, including site, governance, and financing.

Secretary Shalala's letter to Senators Nunn, Kennedy, and Hatfield supports the intent of the legislation, but more fully outlines her concerns. The significance of these concerns is most apparent in an internal HHS memo. These concerns include:

- The complexity of proposed construction of a pavilion on the Humphrey Building plaza. The issue is under jurisdiction of the National Capital Planning Commission (NCPC) for review and approval. Considerations include an environmental assessment, historical preservation, opportunity for public comment, need for architectural and/or engineering design contractor, and relocation of a children's day care playground currently situated on this site. This process could take up to two years.
- Identification and evaluation of alternative sites. HHS has not gone on public record regarding a location on or near the Mall for the Museum; they are withholding judgement until the planning process is complete.
- Governance structure of the proposed museum. HHS is reserving comment on governance issues until the location is decided, since they would have a more direct interest in managing a health museum on the Mall than one in any other location.
- Financing. The draft bill directs \$1.7 million of PHS's appropriation for health promotion and disease prevention programs for operating the Museum. It is unlikely that these are additional appropriations; HHS is concerned about the impact on existing health promotion and disease prevention activities.

DoD

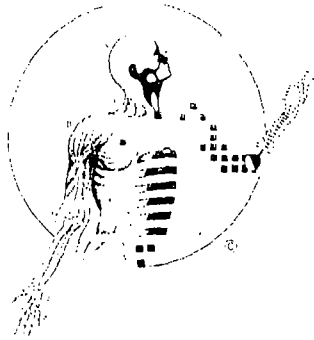
DoD policy supports continued ownership and maintenance responsibility for the Museum's pathology collection but declines to participate in funding or operating a public museum facility.

Recommendation

While Dr. Koop has not raised the issue in his meetings with Ira and Lynn, he might bring it up in today's meeting. Although he is the Chairman of the foundation advocating the move, it's not clear what kind of a priority this is to him. In the absence of that knowledge and until we have more time to check into this, we recommend echoing Secretary Shalala's stance of being supportive generally while not committing to specifics.

(NOTE: Ira and Lynn may differ on this recommendation. Because of time constraints, we weren't able to get their input prior to the meeting.)

NATIONAL MUSEUM OF HEALTH &
MEDICINE FOUNDATION



September 7, 1993

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William A. Rouse, M.D.
Champion Medical Corporation

Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

As you may recall, I serve as Chairman of a Foundation dedicated to revitalizing the National Museum of Health and Medicine and relocating it back to the National Mall. Several weeks ago I sent you a copy of draft legislation to accomplish this objective. Bringing this facility back to the National Mall and expanding the Museum's health education outreach capabilities will help teach all Americans to lead healthier lifestyles and to become better consumers of health care. You may have heard the Museum's director, Dr. Marc Micozzi, speak about our project at Larry Mohr's retirement, as Dr. Mohr has been such a help to us thus far.

I thought you should be aware that Senators Ted Kennedy, Mark Hatfield and Sam Nunn have written Secretaries Donna Shalala and Les Aspin requesting Executive Branch comment on the proposed legislation. Enclosed are copies of the letters from these Senators.

Also, I have invited Ira Magaziner to meet with the Board of Trustees of our Foundation here in Washington on October 22 to discuss the Administration's Health Care Reform agenda so that we may better coordinate our own health education programs.

I hope our Foundation can count on the support of the Clinton Administration as we work to complete this project. The work of this Museum is clearly consistent with the public and consumer education objectives of your health care reform plan.

Best regards,

C. Everett Koop, M.D.

cc: Ira Magaziner

MCA SEP 24 1993

DRAFT

Dear Senator _____:

This responds to your request for the Department's position on a draft bill to authorize construction of a facility on the Hubert H. Humphrey Building plaza to house an expanded National Museum of Health and Medicine.

We support the intent of the proposed legislation to relocate the museum from Walter Reed Army Medical Center, and to expand and revitalize the museum. Such a facility can play an important role by encouraging Americans to lead healthier lifestyles and by stimulating interest among children in the life sciences.

The draft bill requires construction of a National Museum of Health and Medicine at a specific site adjacent to the Hubert Humphrey Building and provides \$21.8 million in appropriations authority for this purpose. In order to meet the costs of operating the museum, \$3.2 million would be derived from appropriations made to accounts of HHS and DOD, with "such sums as necessary" being taken for subsequent years. An Advisory Council is created and composed of 3 Cabinet level officers and 4 other specified members to oversee the museum, and specific governance and administrative requirements are provided.

The project envisioned by the bill is a complex undertaking from many points of view. The proposed site is under the jurisdiction of the National Capital Planning Commission (NCPC) and the project will need to be reviewed in accordance with NCPC's rules. The site in question is adjacent to the National Mall which has landmark status, and design alternatives for the proposed facility will therefore need to take into account the historic significance of this location. An environmental assessment also must be conducted. Finally, an alternative location must be found for the children's day care playground which is now situated on the east plaza of the Humphrey Building.

Until the NCPC review has been completed and other preliminary questions resolved, we believe it is difficult to address the specifics of the draft bill. Once we have information about the final project design and costs, including the costs of the ongoing operation of such a facility, we can better address questions of the source of funding and appropriate administrative arrangements for managing the new facility.

DRAFT

2

We appreciate your continuing strong support for this important project and we look forward to continuing to work with you on this and other matters of joint concern in the future.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

Donna E. Shalala

3

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP 14 1993

MEMORANDUM

TO: Frances White
Associate General Counsel for Legislation

FROM: Kenneth S. Apfel *KSA*
Assistant Secretary for Management and Budget

SUBJECT: Letter From Senators Hatfield, Kennedy and Nunn on the
National Museum of Health and Medicine

This responds to your August 31, 1993, note requesting comments on a proposed reply to the subject letter. This letter requests the Department's position on a draft bill to authorize construction of a facility on the Humphrey Building plaza to house an expanded National Museum of Health and Medicine. We generally agree with the substantive content of the proposed reply. However, we have several suggestions about ways in which the draft response can be strengthened.

The central issue now confronting the museum proposal is the National Capital Planning Commission (NCPC) process for review and approval of the project. Proposed construction of a pavilion on the Humphrey Building plaza to house an expanded museum is a complex undertaking. An environmental assessment will need to be conducted under contract and will include a review of historic preservation issues and an opportunity for public comment. In addition, preliminary design drawings will need to be prepared by an architectural/engineering contractor. Given the complexity of the project and the need for contractor preparation of detailed technical information for the submission, it is possible that the NCPC process could require one or two years to complete. In addition, we do not know what NCPC's ultimate decision will be on the proposal.

For these reasons we recommend that more emphasis and explanation be given to the NCPC process in the draft reply. One way to accomplish this is by replacing paragraph four on page one with paragraph six and elaborating on paragraph six's discussion of the preliminary planning process. (Note: We suggest dropping the word "current" from the first sentence in paragraph six as it is now written. The word "current" is preceded by the word "now" and is unnecessary.)

4

The NCPC review and approval process includes identification and evaluation of alternative sites. For this reason, we strongly recommend eliminating the third sentence from the second paragraph of the draft reply. The Department has not gone on public record regarding a location on or near the Mall for the expanded museum. We believe it is best to reserve judgement on this issue until the planning process is completed and information needed to make an informed decision is available.

In addition, HHS decisions about the governance structure of the proposed museum will be influenced by the decision on the museum's physical location. This is because the Department will have a more direct interest in managing a health museum located on the Humphrey Building plaza than it would have in managing a health museum in another location. For this reason, we recommend that paragraph four of the draft reply be eliminated. We should take the position that discussions of governance issues should be deferred until the location issue is resolved.

The draft bill would direct the use of \$1.7 million of PHS' appropriation for health promotion and disease prevention programs for operating the public facility of the museum. (I understand that you notified my staff that your August 31 note incorrectly referred to this amount as \$1 million and that this should actually read \$1.7 million.) We are concerned about the impact of this proposal on existing health promotion and disease prevention activities since your note indicates that it is unlikely that these are additional appropriations and the funds will need to come out of existing program money. PHS should consider addressing this issue of program impact in the draft reply.

We have no comment on DoD's draft letter on the same subject. This draft reflects longstanding DoD policy which supports continued ownership and maintenance responsibility for the museum's pathology collection but declines to participate in funding or operating a public museum facility.

Thank you for the opportunity to comment on the draft reply. Should you require additional information on this matter, please contact Phil Kogan of my staff on telephone number 619-0814.

CC
Received
9/14/93
10:27AM

S. _____

IN THE SENATE OF THE UNITED STATES

Mr. Hatfield introduced the following bill; which was read twice and referred to the Committee on _____.

A BILL

To provide for the relocation and revitalization of the public facility of the National Museum of Health and Medicine, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. FINDINGS AND PURPOSE.

(a) FINDINGS- Congress finds that -

(1) the United States faces critical health care problems, solutions for which will arise only from an attentive and educated citizenry;

(2) there is a great need for an increased emphasis to be placed on public health education and the development of scientific literacy concerning health care issues;

(3) when the National Museum of Health and Medicine, formerly the Army Medical Museum, was located on the Mall in

- 2 -

Washington, District of Columbia, from 1888 to 1968. It was one of the most popular and well-visited museums in the nation's capital;

(4) with the removal of the museum from the Mall to the grounds of the Walter Reed Army Medical Center in 1968, there was no longer a national education facility devoted to this purpose located within the District of Columbia within easy access to the up to 25,000,000 individuals who visit the Mall area each year; and

(5) the American taxpayer, through the United States government, pays approximately 30% of the costs of all health care services, services which could become less necessary and serious with the advent of better educated, informed Americans;

(b) PURPOSE-

It is the purpose of this Act to relocate and revitalize the public facility of the National Museum of Health and Medicine to serve as a central resource for instruction about and involvement in the critical health issues which confront all American citizens.

SECTION 2. LOCATION OF AND SPACE REQUIREMENTS

The Museum public facility shall be located on the unoccupied areas

- 3 -

of land owned by the Federal Government and utilized as the east plaza of the Hubert Humphrey Building, presently occupied by the Department of Health and Human Services, and adjacent areas. The interior space of the Museum public facility, when fully constructed, shall be approximately 80,000 square feet.

SECTION 3. ADMINISTRATION, EMPLOYEES, ADVISORY COUNCIL AND NAME

(a) ADMINISTRATION

The Museum public facility shall be administered by the Director of the National Museum of Health and Medicine, reporting to the Museum ✓ Committee of the Board of Governors of the Armed Forces Institute of Pathology (AFIP), said committee chaired by the Assistant Secretary for Health of the U.S. Department of Health and Human Services. The Chairman of the National Museum of Health and Medicine, Inc., shall be added to the AFIP Board of Governors and to its Museum Committee.

- 4 -

(b) EMPLOYEES

The Director and other employees of the museum shall be employed without regard to the provisions of title 5 of the United States Code governing appointments in the competitive service, and chapter 51 and subchapter III of title 5 of the United States Code.

(c) ADVISORY COUNCIL

The Museum's public facility shall be supported by an Advisory Council which shall meet at least two times annually.

Members of the Advisory Council shall include:

(1) the Secretary of the Department of Health and Human Services;

(2) the Secretary of Defense;

(3) the Chairman of the Board of Trustees of the National Museum of Health and Medicine Foundation;

(4) one member of the House of Representatives to be appointed by the Speaker of the House of Representatives;

(5) one member of the Senate to be appointed by the Majority Leader of the Senate;

(6) the Secretary of the Smithsonian Institution; and

- 5 -

(7) the Secretary of the Department of the Interior.

(d) NAME

The Museum shall be known as the National Museum of Health and Medicine.

SECTION 4. CONSTRUCTION AND INITIAL PROGRAM COSTS.

(a) AUTHORIZATION OF APPROPRIATION FOR CONSTRUCTION-

(1) IN GENERAL- There are authorized to be appropriated for the construction of the Museum public facility, \$21,800,000.

SECTION 5. ANNUAL OPERATIONAL COSTS: DEPARTMENT OF DEFENSE AND DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) DEPARTMENT OF DEFENSE

(1) Pursuant to 10 USC 176, the National Medical Repository and related collections shall continue to be operated by the National Museum of Health and Medicine and managed in accordance with Section 3(a).

(2) Pursuant to 10 USC 176, THE SUM OF \$1.5 million will

- 6 -

be made available in fiscal year _____, and such sums as may be necessary in subsequent years, from authorization of the Armed Forces Institute of Pathology, to operate the Museum.

(b) DEPARTMENT OF HEALTH AND HUMAN SERVICES

(1) Pursuant to (citation for authorization of Public Health Service's Health Promotion and Disease Prevention function), the sum of \$1.7 million will be made available in fiscal year _____, and such sums as may be necessary in future years, to operate the Museum public facility. Within these funds, at least \$200,000 will be made available in fiscal year _____, and such sums as necessary in subsequent years, for national health education outreach programs including, but not limited to, management of the National Health Sciences Consortium.

-- 9/7/93 lett r frc C. Everett Koop, M.D., Chair of National Museum of Health & Medicine Foundation, which is dedicated to revitalizing the National Museum of Health and Education and relocating it back to the National Mall from Walter Reed Army Medical Center. Several weeks ago he sent you a copy of draft legislation re this. (Did you receive it? Yes ☒ No) He encloses copies of letters from Senators Kennedy, Hatfield and Nunn to Secretaries Donna Shalala and Les Aspin requesting Executive Branch comment on proposed legislation.

He has invited Ira Magaziner to meet with their Board of Trustees on Oct. 22 to discuss health care reform agenda. "The work of this Museum is clearly consistent with the public and consumer education objectives of your health care reform plan."

He sent cc of this letter to Ira.

DISPOSITION:

☐ See

☐ Direct to

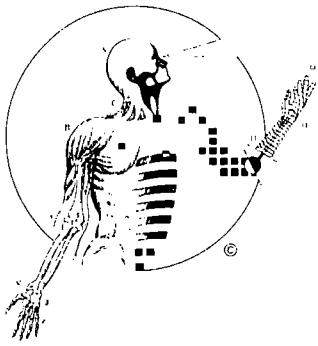
Kim Tilly

for response

per HRC

ASAP

KRC:10
9/6/93



September 7, 1993

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James S. Todd, MD
American Medical Association

Howard Wallach, MD
American Psychiatric Foundation

Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

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I thought you should be aware that Senators Ted Kennedy, Mark Hatfield and Sam Nunn have written Secretaries Donna Shalala and Les Aspin requesting Executive Branch comment on the proposed legislation. Enclosed are copies of the letters from these Senators.

Also, I have invited Ira Magaziner to meet with the Board of Trustees of our Foundation here in Washington on October 22 to discuss the Administration's Health Care Reform agenda so that we may better coordinate our own health education programs.

I hope our Foundation can count on the support of the Clinton Administration as we work to complete this project. The work of this Museum is clearly consistent with the public and consumer education objectives of your health care reform plan.

Best regards,

C. Everett Koop, M.D.

*Affiliations listed for purposes
of identification only.*

cc: Ira Magaziner

MCA SEP 24 1993

United States Senate

WASHINGTON, DC 20510

July 30, 1993

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W., Room 615F
Washington, D.C. 20201

Dear Donna:

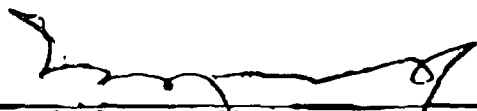
During the past two years we have been studying a proposal to relocate and revitalize the National Museum of Health and Medicine. As currently drafted, this plan would relocate the facility from Walter Reed Army Medical Center to the National Mall where it stood as one of the nation's most visited museums between 1862 and 1968. Returned to the Mall, and with expanded outreach capabilities, the National Museum of Health and Medicine would again serve as one of the nation's leading public health education organizations.

A draft of legislation to relocate and revitalize this facility was originally forwarded to the Departments of Defense and Health and Human Service in 1991. Preliminary feasibility and structural studies have been concluded on the East Plaza adjacent to the Hubert Humphrey Building, indicating that the East Plaza is an acceptable site for a new 56,000 square foot facility. An environmental assessment of the site is also expected to show that the site is feasible.

In order to expedite the process of drafting the authorizing legislation, we write to request your agency's position on the enclosed bill language. It would be helpful if you could inform us by August 15 of your Department's position on this proposal.

Thank you for your attention to this matter.

Sincerely,


Mark O. Hatfield
United States Senator


Sam Nunn
United States Senator


Edward M. Kennedy
United States Senator

United States Senate

WASHINGTON, DC 20510

July 30, 1993

The Honorable Les Aspin
Secretary
Department of Defense
The Pentagon, Room 3E880
Washington, D.C. 20301

Dear Les:

During the past two years we have been studying a proposal to relocate and revitalize the National Museum of Health and Medicine. As currently drafted, this plan would relocate the facility from Walter Reed Army Medical Center to the National Mall where it stood as one of the nation's most visited museums between 1862 and 1968. Returned to the Mall, and with expanded outreach capabilities, the National Museum of Health and Medicine would again serve as one of the nation's leading public health education organizations.

A draft of legislation to relocate and revitalize this facility was originally forwarded to the Departments of Defense and Health and Human Service in 1991. Preliminary feasibility and structural studies have been concluded on the East Plaza adjacent to the Hubert Humphrey Building, indicating that the East Plaza is an acceptable site for a new 56,000 square foot facility. An environmental assessment of the site is also expected to show that the site is feasible.

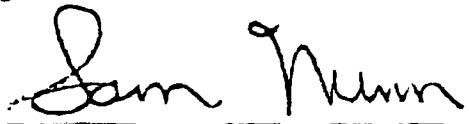
In order to expedite the process of drafting the authorizing legislation, we write to request your agency's position on the enclosed bill language. It would be helpful if you could inform us by August 15 of your Department's position on this proposal.

Thank you for your attention to this matter.

Sincerely,



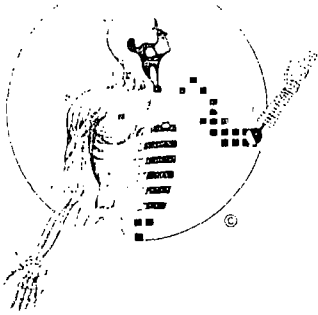
Mark O. Hatfield
United States Senator



Sam Nunn
United States Senator



Edward M. Kennedy
United States Senator



September 7, 1993

Officers

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C. Everett Koop, MD, ScD

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The Rockefeller University

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Planned Parenthood

James B. McCormick, MD

Science Heritage Limited

Robert R. McMeekin, MD, JD

Gerald J. Mossinghoff

Pharmaceutical Manufacturers Association

J. Richard Munro

Time Warner, Inc.

William M. Sarva, MD

The Hon. Don M. Newman, Esq.

International Civil Aviation Organization

Grant P. Thompson, Esq.

The Wilderness Society

James S. Todd, MD

American Medical Association

Howard Wallach, MD

American Psychiatric Foundation

*Illustrations listed for purposes
of identification only*

Mr. Ira Magaziner
Senior Advisor to the President
for Policy Development
The White House
Washington, D.C. 20500

Dear Ira:

The National Museum of Health and Medicine Foundation, which I chair, is working to revitalize and relocate the National Museum of Health and Medicine. By relocating back to the National Mall and by expanding its public education outreach capabilities, the Museum will provide information necessary to allow all Americans to lead healthier lifestyles and to become better consumers of health care services.

I would be pleased if you could visit with the Board of Trustees of the Foundation for one-half hour on Friday, October 22, 1993, between 3:00 and 5:00 p.m., to discuss the Clinton Administration's health care reform agenda. The meeting will be held in the Board Room at the Washington office of the American Medical Association which is located within several blocks of the White House.

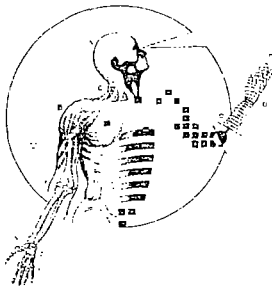
I know that the members of our Board are very interested in learning more about the Clinton Health Care Reform plan, and your visit with us would help you become familiar with our national health education project.

Please let me know if you would be able to meet our Board on October 22. Best of luck walking the path of health care reform over the coming weeks.

Best regards,

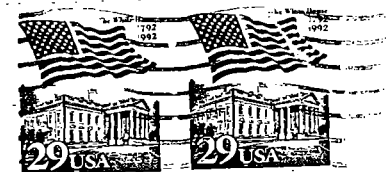
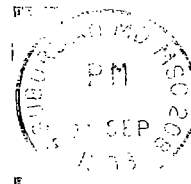
C. Everett Koop, M.D.

*I'll discuss
this with you
when not to me
meet.
CER*

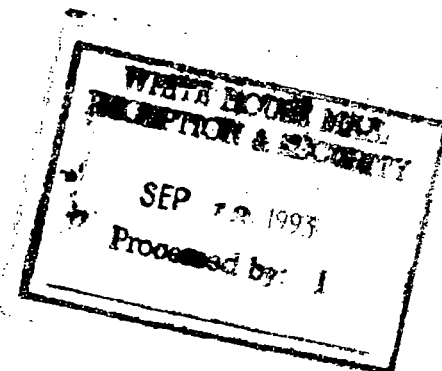


NATIONAL MUSEUM OF HEALTH
& MEDICINE FOUNDATION

C. Everett Koop, M.D.



Hillary Rodham Clinton
The White House
Washington, D.C. 20500



Washington, DC
20306-6000



WIP
R. Koop



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

CONGRESSIONAL LIAISON OFFICE

Room 406 G

202-690-6786 phone

202-690-6351 fax

TO:

Kim Tilly

OFFICE:

Research

ROOM:

PHONE:

FAX:

456-2239/2539

FROM:

Mary Beth Donahue

Mary Beth

DATE:

TOTAL PAGES:

11

(including cover)

REMARKS:

Kim - Attached is letter going to Kennedy, Hatfield + Dunn from Shalala. I'll send you clean copy (final) tomorrow *

Pages 3 + 4 are background for you.
Pages 5-10 is draft legislation - we don't know when it will be introduced.

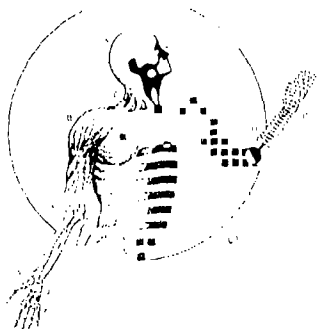
* Our final version of letter will go to OMIB for clearance. We don't know if they'll make changes OR when they will send it back to us for delivery to Members. No way to predict when it will go to hill.

Possible attachments

- bill
- HHS memo
- ~~HHS~~ letter to Koop
- HHS letter to Sen's
- Sen's letter to HHS

Re mail

Koop. 105



NATIONAL MUSEUM OF HEALTH &
MEDICINE FOUNDATION

September 7, 1993

Officers

Chairman
C. Everett Koop, M.D. (S.D.)

Vice Chairman
John K. Duckworth, M.D.

Secretary
Vivian W. Pinn, M.D.

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Richard L. Hall, Ph.D.
The Hon. Charles Drew Jarvis, Ph.D.

Richard L. Hall, Ph.D.
The Hon. Charles Drew Jarvis, Ph.D.

Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

As you may recall, I serve as Chairman of a Foundation dedicated to revitalizing the National Museum of Health and Medicine and relocating it back to the National Mall. Several weeks ago I sent you a copy of draft legislation to accomplish this objective. Bringing this facility back to the National Mall and expanding the Museum's health education outreach capabilities will help teach all Americans to lead healthier lifestyles and to become better consumers of health care. You may have heard the Museum's director, Dr. Marc Micozzi, speak about our project at Larry Mohr's retirement, as Dr. Mohr has been such a help to us thus far.

I thought you should be aware that Senators Ted Kennedy, Mark Hatfield and Sam Nunn have written Secretaries Donna Shalala and Les Aspin requesting Executive Branch comment on the proposed legislation. Enclosed are copies of the letters from these Senators.

Also, I have invited Ira Magaziner to meet with the Board of Trustees of our Foundation here in Washington on October 22 to discuss the Administration's Health Care Reform agenda so that we may better coordinate our own health education programs.

I hope our Foundation can count on the support of the Clinton Administration as we work to complete this project. The work of this Museum is clearly consistent with the public and consumer education objectives of your health care reform plan.

Best regards,

C. Everett Koop, M.D.

cc: Ira Magaziner

MCA SEP 24 1993

United States Senate

WASHINGTON, DC 20510

July 30, 1993

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W., Room 615F
Washington, D.C. 20201

Dear Donna:

During the past two years we have been studying a proposal to relocate and revitalize the National Museum of Health and Medicine. As currently drafted, this plan would relocate the facility from Walter Reed Army Medical Center to the National Mall where it stood as one of the nation's most visited museums between 1862 and 1968. Returned to the Mall, and with expanded outreach capabilities, the National Museum of Health and Medicine would again serve as one of the nation's leading public health education organizations.

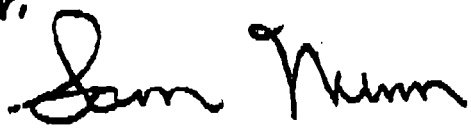
A draft of legislation to relocate and revitalize this facility was originally forwarded to the Departments of Defense and Health and Human Service in 1991. Preliminary feasibility and structural studies have been concluded on the East Plaza adjacent to the Hubert Humphrey Building, indicating that the East Plaza is an acceptable site for a new 56,000 square foot facility. An environmental assessment of the site is also expected to show that the site is feasible.

In order to expedite the process of drafting the authorizing legislation, we write to request your agency's position on the enclosed bill language. It would be helpful if you could inform us by August 15 of your Department's position on this proposal.

Thank you for your attention to this matter.

Sincerely,


Mark O. Hatfield
United States Senator


Sam Nunn
United States Senator


Edward M. Kennedy
United States Senator

OPTIONAL FORM NO. (7-90)		FAX TRANSMITTAL		Page 1 of 1	
To: Roger McClung		From: Phil Logan			
Dept/Agency: ASL		Phone: 619 0814			
Fax: 640 8425		Fax: 619 1907			
NEN 7845-01-517-7211		FAX-101		GENERAL SERVICES ADMINISTRATION	



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20001

JUN 4 1993

C. Everett Koop, M.D., Sc.D.
Chairman, Board of Trustees
National Museum of Health and
Medicine Foundation
P.O. Box 89748
Washington, DC 20012-9748

Dear Chick:

Thank you for your letter of April 9, 1993, following up on our meeting of April 6 concerning the National Museum of Health and Medicine. I think that the meeting was a very positive one and I support your efforts to revitalize and relocate the museum. Certainly, such a museum could play an important role in teaching Americans how to lead healthier lifestyles.

This is clearly a very exciting project and as you know there are still some important details related to issues concerning the site, governance, and financing that must be worked out before the Museum becomes a reality. For example, we are awaiting the results of a structural survey to determine whether it is feasible to relocate the Museum adjacent to the Humphrey Building. A plan is also being developed to relocate the child development center playground to make space for the proposed Museum. Additionally, steps are under way to obtain preliminary approval from the National Capital Planning Commission and an environmental assessment will be needed as part of this process.

As with any building project, and particularly one on the National Mall, there are numerous details to be worked through. However, I want you to know that we will work closely with you and other concerned parties to expedite resolution of these matters.

I look forward to the prospect of the Department of Health and Human Services participating in the development of an exciting new Museum of Health and Medicine.

Sincerely,

Donna

Donna S. Shalala

Dist 17- CA

2832

~~Rep. Sam Farr~~

THE WHITE HOUSE
WASHINGTON

meegs

Sat - Anne Walley

- what's the HC/crime event?
- sep event?

NO

Patti
No, ref

Has it been intro'd?

Gordon Lee

Bill # & Name?

7054

co-sponsors?

comte(s) ref'd to?

compen in Hse? etc.

How do we find out.

hears - have been
checked all poss
admin pos.



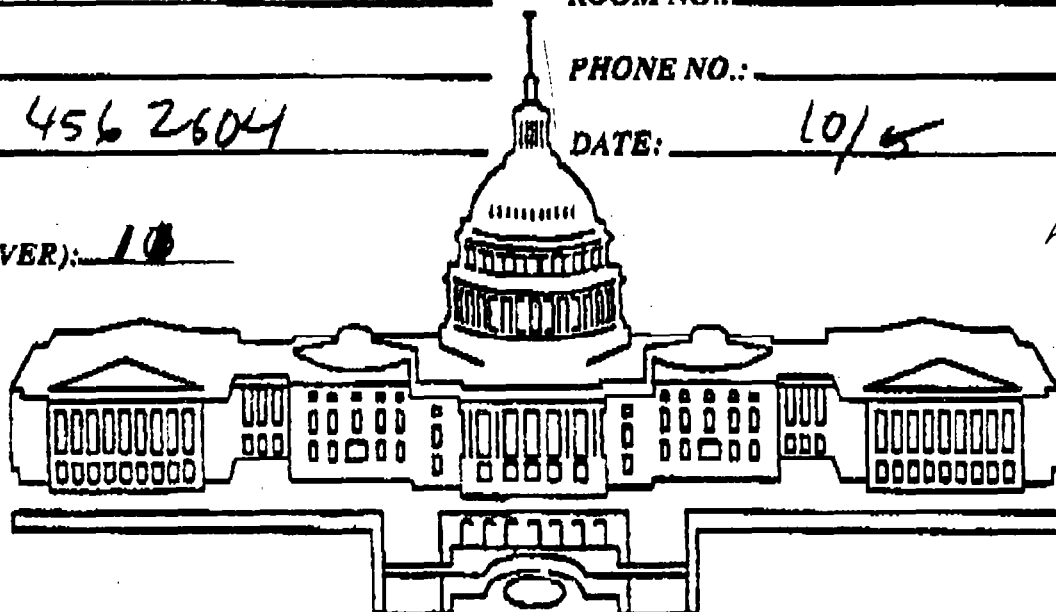
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION
HEALTH LEGISLATION
WASHINGTON, D.C. 20201

PHONE: (202) 690-7450

FAX: (202) 690-8425

TO: _____ FROM: _____
NAME: Gordon Lee NAME: Roger McElwray
OFFICE: _____ OFFICE: _____
ROOM NO.: _____ ROOM NO.: _____
PHONE NO.: _____ PHONE NO.: _____
FAX NO.: 456 2604 DATE: 10/5

TOTAL PAGES
(INCLUDING COVER): 10



Koop

REMARKS:

- As discussed -
- ① B. Report in clearance
 - ② Secy letter to Koop
 - ③ Bill w/ cover letter

JUNK

Dear Senator _____:

This responds to your request for the Department's position on a draft bill to authorize construction of a facility on the Hubert H. Humphrey Building plaza to house an expanded National Museum of Health and Medicine.

We support the intent of the proposed legislation to relocate the museum from Walter Reed Hospital, and to expand and revitalize the museum. Such a facility can play an important role by encouraging Americans to lead healthier lifestyles and by stimulating interest among children in the life sciences.

The draft bill requires construction of a National Museum of Health and Medicine at a specific site adjacent to the Hubert Humphrey Building and provides \$21.8 million in appropriations authority for this purpose. In order to meet the costs of operating the museum, \$3.2 million would be derived from appropriations made to accounts of HHS and DOD, with "such sums as necessary" being taken for subsequent years. An Advisory Council is created and composed of 3 Cabinet level officers and 4 other specified members to oversee the museum, and specific governance and administrative requirements are provided.

The project envisioned by the bill is a complex undertaking from many points of view. The proposed site is under the jurisdiction of the National Capital Planning Commission (NCPC) and the project will need to be reviewed in accordance with NCPC's rules. The site in question is adjacent to the National Mall which is a designated landmark, and design alternatives for the proposed facility will therefore need to take into account the historic significance of this location. ~~consideration should also be given to the historical significance of the site, and an environmental assessment must be conducted.~~ Finally, an alternative location must be found for the children's day care playground from the east plaza of the Humphrey Building. *the* *also* *the*

Until the NCPC review has been completed and other preliminary questions resolved, we believe it is difficult to address the specifics of the draft bill. Once we have information about the final project design and costs, including the costs of ongoing operation of such a facility, we can better address questions of the source of funding and appropriate administrative arrangements for managing the new facility.

We appreciate your continuing strong support for this important project and we look forward to continuing to work with you on this and other matters of joint concern in the future. We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

Donna E. Shalels

Dear Senator _____:

This responds to your request for the Department's position on a draft bill to authorize construction of a facility on the Hubert H. Humphrey Building plaza to house an expanded National Museum of Health and Medicine.

We support the intent of the proposed legislation to relocate the museum from Walter Reed Hospital, and to expand and revitalize the museum. Such a facility can play an important role by encouraging Americans to lead healthier lifestyles and by stimulating interest among children in the life sciences.

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ad
fw

Until the NCPC review has been completed and other preliminary questions resolved, we believe it is difficult to address the specifics of the draft bill. Once we have information about the final project design and costs, including the costs of ongoing operation of such a facility, we can better address questions of the source of funding and appropriate administrative arrangements for managing the new facility.

2

We appreciate your continuing strong support for this important project and we look forward to continuing to work with you on this and other matters of joint concern in the future. We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

Donna E. Shalala

THE WHITE HOUSE
WASHINGTON

OFFICE OF LEGISLATIVE AFFAIRS
FAX COVER SHEET

NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS
CONFIDENTIAL AND INTENDED FOR THE RECIPIENT ONLY.

DATE:

10/5

TO:

Amy

FAX #:

2239

FROM:

Gordon

RE:

Brad - Could not.

703-739-3602

PAGE 1 OF

12

If there are any problems with this transmission, please call
(202) 456-6493.

FAX SENT: _____

~~AUG-10-93~~ TUE 15:48

OMAC/OMO

FAX NO. 2026191407

P. 02

5

S. _____

IN THE SENATE OF THE UNITED STATES

Mr. Hatfield introduced the following bill; which was read twice and referred to the Committee on _____.

A BILL

To provide for the relocation and revitalization of the public facility of the National Museum of Health and Medicine, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. FINDINGS AND PURPOSE.

(a) FINDINGS- Congress finds that -

(1) the United States faces critical health care problems, solutions for which will arise only from an attentive and educated citizenry;

(2) there is a great need for an increased emphasis to be placed on public health education and the development of scientific literacy concerning health care issues;

(3) when the National Museum of Health and Medicine, formerly the Army Medical Museum, was located on the Mall in

0-93 TUE 15:48

OHAC/OHO

FAX NO. 2028181407

P. 03
6

- 2 -

Washington, District of Columbia, from 1888 to 1968. It was one of the most popular and well-visited museums in the nation's capital;

(4) with the removal of the museum from the Mall to the grounds of the Walter Reed Army Medical Center in 1968, there was no longer a national education facility devoted to this purpose located within the District of Columbia within easy access to the up to 25,000,000 individuals who visit the Mall area each year; and

(5) the American taxpayer, through the United States government, pays approximately 30% of the costs of all health care services, services which could become less necessary and serious with the advent of better educated, informed Americans;

(b) PURPOSE-

It is the purpose of this Act to relocate and revitalize the public facility of the National Museum of Health and Medicine to serve as a central resource for instruction about and involvement in the critical health issues which confront all American citizens.

SECTION 2. LOCATION OF AND SPACE REQUIREMENTS

The Museum public facility shall be located on the unoccupied are



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

CONGRESSIONAL LIAISON OFFICE

Room 406 G

202-690-6786 phone

202-690-6351 fax

TO:

Kim Tilly

OFFICE:

Research

ROOM:

PHONE:

FAX:

456-2239/2539

FROM:

*Mary Beth Bonahue**Mary Beth*

DATE:

TOTAL PAGES:

(including cover)

3

REMARKS:

*Attached is final version of
"letter" which went over to OMB
today for clearance.*

93 TUE 15:49

OMAC/OMO

FAX NO. 2026191407

P.05

4

- 4 -

(b) EMPLOYEES

The Director and other employees of the museum shall be employed without regard to the provisions of title 5 of the United States Code governing appointments in the competitive service, and chapter 51 and subchapter III of title 5 of the United States Code.

(c) ADVISORY COUNCIL

The Museum's public facility shall be supported by an Advisory Council which shall meet at least two times annually.

Members of the Advisory Council shall include:

(1) the Secretary of the Department of Health and Human Services;

(2) the Secretary of Defense;

(3) the Chairman of the Board of Trustees of the National Museum of Health and Medicine Foundation;

(4) one member of the House of Representatives to be appointed by the Speaker of the House of Representatives;

(5) one member of the Senate to be appointed by the Majority Leader of the Senate;

(6) the Secretary of the Smithsonian Institution; and

93 TUE 15:50

OMAC/OMO

FAX NO. 2026181407

P. 08

- 5 -

(7) the Secretary of the Department of the Interior.

(d) NAME

The Museum shall be known as the National Museum of Health and Medicine.

SECTION 4. CONSTRUCTION AND INITIAL PROGRAM COSTS.

(a) AUTHORIZATION OF APPROPRIATION FOR CONSTRUCTION-

(1) IN GENERAL- There are authorized to be appropriated for the construction of the Museum public facility, \$21,800,000.

SECTION 5. ANNUAL OPERATIONAL COSTS; DEPARTMENT OF DEFENSE AND

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) DEPARTMENT OF DEFENSE

(1) Pursuant to 10 USC 176, the National Medical Repository and related collections shall continue to be operated by the National Museum of Health and Medicine and managed in accordance with Section 3(a).

(2) Pursuant to 10 USC 176, THE SUM OF \$1.5 million will

93 TUE 15:50

OMAC/OMO

FAX NO. 2026191407

P. 07

12

- 6 -

be made available in fiscal year ____, and such sums as may be necessary in subsequent years, from authorization of the Armed Forces Institute of Pathology, to operate the Museum.

(b) DEPARTMENT OF HEALTH AND HUMAN SERVICES

(1) Pursuant to (citation for authorization of Public Health Service's Health Promotion and Disease Prevention function), the sum of \$1.7 million will be made available in fiscal year ____, and such sums as may be necessary in future years, to operate the Museum public facility. Within these funds, at least \$200,000 will be made available in fiscal year ____, and such sums as necessary in subsequent years, for national health education outreach programs including, but not limited to, management of the National Health Sciences Consortium.

0-93 TUE 15:49

OMAC/OMO

FAX NO. 2028181407

P. 04

7

- 3 -

of land owned by the Federal Government and utilized as the east plaza of the Hubert Humphrey Building, presently occupied by the Department of Health and Human Services, and adjacent areas. The interior space of the Museum public facility, when fully constructed, shall be approximately 60,000 square feet.

SECTION 3. ADMINISTRATION, EMPLOYEES, ADVISORY COUNCIL AND NAME

(a) ADMINISTRATION

The Museum public facility shall be administered by the Director of the National Museum of Health and Medicine, reporting to the Museum

✓ Committee of the Board of Governors of the Armed Forces Institute of Pathology (AFIP), said committee chaired by the Assistant

Secretary for Health of the U.S. Department of Health and Human

Services. The Chairman of the National Museum of Health and

Medicine, Inc., shall be added to the AFIP Board of Governors and to

its Museum Committee.

Briefing Book

THE WHITE HOUSE
WASHINGTON

1. final One Pagers
2. Reformat INDEX
3. - Replace profiles -
4. Regroup
5. Find Ways & Means
Profiles & Energy &
Commerce.

1. ~~Reserve~~ Conference Room
~~Room~~ 1:30

2. set up speech meeting

Bob
Lisa
Christine

3. Call contact Vossy
for speech info

x6444

Dr. Koop //

Lynn Marphelio

~~AMANDA~~

~~RM 212~~

• Council of Economic
Committee

x2737

Susan O'Brien

~~THE NATIONAL MUSEUM FOR SCIENCE AND HEALTH~~

What was once the main attraction on the mall in Washington, the National Museum of Health and Medicine - the old red brick building was destroyed to make way for the Hirschorn Museum. Activity over the past five years has sought ways to reestablish this museum with its 250,000 artifacts, its modern interactive exhibition system, etc. on the mall.

Legislation has already been drafted by Senator Hatfield with the sincere support of Senators Kennedy and Nunn to pay for the construction of a building attached to the present Humphrey building which houses HHS with the understanding that the foundation associated with the national museum would raise private funds in equal amount for its exhibits and their maintenance.

This museum is not a curio shop. It would be the source of health information for the nation not only to the millions of people who would see its messages in Washington but also through a consortium of such institutions now already operating to take exhibits far and wide throughout the land for health education.

Inasmuch as prevention is heavily emphasized, the savings for the health care system could be considerable.

Although this should not be part of the health plan I think it would be very apropos if the President supported this legislation which is attached.

C. Everett Koop is the chair of the board of the foundation for the National Museum of Health and Medicine.

DRAFT

S. _____

IN THE SENATE OF THE UNITED STATES

Mr. Hatfield introduced the following bill; which was read twice and referred to the Committee on _____.

A BILL

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DRAFT

- 2 -

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SECTION 2. LOCATION OF AND SPACE REQUIREMENTS

The Museum public facility shall be located on the unoccupied areas

DRAFT

- 3 -

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(a) ADMINISTRATION

The Museum public facility shall be administered by the Director of the National Museum of Health and Medicine, reporting to the Museum Committee of the Board of Governors of the Armed Forces Institute of Pathology (AFIP), said committee chaired by the Assistant Secretary for Health of the U.S. Department of Health and Human Services. The Chairman of the National Museum of Health and Medicine, Inc., shall be added to the AFIP Board of Governors and to its Museum Committee.

- 4 -

DRAFT**(b) EMPLOYEES**

The Director and other employees of the museum shall be employed without regard to the provisions of title 5 of the United States Code governing appointments in the competitive service, and chapter 51 and subchapter III of title 5 of the United States Code.

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The Museum's public facility shall be supported by an Advisory Council which shall meet at least two times annually.

Members of the Advisory Council shall include:

(1) the Secretary of the Department of Health and Human Services;

(2) the Secretary of Defense;

(3) the Chairman of the Board of Trustees of the National Museum of Health and Medicine Foundation;

(4) one member of the House of Representatives to be appointed by the Speaker of the House of Representatives;

(5) one member of the Senate to be appointed by the Majority Leader of the Senate;

(6) the Secretary of the Smithsonian Institution; and

DRAFT

- 5 -

(7) the Secretary of the Department of the Interior.

(d) NAME

The Museum shall be known as the National Museum of Health and Medicine.

SECTION 4. CONSTRUCTION AND INITIAL PROGRAM COSTS.

(a) AUTHORIZATION OF APPROPRIATION FOR CONSTRUCTION-

(1) IN GENERAL- There are authorized to be appropriated for the construction of the Museum public facility, \$21,800,000.



SECTION 5. ANNUAL OPERATIONAL COSTS: DEPARTMENT OF DEFENSE AND DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) DEPARTMENT OF DEFENSE

(1) Pursuant to 10 USC 176, the National Medical Repository and related collections shall continue to be operated by the National Museum of Health and Medicine and managed in accordance with Section 3(a).

(2) Pursuant to 10 USC 176, THE SUM OF \$1.5 million will

DRAFT

- 6 -

be made available in fiscal year ____, and such sums as may be necessary in subsequent years, from authorization of the Armed Forces Institute of Pathology, to operate the Museum.

(b) DEPARTMENT OF HEALTH AND HUMAN SERVICES

(1) Pursuant to (citation for authorization of Public Health Service's Health Promotion and Disease Prevention function), the sum of \$1.7 million will be made available in fiscal year ____, and such sums as may be necessary in future years, to operate the Museum public facility. Within these funds, at least \$200,000 will be made available in fiscal year ____, and such sums as necessary in subsequent years, for national health education outreach programs including, but not limited to, management of the National Health Sciences Consortium.

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will or may be needed, and I may be contacted for such a release at a later date.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for, assignment to, or retention in, a sensitive position, in accordance with 5 U.S.C. 9101.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed	
Other Names Used		Social Security Number			
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)	
				()	

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NO GUTS,

BY ALAN GREEN • PHOTOS BY DARROW MONTGOMERY

WOULD YOU MAKE A SPECIAL TRIP DOWN TO THE Mall just to see a museum exhibit on coronary disease? Probably not. But what if, as part of the expedition, you were also promised a peek at a two-headed baby, a gargantuan leg, shrunk heads, and the feet of an Egyptian mummy?

These and other equally improbable questions are at the heart of a debate shaping the future of the National Museum of Health and Medicine, the gallery of medical oddities once known as the Army Medical Museum.

The museum, now housed on the grounds of the Walter Reed Army Medical Center, has for years sought to shed its reputation as a carnival sideshow. Its curators want museumgoers to look beyond the deformed fetuses, wax models of syphilitic genitalia, and tomahawked skulls, and appreciate its transformation into a bona fide dispenser of educational information. The changeover began in the mid-'80s, as, after 25 years of exile, the facility prepared itself for a return to the Mall, where the collection was housed for decades. But still at issue in the museum planners' minds is how much room to set aside for the freaky exhibits that have made this museum unlike any of the city's others—and, in fact, have always contained its mass appeal.

For more than a century, the museum's unparalleled aggregation of medical and anatomical wonders has been legendary. There, among the rows of Formalin-filled jars in which teratogenic fetuses float, were skulls splintered by bullets, arrowheads, and swords. There were skeletons of a 9-foot, 93-year-old man and an 85-year-old dwarf Chippewa squaw. There were ghastly exhibits on leprosy and on "Distinctive Tumors of the World." There were X-rays of fatal choking episodes—one of them documenting a tiny carrot lodged sideways in some poor vegetable lover's esophagus. There were infant monstrosities, amputated limbs, embalmed quintuplets, venereal-pocked body parts, noseless heads, and ulcerated colons. For history



But the grotesque icons have steadily been removed from public exhibit. Increasingly, the inanimate organs are being replaced with high-tech displays about health

After a quarter-century of banishment, the revamped Army medical museum is preparing to return to the Mall. But its

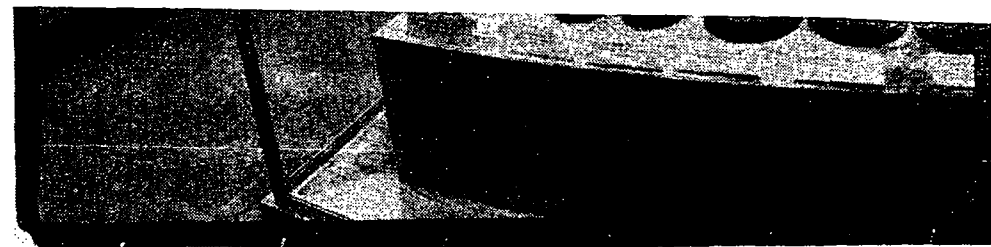
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And there was The Leg, the massive white turn-of-the-century limb swelled by elephantiasis before it was finally sawed off. For many visitors, this single specimen made the most indelible impression: Entombed in a 3-foot-high cask, where it floated like a channel marker in the Straits of Hell, the puffed-up appendage brought home the ghastly realities of disease and disfigurement.

"It's kind of like the Pillsbury Doughboy gone wrong," says a Washington attorney who first saw The Leg during his childhood and returned occasionally for another look. "It's something you look at and you know is horrible, but it's so repulsive you can't avoid looking at it. It's something you'll never forget."

The Leg is still part of the inventory, and it's in pretty fine company. There's a gangrenous foot, and plaster models of syphilitic and gonorrhea-infected genitalia that make a convincing argument for celibacy. There are two sets of Siamese twins, one pair joined at the chest and the other at the head. An exhibit on asphyxia includes a fatal set of swallowed dentures still hooked onto the unlucky esophagus. There are lungs scarred by coal dust that resemble two hefty slices of pan-blackened flounder. Among the fetuses in jars is one with a lone eye in the middle of its forehead and another whose lower limbs were fused into a single appendage. There are Civil War-era examples of facial reconstruction that include plaster casts of the faces of men whose mouths or noses had been blown to smithereens. There's also the legendary trichobezoar—the gourd-size hairball removed from the stomach of a 12-year-old who had chewed on her split ends for more than half a decade.



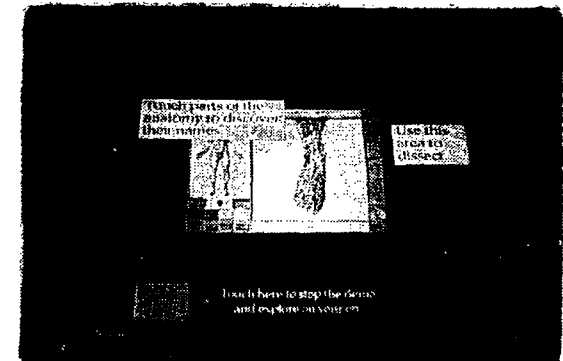
But the grotesque icons have steadily been removed from public exhibit. Increasingly, the inanimate organs are being replaced with high-tech displays about health and nutrition, as the institution exorcises its chamber-of-horrors image in preparation for its return to the Mall. That projected move is still five years away, but work is nonetheless ongoing to advance the museum's metamorphosis.

"We devolved into a place where you could see curiosities," says National Museum of Health and Medicine Executive Director Marc Micozzi. "Our museum is going from the 19th century to the 21st century. We almost skipped the 20th."

Call that leap into the present progress, but for generations of devotees who remember the museum mainly for its medical monstrosities, a few matters still bear watching: Will these curiosities find a home at the new building, or will pieces of this national treasure continue to be relegated to storerooms and replaced with more educational—and decidedly less compelling—exhibits? And, if the stark, unsanitized artifacts are stowed, will the public be deprived of a rare opportunity to witness the grim truth about disease, disfigurement, and death? In its zeal to replace affliction with education, will the museum betray its mission?

For the moment, that's as unclear as a big hawkker of tubercular sputum.

After a quarter-century of banishment, the revamped Army medical museum is preparing to return to the Mall. But its curators face a problem: how to meld its old carnival sideshow appeal with a new, Disneyfied vision of human health.



NO GLORY

PHOTOCOPY
PRESERVATION





Here's To Your Health: The museum's old medicine show had a hardy following, but will the public swallow the new, improved formula?



NO GUTS, NO GLORY

The Army Medical Museum was founded on May 21, 1862, when Surgeon General William Hammond directed Army medical officers to ship Civil War battlefield remains to Washington, where they would be housed for the study of war wounds. The museum opened the following August in the original Riggs Bank Building at 15th and Pennsylvania Avenue NW, with only three anatomical specimens. Curator John Hill Brinton was sent by Hammond to scour battlefields in search of appropriate study samples, but he also assembled damaged or diseased tissues. By year's end, the diligent surgeon had collected more than 1,300 objects, including bullet-shattered bones, amputated limbs, and soldiers' bodies ravaged by everything from gangrene to typhoid fever. At Brinton's request, cooperative field surgeons kept barrels full of body parts coming.

Limbs even arrived unsolicited. The most famous of these undoubtedly belonged to Gen. Daniel Sickles, commander of a Union army brigade, who lost a leg at Gettysburg. Sickles shipped his cannonball-shattered appendage to the museum in a small coffin-like box, the accompanying card reading: "With the compliments of Major General D.E.S., United States Volunteers." Sickles was such a proud patron that he often brought acquaintances to the museum to see his preserved bones. To this day, the leg is still on public display.

The Medical Museum soon outgrew its

extended when special events brought large crowds to Washington. But the museum really became a high-visibility component of the Washington landscape in 1888, when the 27,000-specimen collection was moved to the "Old Red Brick"—a four-story building on the Mall that would remain the institution's home for some seven decades.

Most of the museum was devoted to medical study. The chemistry, biology, and bacteriology laboratories were augmented by an exhaustive library, which would eventually split from the institution and be renamed the National Library of Medicine. There was a dissecting room, a microscopy room, and another area equipped for anthropometry—the science of measuring human body parts and their functional capacities. The Army Medical School, established in 1893 on orders of Surgeon General George Sternberg, was housed in the building for

Entombed in a 3-foot-high cask, where it floated like a channel marker in the Straits of Hell, the puffed-up elephantiasis- racked leg brought home the ghastly realities of disease and disfigurement.

nearly two decades. Space was also set aside for such disciplines as medical photography and anatomical art.

The rest of the museum housed public exhibitions, with a portion of the first floor reserved for physical compilations of historic medical instruments and the normal anatomical structures of humans and animals.

It was the second-floor east wing, however, that held the real allure for museumgoers.

Here was the repository for specimens of pathology—the study of the causes, processes, and effects of disease. Nature in all its horrific glory was contained in jars: abnormal, diseased, and injured organs floating in preservative solutions. The gruesome consequences of cancer, tuberculosis, venereal disease, and war injuries were likewise exhibited, as were the museum's crowd-pleasing assemblage of human monstrosities and fetuses that had developed with their organs outside their bodies, their limbs twisted akimbo, their facial features either missing or profoundly disfigured.

A Washington physician donated a stash of

corker that a 9-year-old boy somehow managed to pass. There was a wax model of a man with a nose the size and color of a ripe tomato and another model of a man with scrofula—tuberculosis of the lymph glands that swelled his neck to such gargantuan proportions that a small sack of potatoes seemed to have been stitched to his shoulder. Serious research may have been going on elsewhere in the Old Red Brick, but for the public the museum was only a government-sponsored carnival show.

As theories of medicine evolved, so did the museum's collection. When the medical community accepted the theory that diseases were transmitted by microbes, for example, the museum became a repository for microscopic slides that enhanced knowledge about parasitic afflictions. By century's end, as bacteriology expanded in importance and medicine turned its attention to the study of such infectious diseases as yellow fever and

typhoid fever, Army Medical followed suit. In fact, the first vaccine against typhoid was developed at the museum; Maj. Walter Reed, the museum's fifth curator, was instrumental in proving that the mosquito was the carrier of yellow fever.

By the turn of the century, the medical community's focus turned from the transmission of disease to its effects, and museum researchers studying the anatomical and functional manifestations of disease set out to acquire entire organs. They were as dedicated in their acquisitions as the museum's first curator.

Letters from the museum's archives thank contributors for bestowing everything from amputated hands to hypertrophied organs. In December 1899, when a Smithsonian official wrote to ask whether the Medical Museum would be interested in receiving unusual donations from the public, the museum's curator replied: "I would say that we shall be pleased to have letters offering monstrosities to this Museum." The correspondence referred primarily to domestic animals, but the institution eagerly acquired

Society President Thomas C. Smith insisted that the museum's specimens should be looked on not "as so much 'embalmed beef,' " but rather as "treasures of great value" to be consulted by the "earnest student of disease." But the treasure chest eventually became so overloaded with grotesque medical specimens that an Army general dubbed the place "the pickle factory."

The museum reformed its image after World War I, when its dominant activity again became the study of disease, rather than the accumulation of specimens. That mission never changed, and to reflect that emphasis, in 1949 the institution was renamed the Armed Forces Institute of Pathology (AFIP).

In 1955, AFIP moved its research operations to a new building on the grounds of Walter Reed, where it evolved into a renowned conglomerate that conducts a wide variety of pathological consulting and study. (Earlier this month, for example, two museum curators with expertise in forensic anthropology spent a week helping a Missouri community identify for reburial the bones from a few hundred graves washed away by last summer's floods.) But the enormously popular exhibits—the anatomical freak show that in some years attracted as many as one million visitors—remained on the Mall until 1968, when Congress decreed that the Old Red Brick would be razed to make room for the Hirshhorn Museum and Sculpture Garden. The medical museum was relocated to the Walter Reed campus three years later, where it succumbed to a near-fatal bout of inertia and neglect.

The museum plodded along until 1985, when the Department of Defense's Office of Inspector General wrote an unflattering report about its collection. Declaring that the museum had become irrelevant to issues of public health, the IG recommended to DOD that the museum be dramatically improved—or simply shut down.

Since then, AFIP has conducted a top-to-bottom refurbishment of the museum. Executive Director Micozzi, an anthropologist and physician by training, was hired in 1986 to retool the institution's direction and image. Archivists reorganized the massive stockpile of specimens, making them more accessible to researchers; records were systematically classified and, in some cases, computerized; exhibits were designed to educate visitors about such health problems as AIDS, heart disease, and mental illness.

The Medical Museum soon outgrew its quarters and relocated to Ford's Theater, which had been closed as a theater following Lincoln's assassination. The public exhibit quickly became such a popular tourist attraction that visiting hours were often

A Washington physician donated a stash of five dozen objects he had surgically removed from his patients' bellies, including pins, needles, bones, toy-train wheels, coins, and a fishing lure. Included in the world's largest treasury of kidney stones was an egg-size

Some in the medical community viewed these medical anomalies as a real bonanza. Also in 1899, in an address to the Washington Obstetrical and Gynecological Society,

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26 OCTOBER 22, 1993 WASHINGTON CITY PAPER

NO GUTS, NO GLORY

back to the Mall.

"This is the most dramatic comeback story in the American museum community," says museum spokesman Dick Levinson, who points to the revamped displays and rising attendance figures as proof of the museum's renaissance.

But spend time in the exhibit hall, and it's quickly apparent that Levinson's boasts are as inflated as the infamous elephantiasis-racked leg. Despite the make-over, the Museum of Health and Medicine is a depressing—almost numbing—environment that's neither the educational arena it strives to be, nor the alluring freak show it once was.

The hall is so empty on most days that you feel like a trespasser. An average of 175 visitors a day explore the 15,000-square-foot exhibit hall, the majority of them students on

class trips and nurses and other medical professionals on group tours. Individuals and families are rare sights; on weekends, when the city's other museums are overrun with visitors, Health and Medicine is almost deserted.

And for good reason. The current installation is a bewildering mélange of old artifacts and new technologies that don't work well together. Medical instruments dominate much of the space, offering a history of surgery, dentistry, and other healing arts. The interminable exhibit on the evolution of microscopy could only interest opticians and descendants of van Leeuwenhoek.

An AIDS education exhibit, which five years ago was pioneering because of its frank discussion of sexuality and drug use, is today irrelevant. Hundreds of square feet of floor space are taken up by a series of 9-foot-high panels that contain less information about the disease—some of it inaccurate—than a Red Cross brochure on a nearby literature rack. Microscopic comparisons of HIV and other sexually transmitted diseases fail to make any point, since each resembles every blood cell or amoeba that ever landed on a biology-class slide. A wall-mounted display with statistics listing AIDS-related deaths and illnesses is woefully out of date when compared to a recent report from the Centers for Disease Control.

Like other Washington museums, this one aims to augment its holdings with technologies that make the exhibits more meaningful. Sometimes the approach works: At the Museum of Natural History, a video screen beside a case housing a stuffed ram shows a dramatic 30-second clip of two animals butting horns; at the Holocaust Museum, a simple punch card with a few personal details helps you relate to the victim's plight; headphones and a tape recorder at the National

Gallery guide you at your own pace through an exhibit of impressionist paintings.

If only the new technology at the Museum of Health and Medicine worked so elegantly. A touch-screen computer exhibit on the heart invites you to assess your risk of heart attack, but the questions are confusing, an endless wait follows keyboard commands, and touch some screens all you want—nothing happens. Another exercise invites visitors to concoct a healthy meal from sample menus, but the process is equally befuddling, and in the middle of the exercise the screen fades to black and the logo of the American Heart Association rises. A new terminal that explores muscles and bones treats visitors to a 2-inch-square helping of full-motion video whose narration is filled with indecipherable jargon. Among the clips is one on prosthetics that offers such bizarre footage as a young, limbless boy strapping on artificial arms, then playing Ping-Pong.

The clip is supposed to educate museum-goers about the challenges associated with designing such medical devices, but it proves to be only a macabre, 45-second snapshot of someone's disabilities. This footage is far more disturbing than some of the medical curiosities deemed too gruesome for public display. Ultimately, the prosthetic clip uses technology for technology's sake, holding little, if any, interest for the viewer.

The overall effect? The old and new work at such cross-purposes that everything seems anachronistic. More than ever before, what stands out are the fetuses, the gourd-sized hairball, and the other novelties—the side-show relics that museum officials have tried to downplay. But in this sterile environment of government-issue glass cases, even some of these incredible specimens lose their horrible fascination. They're simply there—unannotated, unexplained, forlorn.

What is a museum, and why do people go there? Originally, American museums were the equivalent of libraries—places for people to view inert objects. That's largely still true; the National Archives, for example, exists to disseminate information and strives to make its collections accessible to everyone. But in the last two decades, a new wave of American museums has emerged, attracting viewers who are looking for a more flexible, vivid, and tactile experience. The Holocaust Museum and the immigration museum at New York's Ellis Island typify this new breed.

"A lot of data indicates [that approach] is very effective; people leave with a deep response," says Jane Bedno, director of the Graduate Program in Museum Exhibition, Planning, and Design at University of the Arts in Philadelphia. "The revealed wisdom says that a one-shot visitor coming to see a museum as part of a tourist experience is much more responsive to the experiential than the traditional laying out of information."

This lesson has not been lost on the National Museum of Health and Medicine, which is still struggling to blend its bizarre holdings with a more innovative, participatory approach. It's not an easy potion to concoct. "A museum's role is to entertain, educate, and inform, but the proportion is hotly debated in the museum field," says John Falk, author of *The Museum Experience*. "The challenge is to come up with the right balance."

That balance is elusive—and changing. A century ago, says Falk, scientists and historians collected things, then displayed them with a few lines of copy. But as museums attempt to transmit knowledge to uninformed audiences, labels and diagrams no longer suffice.

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For the National Museum of Health and Medicine, this change in the way displays are conceived means acknowledging that attitudes toward illness, death, and morbidity have changed. Throughout the 19th century and the early part of the 20th, Americans were more intimate with death and disease than they are today. Surgery was performed on kitchen tables. The infirm died at home and were often buried there. Without drugs to counteract the effects of disease, birth defects were more widespread. Bones, blood, and butchery were not outside the norm for the millions raised on farms.

Today, many diseases have been inoculated into oblivion and once-debilitating afflictions are rooted out with diagnostic techniques and drugs. Hospitals house the sick, hospices the dying. The sight of a corpse is usually filtered through a TV camera and pathological specimens have devolved into historical curiosities, like dinosaur bones and Model T Fords. Without an institution like the Museum of Health and Medicine, many would never get a firsthand look at some of the more awful manifestations of disease.

"Disease and death are part of reality," says Micozzi. "This is one place people can confront that."

Confronting that, one would imagine,

Increasingly, the inanimate organs are being replaced with high-tech displays about health and nutrition, as the institution exorcises its chamber-of-horrors image in preparation for its return to the Mall.

means confronting anything and everything—no matter how monstrous, how horrible. But will a public-funded museum dare go all the way? Will it shrink from putting the two-headed baby back on the Mall?

That's a question the curators still haven't answered. There are several reasons why they might be inclined to sanitize the museum even further as they contemplate a return to the Mall. One reason is Congress. "In this day and age, the only safe thing for a health museum is to be boring," says Bedno. "That's reality. One Jesse Helms coming down on you can balance out a million people coming to see you. I'd sympathize with a director who tried for something accurate and effective that rubbed as few people as possible the wrong way."

Another reason is children, who make up a distinct plurality of the Mall's museumgoers.

"Our goal is to make this the sort of place families can visit; no kid can be too young," says Micozzi. "It's challenging to present this type of material, just as it's challenging to present material in the Holocaust Museum."

"You won't educate anyone if you make them ill."

But do people go to such a museum to be educated or to see The Leg? Falk—whose Annapolis-based nonprofit, Science Learning Inc., evaluates museum exhibits and programs—says museumgoers aren't averse to learning, but that's generally not their only motivation.

Bedno agrees. "A lot of people go to museums to see the swell stuff. They don't consciously go to be educated."

It's the swell stuff—not the dietary propaganda—that has traditionally lured visitors

to the medical museum. Even former administrators have conceded this point: Nearly three decades ago, when the museum was overflowing with bizarre artifacts and its reputation as a sideshow was well entrenched, Congress held hearings to consider whether to raze the Old Red Brick. Among those testifying was Paul Cannon, a retired University of Chicago pathology professor who served as a consultant to AFIP.

Cannon insisted that the building should remain on the Mall, that its easy access for students was of notable value. "The educational experience is unique," he told a House subcommittee. "There is no telling how many youngsters may be influenced by these exhibits to decide to become doctors or go into biomedical science."

The current museum hierarchy shares Cannon's sentiments, but they're not certain whether all of the deformities deserve exposure on the Mall. Bedno, for one, says she sympathizes with their predicament.

"If they do something that is sound and intrigues a lot of visitors and doesn't cause major waves, I can't fault them for it," she says. "My gut would be that the museum would be more effective if they had more of this stuff on the floor. But in this day and age, I wouldn't be the least bit surprised if they decided against it."

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MUSCLE: NOT FOR MEN ONLY



AT DC'S F

NO GUTS, NO GLORY

To understand the challenges facing the museum's reshapers, consider the "wet tissue" storeroom, which houses most of the 10,000-plus specimens currently deemed unsuitable for exhibit. The collection is off-limits to the public, and it's easy to understand why: Some pieces have been designated for research purposes only. Others would be of little interest to the public; unless you're a urologist, a kidney is a kidney is a kidney. But the main consideration is sheer, unadulterated horror: if the publicly exhibited two-headed baby is unsettling to you, take a look at the fetuses drowning in this back room. Looking down the row of jars—there are roughly 100—you sympathize with the staff's disinclination to pose them on the Mall. Ditto the human head, which resembles a Halloween mask, and dozens of other embalmed body parts.

Who should see the child's foot covered with the repulsive scars of smallpox? Or the five-legged puppy and deformed genitalia

and diseased brains and the esophagus burned by a suicidal dose of lye? What about the generous hunk of a Zairean man's 40-pound scrotum, removed from his body after a filaria (a parasitic thread worm) invaded his lymph vessels?

"Each one of them has their own power as to what they do to people," says Paul Sledzik, curator of this particular collection. "You have to take into strong consideration what it will mean when it goes on display."

"There are various levels of repugnancy; we have to decide on a case-by-case basis. I'd have a hard time putting a head on display, but a skull is different than a human head. The face has always been the focus of human emotions. So when you put that on display, people will look into the eyes, into the 'window of the soul,' and it hits them: That person is dead," Sledzik says.

"There's a fine line between the repugnancy index and what you're trying to teach," he adds. "Fetuses walk that line. I've found they're useful in teaching people about prenatal care. It drives home the point about environmental and genetic factors."

"The elephantiasis leg is the largest wet-tissue specimen in the collection. There's a fascination with largeness in the human body. You can use the fascination to teach people about tropical diseases. People think these diseases have been wiped out, but they're still around."

"Very few people are offended going through the museum; they don't get sick or storm out. The fascination overrides any other emotion."

But stay long enough, and the fascination gives way to intellectual curiosity, so that almost nothing in the collection is too much to bear. In the process, the elephantiasis leg loses none of its magnetism. But instead of remaining only a grotesque curiosity-shop wonder, the monumental limb actually becomes the manifestation of an unfamiliar affliction.

So what if the museum planners went all

out, and held nothing back from display? Some visitors would refuse to look; others, undoubtedly, would hang around the exhibit cracking adolescent jokes. But by the same token, some miscreants visit the Holocaust Museum to admire Hitler's handiwork. Talk to zoo keepers long enough, and you'll learn that a band of regulars show up in hope of seeing the animals copulate. Do you close the zoo and the museums down because a couple of nuts have the run of the place?

If you're worried about kids, it's possible to design a museum that won't pollute their dream pool with odious apparitions. A sexually explicit element of an AIDS exhibit sponsored by a coalition of science and medical museums has a parental warning that labels it unsuitable for children under 10; at the Holocaust Museum, some exhibits have deliberately been placed too high for young children to see.

But maybe we're being overprotective. It's entirely possible that most museum visitors—including children—won't be offended by these sights, and that the public is smart enough to treat these pathological oddities as more than just something to gawk at. The Mütter Museum of the College of Physicians of Philadelphia would seem to offer evidence of that.

Mütter was founded as a teaching collection for 19th-century medical students, and today it displays an incredible array of unusual wet-tissue samples. For several years, the teratogenic fetuses and various other specimens were kept behind closed doors. But in the early '80s, when Gretchen Worden took over as the museum's curator, that changed. Now, nothing is withheld from public view.

"The teratology collection was put in the back room, and we'd only open it for tours of medical students, et cetera," says Worden. "The first thing I did was move them back out. I was tired of hearing people ask, 'Can we see the babies?' I never heard another thing about it."

"People had gotten into the mind-set that some exhibits were hidden away and you needed special permission to see them. I think you need to accept the normal and the abnormal as part of life." Once you start treating nonliving oddities as something to be hidden away, she warns, you can have that attitude about the living.

Mütter displays hundreds of specimens, including Siamese twins, human horns (which Worden once showed off on the David Letterman show), and the "Soap Lady," a naturally preserved corpse.

Worden has no qualms about showing any of it. She says the artifacts are being exhibited to teach people, not entertain them, in a responsible way within the context of a respected medical institution.

"People lose the sideshow illusion very quickly," she says. "It's like biology class: The first cut on the alligator is tough, but then you get very clinical. I imagine it's like what medical students must experience when faced for the first time with a cadaver."

"When it comes to things like educating people about the realities of disease, the question of good taste shouldn't enter into decisions of what gets displayed. Those who don't want to see the material simply won't come. You deprive those for whom this material is very important if you cater solely to those who might be disturbed by it."

Sometime this fall, legislation is expected to be introduced in Congress appropriating funds for the Museum of Health and Medicine's new home. The bill will authorize \$17 million to \$20 million for the construction of a building abutting the west side of the Health and Human Services headquarters at 3rd and Independence Avenue SW. The goal is to return the museum to the Mall by 1998, with 40,000 square feet of exhibit area—nearly three times the current floor space.

Everyone connected with the museum is predictably thrilled about the move, which

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will mean an address between the Capitol and the Air & Space Museum. "We have been successful in raising attendance from 25,000 to 75,000, but I think there's a glass ceiling," says spokesman Levinson. "Unless people can see your institution at the same time—or within a very brief period of time—of visiting the Smithsonian Institution, you're just not on the map and you're not part of the program." Some might question his analysis—the Phillips Collection, west of Dupont Circle, drew more than 125,000 visitors last year—but there's no question that the current medical museum is handicapped by its location in the nether reaches of 16th Street NW.

In its new incarnation, the Museum of Health and Medicine will bear no resemblance to the Old Red Brick or the current quarters. An exhibit master plan, conceived by the Boston-based Joseph Wetzel Associates, calls for a facility that will be part museum, part science center.

Wetzel's plan describes six primary galleries featuring exhibits on such areas as the human body, good health, and "the health-care system and the many roles of care givers and patients within it." Three smaller "focus" galleries will include exhibits on world health, medical imaging, and the history of civilizations and disease; a fourth fo-

Where the great medical icons will fit into the new scheme is still uncertain, but at least some of them are probably headed for the Mall. Even the giant hairball—uh, the trichobezoar—might make the cut.

cus-gallery will be reserved for temporary or changing exhibits.

One common thread connects each gallery: Instead of just filling an area with artifacts, exhibits include interactive devices that, by and large, will only interest children. Among the master plan's recommendations are an exhibit that permits visitors to push a hand pump and power "blood" from a heart throughout the body; a training endoscope complete with a "dummy" patient that would permit museumgoers to poke around inside; and another interactive computer station that might exhort visitors to "feed" a human model by choosing from a variety of foods. When the user selects a healthy choice, the model smiles and indicates its pleasure, but when foods such as those high in fat and sugar are chosen, the model becomes sad and morose.

This is a far cry from the human pickle factory of years past, and it's no accident that so much attention is being paid to exhibits aimed at children. C. Everett Koop said in an interview that he's convinced the museum offers an ideal opportunity to both educate students about health-care risks and interest them in science and health-care professions. By all appearances, this museum is being redesigned with students in mind.

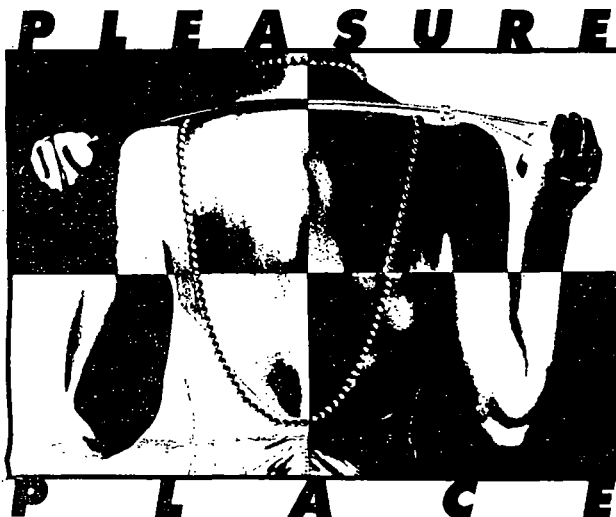
Where the great medical icons will fit into this scheme is still uncertain, but at least some of them are probably headed for the Mall. Even the giant hairball—uh, the trichobezoar—might make the cut.

"It's a dramatic way of making a point about the physiology of the stomach," says Micozzi. "We can take an old curiosity and put it in a current context. That's the sort of thing we could use as an educational device;

certainly, it has a lot of memory value."

But while the trichobezoar may find its way to the Mall, it's a good bet that the more sensational artifacts will be warehoused. In addition to internal soul-searching, there are external pressures that must be considered: Congress will surely be reluctant to see the Mall again become a repository for a government-sanctioned freak show. And because private funds are being raised for the installation and maintenance of the exhibits, large patrons like Kellogg, which recently pledged \$1 million to fund a nutrition exhibit, may be unhappy about being thrown together with a bunch of deformed fetuses. The museum will retain control over the nature and content of its exhibits, but curators are never insensitive to the ideas and wishes of their big funders.

All that would seem to point toward a museum that will be largely stripped of a collection that has historic-landmark status. The museum will nonetheless thrive: Just by virtue of being handed a Mall location, say museum professionals, the new facility is guaranteed to attract large crowds. And museum officials will no doubt hold those boffo attendance figures out as proof that their vision was on-target. But for fans of that great sideshow at the Old Red Brick, the curators won't have a leg to stand on. **CP**



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