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Meeting with California School of Nurses Organization 2/4/94

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UCLA

School of Nursing

THE WHITE HOUSE

WASHINGTON

December 29, 1993

Eleanor C. Hoffman, R.N.
2341 Skube Lane
Sacramento, CA 95825

Dear Eleanor:

This letter confirms the appearance Kristine M. Gebbie, National AIDS Policy Coordinator, at the California School Nurses Organization, on Friday, February 4, 1994. Ms. Gebbie plans to arrive at the Hyatt Sacramento at 8:45 a.m. to deliver a 9:00 a.m. keynote address, "The School's Role in AIDS Prevention," and to respond to questions from conference participants.

I appreciate your flexibility in accommodating our delayed confirmation, and your willingness to cover the travel and hotel costs.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Best wishes to you this holiday season and I look forward to hearing more about the conference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant
and Scheduler to the
National AIDS Policy Coordinator

Enclosures

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CALIFORNIA SCHOOL NURSES ORGANIZATION

HEALTHY CHILDREN LEARN BETTER

Northern Section

August 25, 1993

Ms. Kristine Gebbie, RN
AIDS Policy Coordinator
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Ms. Gebbie:

The California School Nurses Organization will be holding its 44th Annual Conference at the Hyatt Hotel in Sacramento, California from February 3rd to 6th, 1994.

As Conference Co-chairs, we would like to invite you to be one of the Plenary session speakers during the conference. The purpose of our conference is to inform and enhance the skills of professional School Nurses across the state. The topic we would like for you to address is "AIDS and the School Age Child." The plenary session is scheduled for Friday, February 4th at 9 am and will last one hour. An honorarium will be paid. If you are interested and would be available to participate in our conference, please contact one of us for further details.

Sincerely,

Eleanor C. Hoffman, RN
2341 Skube Lane
Sacramento, CA 95825
(916) 481-9389

Linda Davis-Alldritt, RN
6378 Driftwood Street
Sacramento, CA 95831
(916) 393-7517

686.7788 w

Gary Rosenberg.
310.397 6338

CALIFORNIA SCHOOL NURSES ORGANIZATION

HEALTHY CHILDREN LEARN BETTER

January 4, 1994

Ms. Kristine M. Grebbie, R.N, M.N.
National Aids Policy Office
750 17th St NW 1060
Washington D.C. 20503

Dear Ms. Grebbie:

Thank you for agreeing to be a presenter at the California School Nurses Organization (CSNO) 44th Annual Conference at the Hyatt Regency Sacramento.

It is exciting to offer your expertise to our membership. We are writing this letter to confirm your speaking engagement on Friday, February 4, at 9:00 a.m. The title of your presentation is "Schools role in AIDS prevention".

Please check in at the registration desk prior to your presentation to collect your name badge. Enclosed is the Conference program. Directions to the hotel and a map are printed in the program. If you are from out of state or Southern California and need overnight accommodations, CSNO will provide them upon request. If you wish to stay for the remainder of the conference we will arrange a complimentary registrations for you, if you let us know. Please contact me or Eleanor C. Hoffman, R.N. with any additional needs or questions.

At this time, I am requesting that you fill out the following forms: presenter response, audio-visual request, and speaker release form and return them to Gary J. Rosenberg, CMP of Rosenberg and Risinger.

Thank you again for making this conference a success.

Very Truly Yours,

Gary J. Rosenberg, CMP
Rosenberg & Risinger
11287 W. Washington Blvd
Culver City, CA 90230
(310) 397-6338

Eleanor C. Hoffman, R.N.
2341 Skube Lane
Sacramento, CA 95825
(916) 481-9389

CALIFORNIA SCHOOL NURSES ORGANIZATION
HEALTHY CHILDREN LEARN BETTER

PRESENTER RESPONSE

Name of Presenter: _____

For continuing education purposes please submit:

1. Your vita, resume, or biographical sketch:

   ____ I have already submitted a vita, resume, or biographical sketch.

   ____ See my attached vita, resume, or biographical sketch.

   ____ Here is my background:

   Undergraduate Education:

   Post-Graduate Education:

   Area of Expertise/Previous Presentations:

   Current Job Title:

2. Three (3) objectives appropriate to your presentation:

   1.

   2.

   3.

3. Three (3) short concise test questions:

   1.

PRESENTATION RESPONSE continued

3. Continued

   2.

   3.

4. A paragraph synopsis of your presentation:

   ____ I have already submitted a synopsis of my presentation.

   ____ My presentation synopsis is attached.

   ____ My presentation synopsis follows, see reverse side of this page.

5. Handouts that need to be reproduced:

   ____ Included,

   ____ Will be sent before 1/4/94

   ____ not needed.

AUDIO-VISUAL REQUEST

Which of the following equipment is needed for your presentation?

___ V C R 1/2"

___ V C R 3/4"

___ Monitor

___ Overhead Projector

___ 35 mm Projector and Carousel

___ Other, please describe:

___ Standard microphone

___ Pointer

___ Lavaliere microphone

___ Screen

SPEAKER RELEASE FORM
1993 ANNUAL CSNO CONFERENCE
SAN DIEGO, CA
FEBRUARY 4 - 7, 1993

NAME OF PERSON EXECUTING RELEASE:

_____

I do hereby grant unto the California School Nurse Organization, and those acting under its authority, full permission to copyright, use, and publish (for the purpose of sale) sound recordings of me made under the direction of the California School Nurse Organization Conference 1993. I certify that I am 18 years of age or older and am possessed of full legal capacity to execute the foregoing authorization and release which is hereby made binding upon my heirs, next of kin, and personal relatives.

SIGNED: _____

DATE: _____

ADDRESS: _____

_____

_____

Description of activities covered:

Audio taping of all plenary sessions, individual sessions, workshops, speeches and related activities taking place at the California School Nurse Organization Conference 1994, February 3 - 6, 1994 at the Hyatt Regency, Sacramento, CA.

Send this form **no later than January 3, 1994** to CSNO, ATTN: Diane Doucette, 11287 W. Washington Blvd, Culver City, CA 90230. Please call (310) 397-6338 if you have any questions.

Good morning. My name is Kay Fenton. I am a school nurse and member of CSNO. I am inviting you to participate in a research project I am doing as a requirement to complete my masters in nursing at San Diego State University. The purpose of this research is to study the relationship of school nurses' perception of their professional role to their perception of their employing organizational system. This research may provide insight and direction to future school nursing education, practice, and professional role development.

If you would like to participate, the instructions for the questionnaire are on the next page. When it is completed, please return the questionnaires to the box marked HELP! near the exit to the auditorium. Your participation is greatly appreciated.

Thank you and enjoy your convention.

Help!

Dear Fellow Nurse,

I am a practicing school nurse and graduate student at San Diego State University. The completion of a thesis is a requirement for obtaining a masters degree in nursing. I am researching the relationship of school nurse's perception of their professional role within the organizational structure in which they work. This research may provide insight and direction to future school nursing education, practice, and professional role development. I need only female school nurses with a health services credential who are currently working as a school nurse to participate. If you meet this criteria, I invite you to participate in this research.

You have the right to refuse to participate in this study.

If you choose to participate, please fill out the personal data form and the two questionnaires, the Occupational Inventory and the Organizational Inventory. This will take approximately 25 minutes of your time. The directions are written on the top of each questionnaire. Respond to the statements referring to your own perceptions of your professional role and your perceptions of the organization in which you work.

You may experience test fatique. In that event put the questionnaire down for a while and return to it when you feel rested.

Your consent to participate in this study is implied by the completion and return of these questionnaires.

All information will remain confidential. Aggregate data only will be reported. If you have any questions about the study or questionnaire, please see me at the table in the foyer.

Please return the completed questionnaires to the box marked HELP! near the exit of the auditorium.

Thank you for assisting with this nursing research. If you wish to receive results of this study, print the word "results" in the lower left hand corner of the questionnaire. And, write your address on the bottom of the questionnaire with "study participant" in lieu of your name.

Thank you,

Kay Fenton,BSN,RN
32247 Cole Grade Road
Valley Center, California
92082
(619)749-9430

Personal Data Form

Instructions: Please circle the answer that applies to you. Circle only one answer for each response and answer all questions.

1. Age_____.

2. Number of years as a credentialed school nurse_____.

3. Number of years in nursing_____.
   Are you currently working on health services credential? (a) yes (b) no

Please complete the following questions by circling the appropriate response that applies to you.

4. Basic nursing education completed.
   (a) Diploma in nursing
   (b) Associate degree in Nursing
   (c) Baccalaureate degree

5. Basic education completed: (a) In United States (b) Outside the United States

6. If on question #5 you circled (b), list the name of the country where your education was completed _____.

7. Highest degree held.
   (a) Baccalaureate degree in Nursing
   (b) Baccalaureate degree in another field
   (c) Master's degree in Nursing
   (d) Master's degree in another field
   (e) Doctorate degree in Nursing
   (f) Doctorate degree in another field

8. Currently working toward a degree. (a) yes (b) no

   If yes what degree?
   (a) Baccalaureate in Nursing
   (b) Baccalaureate in another field
   (c) Master's in Nursing
   (d) Master's in another field
   (e) Doctorate in Nursing
   (f) Doctorate in another field

9. Clinical Area: school nurse to student ratio.
   Number of students_____ Number of schools_____

10. If your organization has a clinical ladder, please list your title_____ .

11. Are you an administrative nurse who oversees other school nurses? (a) yes (b) no

12. School Nurse Practice
    (a) preschool
    (b) elementary
    (c) jr. high school
    (d) high school
    (e) special education
    (f) other please specify_____ .

13. Have you received a reduction in force notice within the past 5 years. (a) yes (b) no

14. Employing Organization
    (a) public school district
    (b) private school
    (c) public health department
    (d) other, please specify_____

OCCUPATIONAL INVENTORY

1. The following questions are an attempt to measure certain aspects of what is commonly called "professionalism". The reference in the questions is your own profession. It should be noted that additional information about each profession studied will be added to that obtained by this questionnaire. If you have any comments to add to the questionnaire, don't hesitate to include them.


Help!

Each item refers to your own profession. There are five possible responses to each item. They are designed to measure how well each item corresponds to your own attitudes and/or behavior. If the item corresponds Very Well (VW), circle that response. If it corresponds well (W), Poorly (P), or Very Poorly (VP), mark the appropriate response. The middle category (?) is designed to indicate an essentially neutral opinion about the item.

1.	I systematically read the professional journals.	1 5 A VW W ? P VP
2.	Other professions are actually more vital to society than mine.	5 1 B VW W ? P VP
3.	A person who violates professional standards should be judged by his professional peers.	1 5 C VW W ? P VP
4.	A person enters this profession because he likes the work.	1 5 D VW W ? P VP
5.	I make my own decisions in regard to what is to be done in my work.	1 5 E VW W ? P VP
6.	I regularly attend professional meetings at the local level.	1 5 A VW W ? P VP
7.	I think that my profession, more than any other is essential for society.	1 5 B VW W ? P VP
8.	My fellow professionals have a pretty good idea about each other's competence.	1 5 C VW W ? P VP
9.	People in this profession have a real "calling" for their work.	1 5 D VW W ? P VP
10.	It is easier when someone else takes responsibility for decision making.	5 1 E VW W ? P VP
11.	I enjoy seeing my colleagues because of the ideas that are exchanged.	1 5 A VW W ? P VP
12.	The importance of my profession is sometimes overstressed.	5 1 B VW W ? P VP
13.	There really aren't any penalties for the person who violates professional standards.	5 1 C VW W ? P VP

14. The dedication of people in this field is most gratifying.	1 / VW W ? P VP 5	D
15. I don't have much opportunity to exercise my own judgement.	5 / VW W ? P VP 1	E
16. I believe that the professional organization(s) should be supported.	1 / VW W ? P VP 5	A
17. Some other occupations are actually more important to society than is mine.	5 / VW W ? P VP 1	B
18. A problem in this profession is that no one really knows what his colleagues are doing.	5 / VW W ? P VP 1	C
19. Professional training itself helps assure that people maintain their high ideals.	1 / VW W ? P VP 5	D
20. I know that my own judgement on a matter is the final judgement.	1 / VW W ? P VP 5	E
21. The most stimulating periods are those spent with colleagues.	1 / VW W ? P VP 5	A
22. Not enough people realize the importance of this profession for society.	1 / VW W ? P VP 5	B
23. A basic problem for the profession is the intrusion of standards other than those which are truly professional.	5 / VW W ? P VP 1	C
24. It is encouraging to see the high level of idealism which is maintained by people in this field.	1 / VW W ? P VP 5	D
25. The fact that someone checks your decisions makes this work easier.	5 / VW W ? P VP 1	E
26. The professional organization doesn't really do too much for the average member.	5 / VW W ? P VP 1	A
27. More occupations should strive to make a real contribution to society the way my own does.	1 / VW W ? P VP 5	B
28. Violators of professional standards face fairly severe penalties.	1 / VW W ? P VP 5	C
29. Although many people talk about their high ideals, very few are really motivated by them.	5 / VW W ? P VP 1	D
30. When problems arise at work, there is little opportunity to use your own intellect.	5 / VW W ? P VP 1	E
31. The real test of how good a person is in his field is the layman's opinion of him.	5 / VW W ? P VP 1	A
32. Any weakening of the profession would be harmful for society.	1 / VW W ? P VP 5	B

33. We really have no way of judging each other's competence. — 5 / VW W ? P VP / 1 — C

34. It is hard to get people to be enthusiastic about their work in this field. — 5 / VW W ? P VP / 1 — D

35. There is little autonomy in this work. — 5 / VW W ? P VP / 1 — E

36. Although I would like to, I really don't read the journals too often. — 5 / VW W ? P VP / 1 — A

37. The benefits this profession gives to individuals and society are underestimated. — 1 / VW W ? P VP / 5 — B

38. The professional organization is really powerless in terms of enforcing rules. — 5 / VW W ? P VP / 1 — C

39. Most people would stay in the profession even if their incomes were reduced. — 1 / VW W ? P VP / 5 — D

40. My own decisions are subject to review. — 5 / VW W ? P VP / 1 — E

41. Most of my friends are not fellow professionals. — 5 / VW W ? P VP / 1 — A

42. It is impossible to say that any occupation is more important than any other. — 5 / VW W ? P VP / 1 — B

43. There is not much opportunity to judge how another person does his work. — 5 / VW W ? P VP / 1 — C

44. Most of the real rewards of my work can't be seen by an outsider. — 1 / VW W ? P VP / 5 — D

45. I am my own boss in almost every work-related situation. — 1 / VW W ? P VP / 5 — E

46. The profession doesn't really encourage continued training. — 5 / VW W ? P VP / 1 — A

47. If ever an occupation is indispensable, it is this one. — 1 / VW W ? P VP / 5 — B

48. My colleagues pretty well know how well we all do in our work. — 1 / VW W ? P VP / 5 — C

49. There are very few people who don't really believe in their work. — 1 / VW W ? P VP / 5 — D

50. Most of my decisions are reviewed by other people. — 5 / VW W ? P VP / 1 — E

ORGANIZATIONAL INVENTORY

II. This questionnaire consists of a series of statements about organizations. The purpose of this phase of the study is to find out how accurately these statements describe conditions and situations in organizations or divisions of organizations in which professionals work. Obviously, there are no "right or wrong" answers for such a questionnaire. We would appreciate your indicating how <u>well</u> each statement describes your own organization or division. If it describes your organization Very Well (VW), circle that response. If one of the other alternatives, Well (W), Poorly (P), Very Poorly (VP), or undecided (?), is more accurate, it should be circled.

1.	I feel that I can act as my own boss in most matters.	5 / VW W ? P VP 1	I
2.	Even small matters have to be referred to some higher up for a final answer.	1 / VW W ? P VP 5	I
3.	One thing people like around here is the variety of work they get to do.	5 / VW W ? P VP 1	II
4.	The organization has a manual of rules and regulations to be followed.	1 / VW W ? P VP 5	III
5.	Smoking is permitted only in certain designated places.	1 / VW W ? P VP 5	III
6.	Standard procedures are to be followed in almost all situations.	1 / VW W ? P VP 5	IV
7.	We are encouraged to "cut red tape" in order to get the job done.	5 / VW W ? P VP 1	IV
8.	No matter how serious a person's problems are, he is to be treated the same as everyone else.	1 / VW W ? P VP 5	V
9.	Employees are periodically evaluated to see how well they do their job.	1 / VW W ? P VP 5	VI
10.	All the executives have experience qualifying them for the job.	1 / VW W ? P VP 5	VI
11.	A person can make his own decisions without checking with anyone else.	5 / VW W ? P VP 1	I
12.	I have to check with the boss before I do almost anything.	1 / VW W ? P VP 5	I
13.	Most jobs have something different happening from day to day.	5 / VW W ? P VP 1	II
14.	Employees are expected to follow orders without questioning them.	1 / VW W ? P VP 5	III

34. Employees are not allowed to leave their working areas without permission. — 1 5 III — VW W ? P VP

35 Employees are often left to their own judgement as to how to handle most problems. — 5 1 IV — VW W ? P VP

36. We are to follow strict operating procedures at all times. — 1 5 IV — VW W ? P VP

37. A person gets the chance to develop good friends here. — 5 1 V — VW W ? P VP

38. People are to be treated within the rules, no matter how serious a problem they may have. — 1 5 V — VW W ? P VP

39. People here are given raises according to how well they are liked rather than how well they do their job. — 5 1 VI — VW W ? P VP

40. In order to get a promotion, a person has to demonstrate his competence. — 1 5 VI — VW W ? P VP

41. How things are done around here is left pretty much up to the persons doing the work. — 5 1 I — VW W ? P VP

42. Everyone has a specific job to do. — 1 5 II — VW W ? P VP

43. There is something new and different to do almost every day. — 5 1 II — VW W ? P VP

44. Nothing is said if you come to work late occasionally. — 5 1 III — VW W ? P VP

45. Most of us are encouraged to use our own judgement in handling everyday situations. — 5 1 IV — VW W ? P VP

46. Whenever we have a problem, we are supposed to go to the same person for an answer. — 1 5 IV — VW W ? P VP

47. Management here sticks pretty much to themselves. — 1 5 V — VW W ? P VP

48. A very friendly atmosphere is evident to everyone who works here. — 5 1 V — VW W ? P VP

49. There is little chance for a promotion unless you are "in" with the boss. — 5 1 VI — VW W ? P VP

50. There is really no systematic procedure for promotions. — 5 1 VI — VW W ? P VP

51. People here get the orders from the same person all the time. — 1 5 I — VW W ? P VP

52. This organization is characterized by a complex division of labor. 1 5 II
VW W ? P VP

53. No two days are ever the same in this job. 5 1 II
VW W ? P VP

54. People here make their own rules on the job. 5 1 III
VW W ? P VP

55. Every employee has a specific function which he has to perform. 1 5 II
VW W ? P VP

56. At times, going through the proper channels becomes more important than getting the work done. 1 5 IV
VW W ? P VP

57. We are expected to be courteous, but reserved, at all times. 1 5 V
VW W ? P VP

58. No one here calls his superior by his first name. 1 5 V
VW W ? P VP

59. Most jobs in this organization involve a variety of different kinds of activities. 5 1 II
VW W ? P VP

60. People here feel that they are constantly being watched to see that they obey all the rules. 1 5 III
VW W ? P VP

61. Any decision I make has to have the boss's approval. 1 5 I
VW W ? P VP

62. The organization is really very important. 1 5 V
VW W ? P VP

—

Mary Ann
Lewis sending
me more info —
Bring forward
then

—

UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

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PSYCHIATRIC MENTAL HEALTH/ADMINISTRATION
OFFICE OF THE DEAN
SCHOOL OF NURSING
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90024-1702
PHONE 310-825-8476
FAX 310-206-4301

July 9, 1993

Kristine Gebbie
606 Lilly Road, N.E.
Apartment 723
Olympia, WA 98506

Dear Kris:

Congratulations on your new appointment as the coordinator of AIDS Programs and Services for the nation. I was thrilled to hear and watch the news announcement of your appointment by President Clinton. I know you will be busy and working hard. Please let me know if any of the faculty at UCLA can assist you in any way.

Have you heard the bad news about Chancellor Charles Young's proposal to abolish the School of Nursing's undergraduate program and slash the Master's Degree program's enrollment from 400 to 200 students? Enclosed are Fact Sheets and letters we are sending to legislators. U.S. News and World Report recently ranked the School fifth in the nation.

If you have the opportunity to talk to Hillary or the President about our plight, we would truly appreciate it. Hillary is scheduled to be in Los Angeles on July 19th to receive the Iris Cantor Humanitarian Award from the Iris Cantor Center for Breast Imaging at the UCLA Medical Center. One of our faculty members, Dr. Linda Sarna, whose specialty is oncology, will be attending the pre-luncheon reception with the First Lady. We hope that Linda will be able to talk with her, but, of course, it may not be possible.

Chancellor Young has tried to abolish the School of Nursing four times over the past forty years. However, this time Vice-Chancellor Andrea Rich sent letters to all of our students, including the pre-nursing students. I'm enclosing one for you to read. We are fighting this battle internally with the Academic Senate and at the legislative level, as well. It would, however, be important to have support from the national level. Enclosed is a list of individuals to whom you can write. President Peltason is probably one of the most important people to contact.

We would like to send you a draft of an opinion editorial for you to submit to the Los Angeles Times regarding the long-term effects of the Chancellor's proposal for the education and delivery of nursing care services and future health care reforms. We hope that you would be willing to send it to them soon.

I had the chance to see Donna Shalala during her Los Angeles visit a few weeks ago. She suggested we challenge it legally with Title IX, the same venue used for inadequate access for women athletes. We're waiting to hear if the California Women's Law Center thinks there is a legal theory for litigation. Of course, this would be the last resort and we would need to raise funds to challenge the proposal.

Again, Kris, congratulations on your new position! We are proud to have a colleague of your stature working in such an important area. Please give Dr. David Rogers my regards next time you see him. He's one of my very favorite friends.

Best regards,

Mary Ann

Mary Ann Lewis, Dr.PH, R.N., F.A.A.N.
Professor and Chair of the Faculty

MAL/kj

Encl.

U · C · L · A
SCHOOL OF
NURSING
ALUMNI
ASSOCIATION

July 6, 1993

Dear Legislator,

We oppose the proposal by the UCLA Chancellor, Charles Young, to eliminate the undergraduate nursing program and severely restrict graduate nursing education at the University of California, Los Angeles.

The ongoing state budget crisis is forcing much restructuring and many cutbacks at academic institutions across California. Such cutbacks are a painful, but pragmatic response to limited resources. However, the current Professional Schools Restructuring Initiative proposed by Chancellor Young for UCLA is not only an illogical solution to the UCLA fiscal situation, it also has the potential to damage the long-term academic and health care needs of the community and the state.

The proposal by UCLA Chancellor Young would slash $1.57 million of the $3.1 million budget for the School of Nursing. The cumulative cut since 1990 amounts to 47% of the budget. While other Schools are being asked to trim 7.5% from their budgets, the School of Nursing is being told to eliminate its entire undergraduate program, to fire half its faculty, and continue with half its budget. Cutbacks of this magnitude will force closure or dramatic cutbacks in the two nurse-managed clinics serving the poor. Given the current health care crisis, all of this makes as much sense as a hospital closing its emergency room because of a disaster.

While the proposal would reduce the cost of the UCLA School of Nursing, it fails to take into account the effects of such cutbacks on the academic goals of the University of California, the challenges facing our city, and the future needs of California.

1. Eliminating the Undergraduate Program

   * The UCLA School of Nursing is the only undergraduate program for nurses in the University of California. Nursing is a profession every bit as important and prestigious as engineering. To our knowledge, no one has suggested eliminating engineering as an undergraduate major at any UC campus.

   * More than 60% of the undergraduates at the UCLA School of Nursing are ethnic minorities.

   * Every graduate of the Baccalaureate program is placed immediately in employment. Virtually all have multiple job offers.

   * Eliminating the undergraduate program also reduces the pool of nurses prepared to enter graduate programs to become advanced practice nurses.

   * Health reform will increase the demand for registered nurses with baccalaureate degrees because of the increased demand for public health and community health nursing, which are baccalaureate level programs.

Louis Factor Building · Center for the Health Sciences
Los Angeles, California 90024

* Nursing is NOT a high cost educational program at the UC undergraduate level when it is compared to other undergraduate programs in the sciences, such as chemistry, engineering, or physics.

* President Peltason states that the cost difference between educating a student who starts out at a community college and transfers to UC, and a student who completes all four years at a UC campus is minimal. (Letter to Assemblymember Archie-Hudson, Chair, Assembly Higher Education Committee, May 4, 1993, p. 9).

2. Cutting the Graduate Program in Half

* The UCLA School of Nursing is one of only two graduate programs in California that has a research mission. It is one of a handful in the nation with a research focus.

* The UCLA and UCSF Schools of Nursing provide half of the teachers of nursing in the State of California. During the recent nursing shortage, educating more nurses has been hampered by the lack of qualified faculty.

* The UCLA School of Nursing faculty generate a greater share per faculty of research dollars in UCLA than most other schools and departments. In 1992-93 alone, UCLA School of Nursing faculty were responsible for nearly four million dollars in research funding.

* This proposal would reduce faculty FTE's from 42 to 23 by limiting the faculty to current tenure-track faculty and completely eliminating all clinical positions. This would cut the actual list of faculty from 65 individuals to 24. It would also reduce staff from 26 to 9 and graduate students from 400 to 200.

* The UCLA School of Nursing has been forced to rely heavily on non-tenure track clinical faculty, because nursing faculty are paid on the same scale as other academic faculty, while nurses with the advanced education and clinical expertise that qualifies them to serve on UCLA faculty command a high premium in the private sector. Unlike Medicine, Law, Engineering, and Business, the School of Nursing has not been able to pay competitive salaries.

* The UCLA School of Nursing supplies California with critically needed nurse practitioners and other nurses with specialty skills.

3. Community Service: The Clinics

* The UCLA School of Nursing provides critically needed services in the community. Two nurse-managed clinics are likely to close or be severely cutback as result of this proposal. These clinics provide services to groups often unable to secure health care services, such as the homeless, drug-using women, pregnant teenagers, high-risk infants and children, and the elderly. These populations will be at even greater risk as the city and County of Los Angeles cut health services to balance their budgets. Community-based research projects provide services to minority children, women, dependent children of the Court, juveniles, and the frail elderly.

4. Health Care Restructuring: Intersection of the Three Missions of the University of California

* The three missions of the University of California are teaching, research and community service. The UCLA School of Nursing is a unique intersection of these three missions.

* Health care reform means expanding access to health care while containing health care costs. Doing this requires restructuring, not only the system for financing health care, but the system for delivering health care itself. This will increase the role of nursing and most particularly of the role of nursing schools like UCLA.

* Health care reform will increase the demand for nurses with baccalaureate degrees and graduate degrees because these nurses can provide 80%-90% of the care provided by primary care physicians. At the same time, nursing education costs only a fraction of medical education.

* Research, a mission unique to the University of California under the Master Plan, will play an even more important role. Our research suggests nursing with its emphasis on health education and prevention, results in outcomes of care comparable to high cost, high technology medicine in care of many conditions; nurse-managed clinics can provide most care needed by vulnerable populations such as the homeless; AIDS and tuberculosis requires caring for patients using culturally competent interventions.

* Another proposed change is that the Dean of the UCLA School of Nursing would be required to report to a provost who would also be the Dean of the UCLA Medical School. This would threaten the School's accreditation by the National League of Nursing. It would also give the UCLA Medical School access to the UCLA's School of Nursing's FTE's (faculty positions) and its resources.

* An alternative to UCLA Chancellor Young's restructuring proposal is a School of Health and Human Services/Sciences: Nursing, Public Health, and Social Welfare.

* Others that oppose the elimination of the UCLA undergraduate program and cuts targeting the graduate program, faculty and staff positions include more than 100 agencies, such as the American Cancer Society, American Heart Association, as well as nursing organizations, including the American Nurses Association and the National League of Nursing.

Unfortunately, given the current decision-making environment at UCLA, we believe that the intervention of legislators and community leaders is necessary to ensure that the mission of this public institution is fulfilled in the best interests of California.

We hope the points we have made illustrate why so many individuals (not just nurses) are concerned about the impact of this proposal. As a representative of the needs of your constituents, we urge you to investigate this proposal and decide whether the interest of the public is truly being served. Please feel free to contact us with any questions or comments.

Sincerely,

Annie Corea

Annie Corea, MS, RN
President of the Alumni Association
School of Nursing
University of California, Los Angeles
(310) 825-0132

Mary Ann Lewis

Mary Ann Lewis, DrPH, RN, FAAN
Professor & Chair, Faculty Executive Committee
School of Nursing
University of California, Los Angeles
(310) 825-8476

Data Circulated by Vice-Chancellor Michael E. Gramfield

GENERAL FUND CORE BUDGET AS OF 1/31/93 BY GRADS FOR 1991-92

	FUNDS	GRADS	COST PER GRAD
ARCHITECTURE	$3.8	143	$26,575
EDUCATION	7.2	239	30,125
ENGINEERING	19.6	642/305	30,525
LAW	7.4	325	22,775
GSLIS	1.5	82	18,300
AGSM	9.8	476	20,575
SSW	2.0	79	25,325
TF&TV	9.8	221/112	44,350
DENTISTRY	8.4	103	81,550
MEDICINE	37.3	230	162,173
NURSING	3.1	169/127	18,343
PUBLIC HEALTH	6.0	227	26,431
		AVERAGE PER GRAD	$ 42,250

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TF&TV	9.8	221/112	44,350
DENTISTRY	8.4	103	81,550
MEDICINE	37.3	230	162,173
		AVERAGE PER GRAD	$56,010
		W/O SOM	$38,316

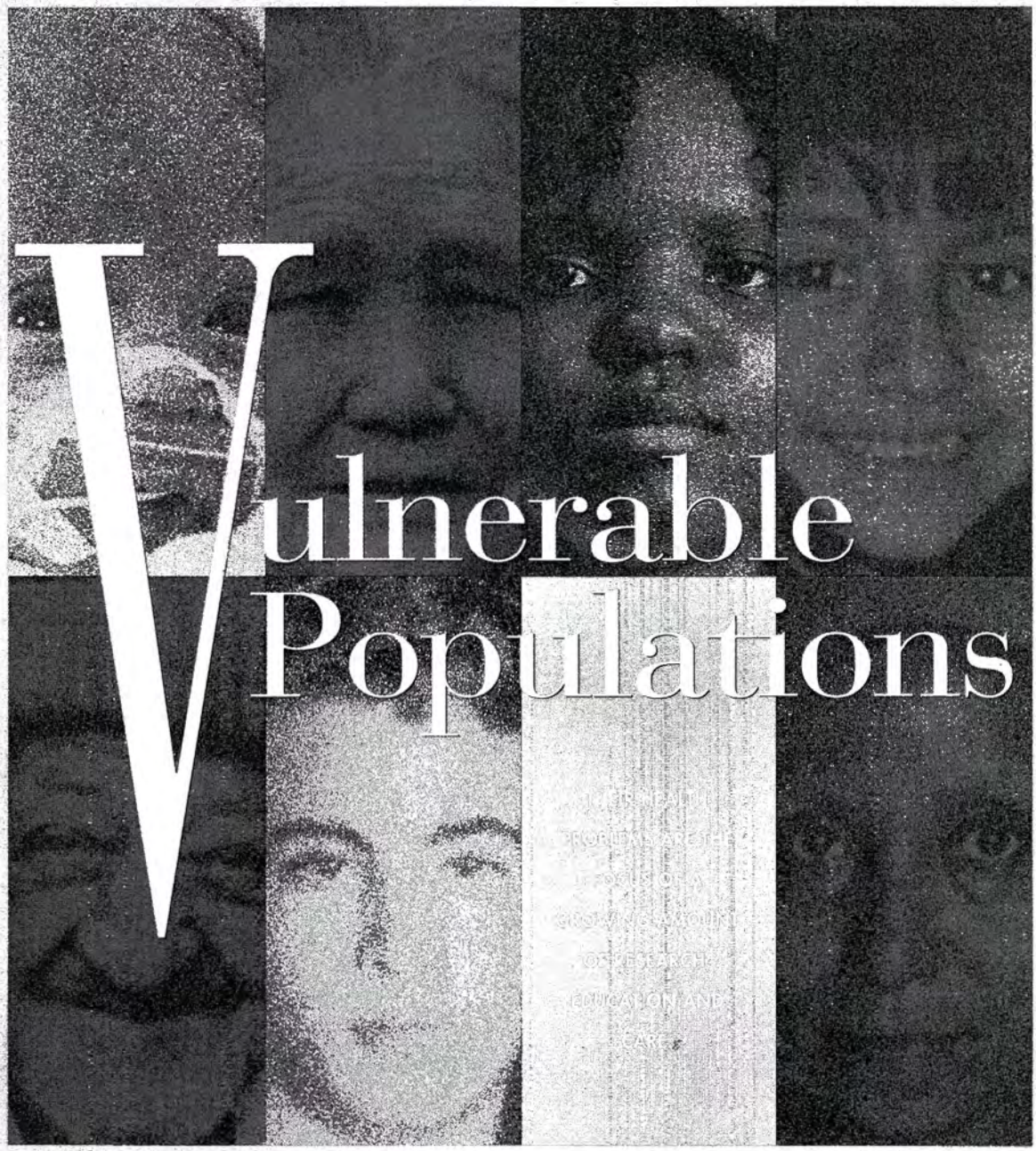
J:\WINTING\PERGRADS

UCLA SCHOOL OF NURSING TELEPHONE AND FAX CONTACTS

Name	Telephone Number	FAX Number
Ada M. Lindsey, RN, PhD, Dean	(310) 825-9621	(310) 206-7433
Jacquelyn H. Flaskerud, RN, PhD, Associate Dean, Academic Affairs	(310) 825-8405	(310) 206-7433
Mary A. Lyon, RN, MN, Associate Dean, Administration	(310) 825-1755	(310) 206-7433
Diane F. Cooper, RN, MN, Assistant Dean, Student Affairs	(310) 825-6269	(310) 206-7433
Mary Ann Lewis, RN, DrPH Professor President, Faculty Executive Committee	(310) 825-8476	(310) 206-7433
Virginia Hunter, RN, PhD Associate Dean of Undergraduate Studies, California State University, Los Angeles Alumna, UCLA School of Nursing	(213) 343-3830	(213) 343-3039
Ann Ivey, RN, MS Chief of Community Health Services Department of Public Health, San Bernardino County Alumna, UCLA School of Nursing	(909) 387-6225	(909) 387-6228

UCLA NURSING

1993 ISSUE VOLUME 10, NUMBER 1 PUBLISHED BY THE UCLA SCHOOL OF NURSING



Vulnerable Populations

Clinton Presidential Records
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UCLA SCHOOL OF NURSING
PENDING CRISIS

What has happened?

- The Chancellor's Office is proposing to make major reductions in the internationally prominent UCLA School of Nursing's academic programs.

The proposal includes:

- Abolishing the undergraduate program entirely. It is the only undergraduate nursing program left in the entire University of California system.
- Downsizing the graduate program significantly, eliminating all but three master's options. This would reduce the total number of undergraduate and graduate students enrolled from 391 to 191: 200 fewer!
- Cutting the School's budget by 47%; the school has already taken a 13% reduction since 1990 and would be required to slash an additional 34% now.

How else will the School be affected?

- Thousands of dollars in federal and private grant funding will be jeopardized due to loss of faculty, students and specialties.
- The UCLA School of Nursing's two innovative homeless health clinics could close.

How will Los Angeles and the State of California be affected?

- Employer demand for nurses with baccalaureate and graduate degrees is predicted to increase rapidly in the next five years. Where will the nurses come from?
- Nurses are critical to any plan designed to increase access to health care.
- Other undergraduate nursing programs in the California State University system and in the community colleges have been cut in recent years. Yet California already has fewer nurses per 100,000 residents than 41 other states. And the population is expected to increase by 12% by the year 2000.

Who is fighting this proposal?

- The Faculty have unanimously decided to fight this initiative.
- Other schools of nursing, the American Nurses Association, the California Nurses Association, hospitals, health systems, consumer groups, concerned health organizations, alumni, students, and friends are speaking out in behalf of the UCLA School of Nursing.

What can YOU do?

- Please write to the people listed on the back of this form about this proposed plan that will destroy the School ranked among the top 5 in the nation by U.S. News & World Report, March 22, 1993.
- If you have questions, please write or phone:

Jack W. Peltason
President of the University
300 Lakeside Drive, 22nd Floor
Oakland, CA 94612-3550
(510) 987-9074 or FAX: (510) 987-9086

c:\wp51\mal\soncris.sht
June 22, 1993

You can help now by writing and sending a telegram, e-Mail or FAX to each of the following people. It is important to enlist the help of your professional organizations as well. Your support and efforts on behalf of the School of Nursing are greatly appreciated.

Charles E. Young, Chancellor
Chancellor's Office
2147 Murphy Hall FAX (310) 206-6030
UCLA
405 Hilgard Ave. e-Mail ekchcey@mvs.oac.ucla.edu
Los Angeles, CA 90024-1405

Andrea L. Rich, Executive Vice Chancellor
Chancellor's Office
2147 Murphy Hall
UCLA FAX (310) 206-6030
405 Hilgard Ave.
Los Angeles, CA 90024-1405 e-Mail ekchair@mvs.oac.ucla.edu

Pete Wilson, Governor
Office of the Governor e-Mail none
State Capitol - First Floor
Sacramento, CA 95814 FAX (916) 445-4633

Assemblyman John Vasconcellos, Chair
Assembly Ways and Means Committee e-Mail none
Room 6026 State Capitol
Sacramento, CA 95814 FAX (916) 323-9209

Speaker Willie Brown
State Capitol e-Mail none
Room 219
Sacramento, CA 95814 FAX not functional at present

Please include a copy of your correspondence to:

Ada M. Lindsey, Dean
School of Nursing - UCLA
10833 Le Conte Ave.
Los Angeles, CA 90024-1702
(310) 825-9621 FAX (310) 206-7433
e-Mail ILU4SXV@mvs.oac.ucla.edu

UCLA SCHOOL OF NURSING

IMPACT OF THE CHANCELLOR'S RESTRUCTURING PROPOSAL ON NURSING

WHAT IS HAPPENING?

- The Chancellor's Office is proposing to make major reductions in the internationally prominent UCLA School of Nursing's academic programs, including abolishing the undergraduate program that prepares nurses to work in hospitals, clinics, home health, and public health arenas.

- On June 3, 1993, Chancellor Charles E. Young announced that UCLA would avoid severe across-the-board budget cuts by selectively closing the undergraduate nursing school and the graduate school of library and information science, downsizing the nursing graduate program, and breaking up the graduate schools of architecture and urban planning, public health and social welfare. Parts of these three schools would be merged with a new School of Public Policy. The total plan would save UCLA $8 million of the $38 million cut in state funding.[1]

- The savings gained by chopping the UCLA's School of Nursing's programs would amount to no more than $1.5 million, and would put thousands of dollars in federal and private grant funding in jeopardy due to loss of faculty, students, and specialties. The $1.5 million savings would be offset further by the $1.8 million in start-up costs for the new School of Public Policy.

THE PROPOSAL INCLUDES:

- *50% fewer nursing students.* Enrollment would be reduced from 400 to 200.

- *Abolishing the undergraduate nursing program entirely.* It is the only undergraduate nursing program left in the University of California system. Health care reform and managed care require increased numbers of nurses in home care and community settings. Preparation for public health and community nursing occurs at the baccalaureate level.

- *Downsizing the graduate program significantly.* Cutting the number of nurses prepared to function as nurse practitioners, advanced practice nurses, health system managers and researchers is required by this plan.

- *Adding to a deficit of 200,000 advanced practice nurses by the year 2000.* There is an anticipated requirement for 392,000 full-time equilviant RNs with master's and doctoral degrees by the year 2000. A supply of only 185,000 is estimated to be in the work force by that time.[2]

- *Cutting the school's budget by 47%;* the school has already implemented a 13% reduction since 1990 and would be required to slash an additional 34% more now. The UCLA Budget Office indicates that other professional schools are now cutting no more than 10% from their budgets.

HOW WILL LOS ANGELES AND THE STATE BE AFFECTED?

Any attempt to resolve local and national needs for improved access to health care will rely heavily on nurses, not just nurse practitioners, but those serving in clinics, home health, managed care, public health, schools, and hospitals. Employer demand for nurses with baccalaureate degrees is predicted to increase rapidly in the next five years.[3]

California already has fewer nurses per 100,000 residents than 41 other states. California's population is expected to grow by 12% by the year 2000.[4]

Nurses with baccalaureate and master's degrees are readily employed in California. They quickly move from student status to taxpayer - thereby contributing to the state's tax base.

HOW WILL VULNERABLE POPULATIONS BE AFFECTED?

VULNERABLE POPULATIONS WILL LOSE.

- Nurses are the health professionals who serve vulnerable populations such as the homeless, minority women and children, elderly, at-risk teens and persons with HIV in the largest number. Any reduction in UCLA's top-rated School of Nursing will have a direct negative effect on the quality of health care in the state, particularly the greater Los Angeles area.

CLINICS COULD CLOSE.

- The UCLA School of Nursing's two innovative nurse-run and managed health clinics have been serving homeless and indigent men, women and children in the heart of Los Angeles for ten years. More than 4,300 people are cared for and treated annually.

ETHNIC MINORITIES WOULD LOSE.

- 62% of the students in the UCLA School of Nursing's undergraduate program students are African-American, American-Indian, Chinese, Filipino, Japanese, Korean, Latino, or other minorities. The UCLA School of Nursing reaches out to members of ethnic minorities to stimulate an interest in nursing and encourages them to apply to the school.

- Educating nurses on how to deliver culturally-competent care is essential to being effective in changing the personal health behaviors of vulnerable population members. UCLA is known for its excellence in teaching cultural diversity and its health care implications.

WOMEN WOULD LOSE.

- 94% of the students and 98% of the faculty at UCLA's School of Nursing are women. More than 180 female students would lose their chance to attend UCLA to study nursing each year.

WHY ARE NURSE PRACTITIONERS AND OTHER ADVANCED PRACTICE NURSES SO CRITICAL TO OUR COMMUNITIES?

- It costs $14,600 to educate a nurse practitioner, and $16,800 to educate a certified nurse midwife, but the cost to train a medical doctor is $86,100. Four or five nurse practitioners can be educated for the cost of training one physician.[5]

- Nurse practitioners can deliver as much as 80 % of the health services and up to 90 % of the pediatric care provided by primary care physicians, at equal to or better quality, and at less cost.[6]

WHAT PLAN DOES THE SCHOOL OF NURSING RECOMMEND?

The Dean of the UCLA School of Nursing has proposed accepting a 10% cut. The school has already taken a 13% reduction since 1990, so even the 10% budget cut would rank the school among the most severely hit programs at UCLA. The reduction would downsize the master's program, but not so severely that the school's essential mission would be threatened. This alternative plan acknowledges the School of Nursing's responsibility to do its fair share to assist the university and the state in meeting the budget deficit, while maintaining its commitment to serve the public.

- Maintain the undergraduate program in nursing at UCLA.

- Minimize any cuts to the graduate program in nursing, recognizing society's great need for the essential care and services that nurse practitioners and other advanced practice nurses provide. Hold any cuts to 10%.

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July 6, 1993

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Los Angeles Times

MONDAY, JUNE 28, 1993

Health Reform May Expand Role of Advanced Nurses

By MARLENE CIMONS
TIMES STAFF WRITER

WASHINGTON—When Dr. Claude Harwood retired in 1990 after 34 years as an old-fashioned family doctor in rural Glasco, Kan., population 600, his patients faced an uncertain future: There was no physician in town to replace him.

Instead, he turned his practice over to two nurse practitioners—nurses with advanced medical training who in many states can even write prescriptions.

"There were a few people who said: 'I'm not going to a nurse. I want a doctor,' and a few wondered how they would get their medicines, but as a whole, the town has been very supportive and receptive," said Debbie Folkerts, one of the nurses who has since assumed the practice by herself.

Folkerts, whose patients are mostly farmers and retirees, frequently treats conditions such as hypertension, diabetes, respiratory illnesses, congestive heart failure, acute trauma and injuries from accidents. She stays in close contact with a supervising physician 22 miles away, near the region's main hospital, who comes to town one afternoon a week for consultations if needed. In an emergency, Folkerts sends her patients via ambulance to the hospital.

For many nurse practitioners and physician assistants—who are trained to deliver primary care—the Glasco solution answers one of the most vexing health delivery problems plaguing the nation as it attempts to reform the system: the dearth of primary care physicians, particularly in rural communities and inner cities.

Nurses and physician assistants are lobbying the Clinton Administration to be included more often as front-line care givers, arguing that they can perform many of the same services as physicians—and at a lower cost.

Of the nation's 2.1 million registered nurses, 400,000 already are providing some level of primary or preventive health care services, according to the American Nurses Assn.

Similarly, more than 25,000 physician assistants in the United States practice in almost all health care settings and in every medical and surgical specialty, according to the American Academy of Physician Assistants.

The White House health care reformers seem to like the idea of an enlarged role for these groups. First Lady Hillary Rodham Clinton, architect of the Clinton Administration's health reform effort, has spoken on numerous occasions of the boost nurses are likely to receive under the new plan—much to the discomfort of the medical Establishment.

"They [nurses] make the claim that they can do 80% of what a primary care physician can do—and cheaper—and I would agree with them, retrospectively," said Dr. James Todd, executive vice president of the American Medical Assn. "But, prospectively, can they tell the 20% from the 80%? And do patients want to risk going to someone who is not trained to look at the fine nuances of disease processes and physiology?"

Their Medical Expertise

Faced with a shortage of family doctors and looking for ways to lower medical costs, the Clinton Administration is considering a larger role for physician assistants and advance practice nurses under health care reform. Here is a comparison of their education and training:

MEDICAL DOCTORS

College degree from a four-year college, followed by four years of medical school and then three to five years in a residency or fellowship, usually involving a specialty, even if that specialty is family or general practice.

ADVANCED PRACTICE NURSES

An umbrella term given to a registered nurse who has met advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all RNs. Under this umbrella fall four principal types of advanced practice nurses:

- **Nurse practitioners:** Most of the approximately 150 NP education programs in the United States confer a master's degree. At least 36 states require NPs to be nationally certified by the American Nurses Assn. or a specialty nursing organization.
- **Certified nurse midwife:** Requires an average 1½ years of specialized education beyond nursing school, either in an accredited certificate program, or like NPs, at the master's level.
- **Clinical nurse specialist:** These are registered nurses with advanced nursing degrees, either master's or doctoral, who work in clinical settings, community or office-based settings, and hospitals and are experts in a specialized area, such as cardiac or cancer care, mental health or neonatal health.
- **Certified registered nurse anesthetist:** Registered nurses who complete two to three years additional education beyond the four-year bachelor of science in nursing, as well as meeting national certification and recertification requirements.

PHYSICIAN ASSISTANTS

Educated in one of 55 specially designed PA programs at medical colleges and universities, teaching hospitals and through the armed forces. PA programs generally require at least two years prior college education and previous experience in health care. PA education lasts two years and is approximately two-thirds that of medical students. In fact, PAs often attend many of the same classes as medical students. The first year of PA education is in the classroom. The second year is spent in clinical rotation with direct contact with patients.

Source: Los Angeles Times

Also, he adds, "if the nurses suddenly become primary care providers, who's going to take care of patients in hospitals?"

But those who support an expanded role for nurses in the coming years say that doctors are simply feeling threatened by the possibility that they will have to share some of their longstanding authority in the medical community, as well as their income.

"It's turf, turf, turf," says Art Caplan, a University of Minnesota medical ethicist who worked with the White House health reform task force. "The resistance is dressed up in language about inadequate training, inappropriate preparation and lack of skills, but the bottom line is that it's a fight over turf. Authority and prestige are the issues."

Further, he adds, "rattling in the background are the bones of about 100 years of sexism, in which nurses were basically mistreated, underappreciated, taken for granted and viewed by too many doctors as being third-rate citizens doing fourth-rate jobs."

Nurses and physician assistants insist that they are qualified to perform many primary care procedures and know when a health situation requires a referral.

"We can manage the patients initially," says Folkerts, the Kansas nurse practitioner. "That frees up the physician to take care of more seriously ill patients. They don't have to take care of the colds or the stable diabetics. They can concentrate on patients who need expertise at their level."

Nurses say there should be no reason why they can't perform such common tasks as well- and ill-baby care, a Pap smear, depression counseling, prescribing antibiotics for ear infections, prenatal care, delivery for a normal pregnancy and diagnosing and treating hypertension.

Similarly, physician assistants are trained to perform many of the same functions as physicians, including minor surgery.

But a major difference in goals under health reform exists between the two groups.

Advanced practice nurses—nurses with training beyond nursing school, who include nurse practitioners, certified nurse midwives, certified registered nurse anesthetists and clinical nurse specialists—seek to practice primary care independent of supervising physicians.

Physician assistants, while seeking an enlarged primary care role under the coming reform, typically work with physicians and are satisfied to maintain that relationship.

State regulations vary across the nation as to the ways each group may function. Many states have restrictive reimbursement policies, or limit what nurses and physician assistants can do.

In California, both advanced practice nurses and physician assistants are allowed to work at sites distant from their supervising physicians, but must still have a physician who is responsible for them. Also, physician assistants and nurse practitioners in the state are permitted to write prescriptions, but only under the physicians' name—not their own.

Physician assistants say they are content to work under the direction of a physician but would like to have the authority to write prescriptions on their own.

Nurses argue that all the restrictions should be lifted—that they can write prescriptions for standard ailments and that they should not have to have a doctor looking over their shoulder, literally or figuratively, while they perform routine services.

"Overall, nurses have been delivering primary health care since 1966 as independent practitioners in rural and indigent communities, where physicians do not want to practice," says Gwendylon Johnson, a member of the American Nurses Assn. board of directors. "And in every study that has ever been conducted on this subject, the nurse practitioners have delivered care as competently as the physicians and for less money."

Nevertheless, the idea of independent practice for nurses provokes a strong reaction from many physicians.

"The medical profession feels very strongly that while nurse practitioners and PAs can be valuable adjuncts to physicians, they cannot operate independently," says Dr. Daniel Ein, a past president of the Medical Society of the District of Columbia. "They must have physician cooperation and supervision. They're just not trained to be independent practitioners. I'm all for using them—but they need to report back to physicians."

If the medical establishment now feels threatened, "to a large extent organized medicine has brought this on itself," says Johnson of the nurses association. "In the 1960s, physicians did not want to practice in rural areas and slums. They encouraged the federal government to train a new class of primary care nurses. The result is that the nurses are delivering this care as competently as physicians."

Moreover, she adds, "if nurses are qualified to treat the indigent, who are frequently in worse health because of their poverty and lifestyle, then why can't nurses treat the non-poor? Why should middle Americans be denied quality affordable health care that focuses on prevention and wellness, which is the essence of the nursing philosophy?"

Physician assistants, who are trained in one of 55 specially designed PA programs located at medical schools, teaching hospitals and the military, perform many of the same services as doctors, including some surgery—but never independent of a physician.

"PAs and nurses will not replace physicians, but in talking about a more effective delivery system, one that is cost effective, we will need a different mix," said Bill Finerfrock, director of federal affairs for the American Academy of Physician Assistants.

"What we will then have is physicians handling the level of care for which they are trained—and PAs and NPs handling the level of care for which they are trained."

Unlike that of the nurses, the physician assistant approach has been embraced by the AMA.

"The physician assistants fully understand their limitations," Todd says. "They have recently written us a letter saying they are anxious to be part of health reform, but know they have to be under the supervision of a physician—and they welcome it."

Exactly how nurses and physician assistants will be used in the coming reform is still unclear. But they will almost certainly be doing a lot more than they are now.

"We're great believers in nursing and nurses and PAs as primary care providers—we believe in that," says Michael Lux, special assistant to President Clinton for public liaison.

"It makes sense, particularly in a managed care model or in rural areas where nurses can be front-line providers," he adds. "Having said that, however, we don't want to have people in a situation where they don't have access to a physician. We want to strike a balance."

NEED FOR NURSES

1. RN FTE/100,000 population, 1988

U.S.	560
Pacific Region	492
California	466
Comparable States:	
Wyoming	466
Kentucky	467
Georgia	473
Other States:	
Washington	583
Oregon	593
Arizona	521
Nevada	564
Colorado	590
Illinois	601
New York	684
Pennsylvania	689

This poor ratio is even a greater problem in California considering the population growth and the health care problems facing the large currently underserved groups.

Appendix table 28. Registered Nurse Population and Full-Time Equivalent Employed Registered Nurses by Geographic Area, March 1988

Geographic Area	Number in Sample	Total	Employed in Nursing Number	Employed in Nursing Percent	Not Employed in Nursing Number	Not Employed in Nursing Percent	RNs per 100,000 Population	FTE Registered Nurses	FTE RNs per 100,000 Population 1/
United States	33,047	2,033,032	1,627,035	80.0	405,997	20.0	668	1,363,600	560
New England	3,332	170,080	130,915	77.0	39,166	23.0	1,020	102,449	798
Connecticut	526	39,550	29,367	74.3	10,183	25.7	916	23,072	719
Maine	622	12,318	9,639	78.3	2,679	21.7	809	7,753	653
Massachusetts	789	87,694	68,255	77.8	19,439	22.2	1,167	53,173	908
New Hampshire	467	13,525	10,015	74.0	3,510	26.0	946	7,909	748
Rhode Island	545	11,156	9,149	82.0	2,008	18.0	933	7,081	718
Vermont	383	5,837	4,490	76.9	1,347	23.1	821	3,461	632
Middle Atlantic	3,259	383,590	293,961	76.6	89,629	23.4	785	247,697	662
New Jersey	613	73,321	53,239	72.6	20,082	27.4	693	43,526	567
New York	1,408	178,912	142,899	79.9	36,013	20.1	802	121,936	684
Pennsylvania	1,238	131,357	97,823	74.5	33,534	25.5	819	82,235	689
South Atlantic	5,707	329,779	259,671	78.7	70,108	21.3	623	224,521	539
Delaware	403	6,860	5,661	82.5	1,199	17.5	885	4,665	724
District of Columbia	349	10,928	10,279	94.1	649	5.9	1,656	9,042	1,454
Florida	999	102,470	80,319	78.4	22,151	21.6	668	70,019	582
Georgia	725	41,873	33,860	80.9	8,012	19.1	545	29,414	473
Maryland	756	41,182	32,207	78.2	8,975	21.8	710	26,152	577
North Carolina	646	7,647	37,568	78.8	10,080	21.2	586	33,879	528
South Carolina	638	19,249	15,180	78.9	4,069	21.1	444	13,651	399
Virginia	682	45,865	33,500	73.0	12,365	27.0	567	28,012	474
West Virginia	509	13,705	11,097	81.0	2,608	19.0	585	9,687	511
East South Central	2,363	97,925	82,644	84.4	15,281	15.6	540	73,585	481
Alabama	650	26,763	22,113	82.6	4,650	17.4	541	19,791	485
Kentucky	599	23,279	19,495	83.7	3,784	16.3	523	17,418	467
Mississippi	553	14,252	12,147	85.2	2,104	14.8	461	11,118	424
Tennessee	561	33,631	28,889	85.9	4,743	14.1	595	25,258	520
West South Central	2,641	157,744	125,470	79.5	32,275	20.5	466	113,243	421
Arkansas	492	14,394	11,292	78.4	3,102	21.6	473	9,966	417
Louisiana	556	23,625	19,685	83.3	3,941	16.7	442	18,115	406
Oklahoma	643	18,851	15,036	79.8	3,815	20.2	458	13,596	416
Texas	950	100,874	79,457	78.8	21,417	21.2	474	71,566	426
East North Central	3,531	365,890	295,202	80.7	70,688	19.3	705	242,011	578
Illinois	878	104,697	84,779	81.0	19,918	19.0	734	69,616	601
Indiana	580	43,203	35,527	82.2	7,675	17.8	642	30,207	546
Michigan	611	79,330	60,463	76.2	18,867	23.8	658	49,164	534
Ohio	937	97,258	80,095	82.4	17,163	17.6	743	66,075	613
Wisconsin	525	41,402	34,338	82.9	7,065	17.1	714	26,949	561
West North Central	4,327	159,622	135,464	84.9	24,157	15.1	768	111,096	630
Iowa	803	27,472	22,770	82.9	4,702	17.1	805	18,347	647
Kansas	706	20,247	16,863	33.3	3,384	16.7	683	14,432	583
Minnesota	729	40,116	33,911	84.5	6,204	15.5	798	25,904	610
Missouri	598	45,102	38,277	84.9	6,825	15.1	751	33,113	649
Nebraska	605	13,536	11,627	85.9	1,909	14.1	728	9,475	594
North Dakota	424	6,752	6,239	92.4	513	7.6	923	4,950	737
South Dakota	462	6,397	5,777	90.3	620	9.7	818	4,875	688
Mountain	4,195	101,036	81,838	81.0	19,200	19.0	623	68,581	521
Arizona	721	29,860	23,191	77.7	6,669	22.3	685	19,989	590
Colorado	772	28,917	23,459	81.1	5,458	18.9	713	19,448	590
Idaho	474	6,329	4,963	78.4	1,366	21.6	501	4,071	408
Montana	460	6,748	5,275	78.2	1,473	21.8	655	4,189	508
Nevada	398	7,677	6,367	82.9	1,310	17.1	636	5,678	564
New Mexico	466	9,180	7,489	81.6	1,691	18.4	500	6,230	415
Utah	538	9,294	8,397	90.3	898	9.7	500	6,691	398
Wyoming	366	3,031	2,697	89.0	335	11.0	551	2,285	466
Pacific	3,692	267,362	221,869	82.9	45,495	17.1	607	179,617	492
Alaska	340	4,243	3,351	79.0	892	21.0	648	2,815	536
California	1,596	191,947	159,008	82.8	32,940	17.2	575	128,999	466
Hawaii	427	7,024	5,923	84.3	1,102	15.7	545	5,187	479
Oregon	600	23,477	20,466	87.2	3,011	12.8	753	16,155	593
Washington	729	40,671	33,121	81.4	7,550	18.6	729	26,461	583

Estimated number and percent may not add to total because of rounding.

1/ Population data used for RN population ratios are from U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1024. Issued May 1988.

Source: Division of Nursing, BHPr, HRSA, USDHHS. 1988 National Sample Survey of Registered Nurses.

The UCLA's Committee on Rules and Jurisdiction's Review of the UCLA Chancellor's Proposal, June 17, 1993.

V. PUBLIC ANNOUNCEMENT DISESTABLISHMENT PROPOSALS

As disquieting as the Administration's inexplicable failure to engage the Senate in a consultation of critical proportions is the reckless indifference to the welfare of the faculty, students and University displayed in the manner in which it chose to present its disestablishment initiative. The *public* announcement of any disestablishment *proposal* is wholly unnecessary and highly undesirable, because unless and until the Senate approves, there will be no changes in the degree programs. There is no reason to make such an announcement before that action and every reason not to.

The mere prospect of a disestablishment can have serious consequences for a program or unit; excessive publicity can be devastating. It is unfathomable what the Administration was thinking when it put together a press kit, notified the media and had the Chancellor conduct a press conference to announce *proposals* which he well knew could not be implemented without Senate approval. Aside from creating extraordinary turmoil on the campus, alarming students and prospective students, and tarnishing the reputations of programs the faculty have labored for decades to build, it is difficult to see what other effects this needless publicity has produced. For an Administration whose concern for the public's perception of UCLA's academic excellence is well known, such an ill-considered action defies explanation.

Compounding the media event, on June 3 letters were sent by the Executive Vice Chancellor to all of the current and prospective students of the five schools, which letters were widely seen as indicating that disestablishment was a *fait accompli*. In a statement issued on June 16, the Senate Chair acknowledged that such letters could have been "misleading." In the normal academic process such communications with students are the responsibility of the school faculty, not the central administration. That such correspondence served only to further alarm the students and to undermine the role and status of the faculties is evident.

The unaccountable public announcement of curricular proposals that may never be approved by the Academic Senate and the subversion of customary channels of communication between faculty and students were unjustifiable actions by the Administration that also have grievously breached the spirit and traditions of shared governance at UCLA.

VI. RULING

1. In accordance with the requirements of Appendix V, the Executive Board may not initiate Senate disestablishment reviews until the Council on Planning and Budget has engaged in full consultation with the Administration on the question of "whether" any form of disestablishment of any academic programs or units is necessary; i.e., whether the fiscal exigency can be met in alternative ways such as reductions in the non-instructional peripheral operations of the campus and/or revenue raising measures.

This is the threshold question to the initiation of any Senate review engendered by fiscal exigency. That some individual officers of the Senate have already informed the Administration that they accept that premise does not satisfy the requirement for Senate consultation. The absence of Senate consultation means that the essential condition precedent for a fiscally-inspired Senate disestablishment review has not been met, i.e., Senate concurrence that financial stringencies require at least some form of academic disestablishment. At present, the Senate lacks the requisite information for commencing such review(s). Until the CPB, after its intensive and comprehensive examination of the issue, advises the Executive Board of its conclusions and the Executive Board renders its own judgment, that threshold question remains unresolved and no Senate disestablishment review may proceed. The Administration's failure to consult with the Senate compels this remedy.

UNIVERSITY OF CALIFORNIA, LOS ANGELES

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SANTA BARBARA · SANTA CRUZ

OFFICE OF THE CHANCELLOR
405 HILGARD AVENUE
LOS ANGELES, CALIFORNIA 90024-1405

June 3, 1993

Dear Pre-Nursing Student in the College of Letters and Science:

As you may know, a plan has been put forward that will have major implications for some of UCLA's professional schools, including the School of Nursing. It is with deepest regret that I must inform you that, under this plan, it is proposed that the Bachelor of Science degree in Nursing be discontinued, effective July 1, 1994. I am writing at this time to address concerns you may have about the status of students with respect to this plan. I want to assure you that you may continue to pursue your goal of a nursing education by completing, at UCLA, the lower division requirements for admission to a nursing program elsewhere. Alternatively, we welcome you to pursue a different course of study within the College of Letters and Science at UCLA.

The full plan will be published in the June 4, 1993, edition of UCLA Today. The date of an open forum for all students who are affected by these changes will be announced within the next few days. I will be there, along with others, to answer any questions you may have.

This is a crucial time for UCLA and for the entire system of higher education in the State of California. It is a time in which difficult choices will have to be made for the continued health of the University as a whole. Despite the proposed discontinuation of this program, it is my intention that you will receive the high quality education that you deserve and have come to expect at UCLA.

Sincerely,

Andrea L. Rich
Executive Vice Chancellor