07620255

JMH TO TRIM 350 JOBS OVER 15 MONTHS CUTS EXPECTED TO SAVE $16 MILLION

Miami Herald (MH) - WED June 22, 1994
By: MICHELE CHANDLER Herald Business Writer
Edition: FINAL Section: BUSINESS Page: 1C
Word Count: 428

TEXT:

The Public Health Trust, which runs Jackson Memorial Hospital in Miami, will trim nearly 4 percent of its work force, or at least 350 of the hospital's 9,400 jobs, during the next 15 months.

Jackson officials blamed falling hospital admissions, shorter hospital stays and managed-care plans that negotiate stiff discounts for hospital services for the need to make the cuts. The cuts must happen "because the health care industry is changing, and Jackson has to change with it," said Mark Cohen, a spokesman for the hospital. "More insurers are paying us discounted rates. We have to aggressively manage our costs."

The reductions, carried out through attrition or layoffs by Sept. 30 of next year, should save about $16 million, Cohen said.

Jackson's plight is similar to what many hospitals nationwide are facing, industry watchers said. "Hospitals are finding every way they can to do more with less," said Patrick Haines, senior vice president of the Florida Hospital Association trade group.

Reducing jobs has been a topic of discussion at Public Health Trust meetings for the past several months. At a meeting Monday, President Ira Clark told the trust's executive committee that "nurses would be the last group that will be affected by any such action. But in this environment, no one worker group is immune."

The 1,567-bed Jackson Memorial Hospital is the biggest part of the Trust, employing 85 percent of the organization's workers. The Trust also operates two primary care centers, two nursing homes, seven health clinics at Dade County jails, and the Jackson North Maternity Center in Opa-locka.

Officials at Jackson have been actively searching for ways to save. Now, the hospital is buying supplies with cash to get discounts from vendors. Jackson is also keeping fewer rubber gloves, medications, toilet paper and other supplies in stock, opting to buy items as they are needed.

Jackson officials have also tried correcting inefficient scheduling

patterns, cutting overtime and reducing the use of temporary registered nurses and other workers.

Even with those efforts, the hospital expects to see its net income decline to $135,000 for the current fiscal year ending Sept. 30, Cohen said. That's down dramatically from net income of $24.8 million in the 1993 fiscal year and $15.6 million in the 1992 fiscal year, both years when the hospital's coffers were artificially boosted after Hurricane Andrew purchases fueled the half-cent Dade County sales tax that is funneled to Jackson.

For the seven months ending April 30, total patient admissions at Jackson are down 2 percent from the same period a year ago.

MIAMI HERALD

January 20, 1993, Wednesday

SECTION: Section A; Page 12, Column 1

LENGTH: 68 words

HEADLINE: MANDATE ON HEALTH CARE

JOURNAL-CODE: MH

ABSTRACT:

Editorial, noting request from Homestead Hospital to Dade County (Fla) Public Health Trust for funding to help care for indigent patients, holds trust needs to develop fair and equitable process for dealing with all such requests; opposes apparent efforts by Jackson Memorial Hospital officials to retain control of local facilities and build empire at expense of improving health care for the indigent

MIAMI HERALD

January 18, 1993, Monday

SECTION: Section B; Page 4, Column 1

LENGTH: 75 words

HEADLINE: SALES TAX PAYS OFF WITH IMPROVED HOSPITAL CARE

BYLINE: BY PEGGY ROGERS

JOURNAL-CODE: MH

ABSTRACT:

Article on new half-penny sales tax in Dade County, Fla, that is raising funds for Jackson Memorial Hospital; $40 million received by hospital since spring 1992 has helped fund breast health center, construction of new trauma center, expanded hours at satellite clinic, pay overdue bills for drugs and surgical equipment and extended

07003798
MANDATE ON HEALTH CARE
Miami Herald (MH) - WED January 20, 1993
By: Herald Staff
Edition: FINAL Section: EDITORIAL Page: 12A
Word Count: 465

MEMO:
FOR DADE'S PUBLIC TRUST

TEXT:
THE MEMBERS of Dade's Public Health Trust were pretty quiet after Homestead Hospital, a nonprofit facility formerly called James Archer Smith Hospital and now run by South Miami Health System, requested financial help to care for indigent patients. South Dade's needy have jammed the hospital's emergency room since Hurricane Andrew.

There is a great deal that trust members should be saying about this request before approving or rejecting it. In fact, the trust should be developing a fair and equitable process for dealing with all such funding requests. Homestead's is not the first one.

The trust must begin to live up to the mandate that the Metro Commission bestowed upon it -- admittedly without being asked to -- to address health care needs countywide. The trust also oversees Jackson Memorial Hospital.

There should be no question as to the trust's or JMH's commitments to provide excellent health care. JMH is recognized nationally for its quality of care. Its medical staff has been lauded by regulatory and accrediting agencies.

There are two reasons why JMH must change the way that it interacts with other health care facilities: a large indigent population, and empty hospital beds. The state recently denied the trust permission to build a 45-bed maternity hospital in South Dade. Still the trust has barged ahead, pursuing permission to build a South Dade general hospital. It gives short shrift to the possibility of forming partnerships with existing, underutilized facilities instead. Why? Because JMH officials feel it is essential to retain control of such a facility, according to the trust chairman.

That is not how to ensure the best health care for the indigent. It is a way to build an empire. Empire-building is not the mandate delivered to the trust by county taxpayers.

07003482

HALF-PENNY TAX HELPS NURSE JACKSON BACK TO FISCAL HEALTH

Miami Herald (MH) - SUN January 17, 1993

By: PEGGY ROGERS Herald Staff Writer

Edition: FINAL Section: LOCAL Page: 1B
Word Count: 1,109

TEXT:

In two weeks, Theresa Cimino received the kind of medical care that June Kirchik couldn't get in a lifetime.

Both went to Jackson Memorial Hospital with breast cancer. But in the first half of December, Cimino saw doctors, underwent tests and started chemotherapy. Kirchik died in 1991, her treatment stalled for months amid bureaucracy and backlogs.

Everybody in Dade County had something to do with Cimino's fortune. Cash from your pocket made the difference.

A new half-penny sales tax, dedicated to Jackson, helps run the public hospital's Breast Health Center, which provided the 40-year-old North Miami mother with more tests and attention in a day than women used to get in a year.

The $40 million received by Jackson since spring is also helping pay for:

* A new trauma center with its own operating rooms, so shooting and accident victims no longer bump heart and gall bladder patients from operating rooms.

* Expanded hours of a Jackson satellite clinic in North Dade, where poor families now go after work, missing far fewer appointments.

* Overdue bills, so suppliers are again stocking critical drugs and surgical tools without demanding cash on delivery.

* Additional clinical hours, allowing first-time patients to see heart specialists in three months instead of seven and neurologists in two months instead of six.

"Without that money, we'd be in very serious trouble today," said Arthur Hertz, treasurer of the Public Health Trust, which governs Jackson. "It is the only funding where we know exactly what we're going to get and

how we're going to get it."

Still, the anticipated $60 million a year in tax dollars is no panacea for a hospital that spends almost $300 million a year treating patients who can't or don't pay.

Sick people continue to face waits of up to a year for urgent medical problems, forcing those who can afford to pay to go elsewhere. An allergy clinic that opened at Jackson last year already has a six-month wait for new patients. Meanwhile, the county has reduced the money it gives the trust and state legislators talk of cutting Medicaid coverage -- source of $100 million a year for Jackson.

Less than a year after the hospital started receiving the half-penny tax, the Public Health Trust has written a five-year plan on caring for Dade's poor that suggests eventually seeking another half penny in sales tax.

"Indigent care in Dade County is a major problem, and it's not getting any better. It's getting worse," said Ronald Ruppel, Jackson's chief financial officer. "The plan is just a first step, but to move forward would take money, and someone has got to make the decision where that money will come from."

Critics of the original tax proposal feared they would be pouring money down a bottomless hole.

But patients and their advocates say the cushion has been crucial -- they see doctors sooner, have more choices for appointments and receive treatment that others before them were never offered.

One of every two patients at Jackson's North Dade Health Center used to miss daytime appointments. They struggled to get off work, find baby-sitters, get transportation. Those who made it faced two-hour waits before seeing a doctor.

Since the center, north of Opa-locka, recently started remaining open four evenings a week, patients keep those appointments 80 percent of the time. And the wait to see a doctor takes minutes, not hours, said Verona Clarke.

Clarke, an unemployed welfare worker who is seven months pregnant, arrived late for a recent morning appointment when she couldn't find a baby sitter for her 15-month-old son, Marques. Now she comes in the evening.

"It is so much easier for me. I have someone who can watch Marques,

and I have people who can drive me here after they get out of work," Clarke said. "I've brought him a few times but he is one of those active children, always running around. He wanted to climb on the table with me."

Changes like that have increased the convenience of medical care. Others at Jackson, like the creation of the Breast Health Center, may save lives.

"Before, the waits were endless," said Schatzi Kassal, a mental-health therapist and volunteer at the Breast Health Center. "A few years ago, there were some tragedies where patients were lost. That doesn't happen anymore. There is not a woman who needs treatment who isn't seen. Money is not an issue."

It had been for June Kirchik, who was told by a Jackson worker she would have to pay a deposit or prove she was poor to get care. Kirchik eventually sought help at five clinics in three hospitals before dying.

On Dec. 3, waitress Theresa Cimino had her first appointment at the center. She and husband Joe, a restaurant captain, had dropped their insurance when the premiums got too expensive. Unable to pay, she received a mammogram, a biopsy and a diagnosis of cancer within hours. A group of doctors and nurses discussed what would come next.

"The nurses put their arms around me and they held me, they held my hand," said Cimino, who has a 5-year-old daughter. "The doctor said, 'What will you do when you go home? How do you handle stress? Do you go to church, do you have family?'

"It made me feel like they were very concerned, they were going to do everything they could to help me."

Cimino's treatment started Dec. 16. The staff has told her it will cost $200,000 by the end of the year. The family, with an income of $16,000 a year, pays what it can -- $10 a visit.

"I think (the tax) has given us financial stability we didn't have before," said Metro-Dade Commissioner Larry Hawkins. "We've reduced waiting lines. We've opened a breast cancer clinic, where we've taken the wait down to virtually zero. We've opened a world-class trauma center."

But the tax hasn't erased a key question: how to pay for care that only grows more costly and still doesn't meet all the needs.

The Public Health Trust had originally asked state legislators to let Dade put a full-penny tax on the ballot. Lawmakers declined. Some health-care advocates think it's time to start a new tax drive. Others say

voters aren't ready.

"I think they're going to say: 'We gave them a half cent. Let's see how well you use it,' " said treasurer Hertz. "I don't think enough time has passed for them to be able to see if we've been good stewards with public funds."

hours at heart and neurology clinics; hospital spends nearly $300 million annually on indigent patients (M)

MIAMI HERALD

April 27, 1993, Tuesday

SECTION: Section HS; Page 18, Column 2

LENGTH: 48 words

HEADLINE: MATERNITY CARE SHIFTS TO COMFORT

BYLINE: BY PAT CURRY

JOURNAL-CODE: MH

ABSTRACT:

Article on changes in hospital maternity wards that focus on increased privacy and personalized service to make expectant mothers and their families and visitors feel more comfortable; changes at South Miami Hospital and Jackson Memorial Hospital described; photo (Health Beat) (M)

MIAMI HERALD

October 11, 1993, Monday

SECTION: Section A; Page 1, Column 4

LENGTH: 37 words

HEADLINE: IF YOU GET SHOT - THIS IS THE PLACE

BYLINE: BY PATRICK MAY

JOURNAL-CODE: MH

ABSTRACT:

Article details work at Jackson Memorial Hospital's Ryder Trauma Center in south

07028531
MATERNITY CARE SHIFTS TO COMFORT
Miami Herald (MH) - TUE April 27, 1993
By: PAT CURRY Special to The Herald
Edition: FINAL Section: SPECIAL SECTION Page: 16
Word Count: 748

MEMO:
HEALTH BEAT: WOMEN'S HEALTH

TEXT:
Maternity wards are being born again.

When Tricia McClain had her first daughter, Micheayla, 4 1/2 years ago, she was wheeled from a two-person labor room to delivery, then to recovery and to postpartum.

By the time little sister Morgan came along two years later, South Miami Hospital had introduced spacious labor, delivery, recovery, postpartum suites. All the action takes place in one room.

"There was more privacy," said McClain, who works as a cost accountant at the hospital. "My husband could be there, and my whole family could be there if they wanted to be. It was more antiseptic the first time. In the suites, you have a nurse with you 100 percent of the time. It's very personalized now."

When Patricia Reutlinger had her daughter, Melissa, at Coral Springs Medical Center two months ago, a midwife was with her during 14 hours of labor. Reutlinger, who lives in Margate, made her own rules about visitors, including young children. In her room, there was a television with HBO and the Disney Channel.

These days, hospitals are promoting homey suites where dads can stay overnight, romantic dinners and gourmet take-home baskets. There are midwives, lactation specialists and fetal monitors that allow mothers to walk around. Also prenatal breast feeding classes, complimentary car seats and 24-hour hotlines for new parents.

Unpleasant shaves and enemas are out. Epidurals for pain control are in.

Experts estimate at least half the laboring moms they tend to opt for an epidural, which numbs the lower half of a woman's body but leaves her with some muscle control for pushing during delivery.

"I'm anti-medication when you still have the baby inside, but I'm not the one having the contractions," said Dr. Orlando Leon, chief of obstetrics at South Miami. "If I see a patient who is really under control, I try to avoid the epidural. If you have a lady who is screaming and cursing everyone in the place, then that lady needs an epidural."

Anne Scupholme, chief nurse midwife at Jackson Memorial Hospital in Miami has seen tremendous changes in the care of women during labor and delivery.

"We go in cycles," said Scupholme, a nurse midwife since 1966. "In the '60s, everybody walked (during labor), then everybody was on monitors, and everybody was in the twilight sleep zone. Then there was the great move to childbirth education."

Today, families are more involved.

"Hospitals and administrators are recognizing the value of family members, not only for patient comfort, but it does reduce cost," she said. "You don't have to do as many interventions if the client is comfortable."

Leon said, "I look at this as if we have the ability to do a delivery like we would have been doing it at home. It's a family affair. I love that part."

Education plays a larger role in childbirth today, with classes for parents, siblings and even grandparents.

Even the Lamaze technique has changed. "We're really focusing on relaxation," said Pat Turner, president of the International Childbirth Education Association. "We're getting away from the structured breathing techniques -- everybody knows how to breathe."

But not everybody knows how to breast feed a baby, and more hospitals are training nurses to help new moms get the hang of nursing.

"We put together a breast-feeding resource center," said Maureen O'Hara, health promotions coordinator at Bethesda Memorial Hospital in Boynton Beach. "We have breast feeding classes for expectant and new moms, we have pump rentals, as well as some accessories."

Broward General Medical Center has a lactation center with a staff consultant. A new Mom's Corner is a quiet spot set aside for hospital employees who want to nurse their babies or express milk for later use.

On the medical side, nurses are being cross-trained to care for both

mother and child in what's called a couplet. At Bethesda, nurses do bedside charting on computers that cut duplication and store information, nurse manager Alice Zich said.

Bulky monitors to track contractions are being replaced by telemetry monitors that allow laboring patients to get out of bed.

Prenatal monitors are available for women at high risk of premature labor, Leon said. They can be worn at home, and the information is transmitted to doctors over phone lines.

Babies who develop jaundice can spend more time with their moms, instead of lying isolated under lights in a nursery. A phototherapy blanket does the job.

Jackson Memorial Hospital, Miami (most articles w/ abstracts before them)

THE ORLANDO SENTINEL

April 13, 1994 Wednesday, 3 STAR

SECTION: A SECTION; Pg. A1

LENGTH: 1161 words

HEADLINE: PAYING THE PRICE: MIAMI HOSPITAL DENIES NO ONE

BYLINE: By Maya Bell Sentinel, Miami Bureau

DATELINE: MIAMI

BODY:

Dropped off by boat in the dark of night, Marie Rose Sands slipped into Miami from the Bahamas in search of a better life. She has no visa. She has no work permit. Immigration authorities have no idea she is here.

But Jackson Memorial Hospital does.

Wearing a blue housecoat and a frightened expression, the 49-year-old Haitian native showed up in the hospital's emergency room last week with a lump on her breast the size of a tangerine.

An illegal immigrant, she has no benefits. A maid who speaks poor English, she has no money. A very sick woman, she needs thousands of dollars worth of medical treatment.

No matter. As the state's largest tax-supported hospital, Jackson has a mission to treat the poor. It welcomed Sands, trembling and tearful, into its emergency room for evaluation. If she needs a mastectomy, Dade taxpayers, and to a lesser degree, all Florida taxpayers, will foot the bill.

Such is the cost of compassion.

In 1993, Jackson absorbed the $40.2 million cost of treating patients who have no proof of their immigration status and no ability to pay their bills. In 1992, undocumented patients cost the hospital another $32.9 million; the year before that, $28.9 million.

Worried about its ability to meet future needs, Jackson's governing board joined Gov. Lawton Chiles this week in suing the federal government for the unreimbursed costs of providing health care, education and other services to Florida's swelling

population of undocumented immigrants, conservatively estimated at 345,000.

The 37-page complaint accuses the federal government of failing to control the flow of illegal immigrants into Florida and failing to pay adequately for their needs, saddling Floridians with an "unfair burden" that should be shared with the nation as a whole.

There's no question that Jackson carries a bigger share of that burden than all other hospitals in the state combined. With nearly two of every three undocumented immigrants in Florida believed to be living in Dade, most needing medical care wind up in Jackson's emergency room. They account for roughly 40,000 emergency room visits a year.

Jackson personnel routinely ask for proof of immigration status and for the standard emergency room fees, but if the patients have neither they are not turned away.

"How can we?" said Joshua High, chairman of Jackson's governing board, the Public Health Trust. "Jackson is the place of last resort. We can't kick them to the curb or throw them away. If we don't help them, no one will."

Sands learned as much when she went to a private north Dade hospital with a large lump in her breast early this month. A doctor examined her, ordered a mammogram and determined she had cancer. But, instead of operating, the doctor sent Sands to Jackson with a note scrawled on a prescription: "Please evaluate and treat. Thank you!"

Waiting in Jackson's emergency room with his aunt, Sands' nephew expressed his aunt's gratitude - and shame - for being able to come to Jackson with empty pockets.

"I feel a little embarrassed to come and say, 'Take care of her without money,' but there is nothing else I can do," Lamar Pierre said in accented English, his arm around his aunt. "She don't have no other hope."

Neither did Ivan Cedeno. The same day Sands waited in the emergency room, Cedeno waited, too. A Nicaraguan who crossed the Rio Grande and slipped into Texas six months ago, Cedeno came to Miami in search of a job. Without papers, he has had trouble finding work but, when his left side exploded in pain, he had little trouble finding help. He came to Jackson, where doctors removed his appendix. His outstanding bill: $9,000.

While Dade taxpayers shoulder the lion's share of Jackson's unpaid bills - they contribute roughly $180 million to Jackson's $678 million annual budget - all Florida taxpayers help lighten the hospital's load a bit.

Last year, the Florida Legislature gave Jackson $32 million a year for providing a

disproportionate share of the charity care in the state. The state also gave Jackson the biggest chunk of the $5.2 million paid to provide emergency care to illegal aliens who qualify for emergency Medicaid - pregnant women, children, the aged and disabled. Both allocations came from general revenue and, therefore, from taxpayers.

"Dade gets hit the hardest," said Ronald Ruppel, Jackson's chief financial officer, "but, in reality, everybody pays a little bit."

Including many undocumented immigrants. Ruppel emphasized that, unlike Sands or Cedeno, many illegal residents have lived and worked in Dade County for years. Many own property and pay taxes on it. Most pay the extra half-cent sales tax that raises $100 million a year for Jackson. They are, in essence, entitled to Jackson's services because they contribute.

That, however, is clearly not the case with some foreigners - Jackson officials can't say how many - who apply for tourist visas just so they can come to Miami for medical care. One Latin American visitor reportedly called 911 from Miami International Airport, suffering from kidney failure. In urgent need of dialysis, he got it at Jackson. At least five other patients at Jackson's dialysis center are tourists whose visas expired long ago. Their care runs about $15,000 a person a year.

"It happens a lot. People who are sick save up their money, buy a one-way ticket to Miami and land in our emergency room," said Ann-Lynn Denker, Jackson's director of research. "The word gets out. People know we're not going to turn people away who are dying."

Or pregnant.

Seventeen percent of the 12,000 babies delivered at Jackson annually belong to women who have no proof of legal status. Like many in the overall undocumented population, most of these women probably live, work and pay taxes in Dade County. But an unknown number live in other countries, hopping on a plane and rushing to Miami before they're ready to deliver.

"One women came here from the Caribbean five times," Ruppel said. "Two of her pregnancies were high risk and her visits were $200,000 apiece. It happens."

And it's beneficial to the newborns. Even if their mothers are here illegally, babies born at Jackson are U.S. citizens. If they qualify, they are entitled to Medicaid.

How much longer Jackson can absorb the escalating cost of undocumented patients is a big concern. Like all hospitals, Jackson is losing the traditional Robin Hood-style method of making up for unpaid bills: overcharging insured patients. As more paying patients move to managed care plans, Ruppel said, Jackson will find it increasingly difficult to take from the rich to care for the poor.

But as pressing as that concern is, Jackson has more imminent worries. As state and federal lawyers prepare a court battle over who pays for illegal immigrants, doctors at Jackson are dealing with a more fundamental issue: keeping people like Sands and Cedeno alive.

GRAPHIC: PHOTO: Haitian native Marie Rose Sands, 48, waits in Jackson Memorial's emergency room with her nephew Lamar Pierre. Sands, who cannot pay for breast cancer treatment, will not be turned away. MAYA BELL/SENTINEL.; PHOTO: Ivan Cedeno, 38, a Nicaraguan musician who came to Florida looking for a job, shows his scar from an appendectomy at Jackson Memorial Hospital. Cedeno could not pay for the surgery, which cost $9,000, so Florida taxpayers will pick up the tab. MAYA BELL/SENTINEL.

Florida, where doctors, nurses, surgeons and emergency medical technicians have become expert at treating gunshot wounds; photos; map (L)

MIAMI HERALD

November 24, 1993, Wednesday

SECTION: Section A; Page 13, Column 1

LENGTH: 56 words

HEADLINE: FOR BETTER HEALTH CARE, MAKE BETTER USE OF WHAT DADE HAS

BYLINE: BY SUSAN GUBER

JOURNAL-CODE: MH

ABSTRACT:

Viewpoints article by Susan Guber, director of governmental affairs for South Miami HealthSystem, focuses on need for cost effectiveness and decentralization in health care field; holds Jackson Memorial Hospital role should be limited to teaching and services rather than emphasizing new technology and expensive equipment (M)

07067503
PERFECTING THE ART OF SAVING LIVES DADE A TRAUMA CARE MECCA
Miami Herald (MH) - MON October 11, 1993
By: PATRICK MAY Herald Staff Writer
Edition: FINAL Section: FRONT Page: 1A
Word Count: 1,564

MEMO:
MIAMI: A MEDICAL MECCA; THE GUN CULTURE

TEXT:
Neville Blake is lying on an operating table. He is naked, bloodied and tethered to life support. Shot through the left flank and abdomen, his spleen is already in a Ziploc plastic bag on a stainless-steel table. The main artery to his right arm is severed, the right elbow shattered in four pieces.

Some guys have all the luck.

Blake doesn't know it yet, but he is fortunate, indeed. He got shot in Miami.

In a thousand other towns, he'd be just another toe-tagged firearm statistic of America's gun culture.

"If you have to get shot," says Dr. Tony Nejman, anesthesiologist at Jackson Memorial Hospital's Ryder Trauma Center, "this is probably the best place to do it."

Moments after he got caught at the wrong corner of a love triangle, South Florida scooped up a bloodied Blake in a medical safety net that many Americans would die for.

Despite its reputation of late as a tourist hunting ground, Dade is equally renowned among trauma experts as the flip side: A medical mecca forever perfecting the art of saving lives.

And despite the occasional glitch, Dade's 911 network is among the most sophisticated. With the nation's first emergency medical system, it is one of only a few places where fire-rescue trucks pull up with three paramedics. Telemetry techniques developed in Miami are now used around the world.

Dade's two air-rescue choppers can fly gunshot victims across the county faster than a Saturday night sprint by a South Beach valet -- six

minutes on a good run.

The flight ends atop Ryder, a $28-million trauma temple where Neville Blake came the other night to worship.

It is 7:55 p.m. and surgeon Mark McKenney, 34, weaves sutures deep into the man's intestines.

"Looks like the bleeding in the abdomen is controlled," he says, as another surgeon uses a 3M stapler to close up Blake's stomach.

"We've got a tourniquet on his right arm to stop the bleeding until we can get to his brachial artery, we've fixed his diaphragm and we're working on the small bowel," McKenney says.

These are classic handgun bullet wounds, where shredded metal pierces the abdomen, turning one organ after another into a sieve, before finally smashing into a wall of bone.

"Something like this," says McKenney, "would be an overwhelming event in a lot of smaller hospitals. A doctor in Canada once told me they see two gunshot wounds a year. Hell, we see at least that many in a single evening around here."

Experience counts. Nearly half the 3,320 people admitted during the trauma center's first year arrived with penetration wounds, most from gunshots.

The one that got Blake punctured the bowel. Infection from such a wound is often a killer.

It is 8:30 p.m. and McKenney is also worried about Blake's arm. "That wound to the artery is real dangerous. He could end up losing the arm -- if we don't get blood flow re-established quickly."

But Blake makes it through his "golden hour," those crucial 60 minutes when prompt care for a gunshot victim can make the difference between a dramatic detour in life and a very dead end.

THE CRUCIAL CALL

Not all 911 systems are equal
That first phone call is the starting gun.

"The best trauma center in the world won't do you any good if you don't call 911," says Andy Trohanis, spokesman for the Maryland Institute

for Emergency Medical Services System. "Calling 911 is like making a reservation."

Not all 911s are created equal.

"Lifesaving begins with knowing where the hell the call is coming from," says Bill Stanton, director of the National Emergency Number Association in Coshocton, Ohio. "And Dade was one the first places to recognize the value of enhanced 911."

Unlike "basic 911," the enhanced version spits up everything on a computer screen in three seconds: Name of the phone customer, address, city, state, Zip Code, time, date, and whether it's a home or business. All without the caller saying a word.

"We're light years ahead of other communities," says Battalion Chief Charlie Perez of Dade's fire department. "There are still cities where you have to look in a phone book to find an emergency number."

Dade's paramedics are among the nation's finest. "From dispatcher to paramedic to air rescue to the trauma team, it's almost like rote memory," says Bill Johnson with Dade's office of trauma services.

Nobody panics. "We're comfortable dealing with trauma."

NO TIME TO LOSE

Without blood flow, muscle dies

McKenney keeps glancing at the clock in Operating Room 2. "Muscle dies in about 6 hours," he says, referring to Neville Blake's blood-starved forearm and hand. If the muscle goes, so too will the arm.

McKenney is a scuba-diving surgeon who flys a rented plane over the Everglades most Sunday mornings. He'd love to be an astronaut. He almost made NASA's final cut in 1992.

He looks at Blake as purely a medical problem, almost oblivious to the circumstances. "Sadly, you get used to seeing mostly young minority males wearing lots of gold," he says. "What they've done out there doesn't cross my mind."

Some of his patients haven't done a thing. "I got a Christmas card from a bank accountant who was shot filling her car at a gas station. She thanked me for saving her life."

It's nearly 11 p.m. and McKenney removes the tourniquet from Blake's arm, makes a 5-inch incision and installs a plastic shunt to carry blood

for the severed artery. Blake's fingers slowly turn from gray to pink. With a small ultrasound device, McKenney listens to blood pumping through the patient's hand.

Hand surgeon Dr. John McAuliffe takes over. "Ooo, this is wonderful bone," he says as his power drill threads a tiny hole into Blake's elbow.

Using stainless-steel screws and small metal braces, McAuliffe and Dr. Arnie Savenor slowly piece together the elbow. "By trying to put his joint together tonight, we have at least some chance of saving him," says McAuliffe. "If we don't do it now, it'll probably be stiff forever."

Such an operation, only a few hours after a shooting, is almost unheard of in most emergency rooms.

Elsewhere, McKenney says, saving Blake would be tough because so many different people would have to be summoned. "The guy who does the abdominal operation probably wouldn't know how to do the vascular work and the guy who does the vascular probably wouldn't know how to do the bone fracture, and that guy might not be the same one who'd handle the nerve."

At 11:30 p.m., the loudspeaker squawks: Another on his way. Police found this guy on a nearby sidewalk, shot through the left side. The trauma team opens the man's stomach, removes his shredded organs, tries to soak up the blood pouring from a ripped muscle.

An hour later, surgeons stitch the man's abdomen back up. Nurses inventory the 135 plastic bags of bloodied gauze used to soak up the muscle. To make sure no gauze are left inside the patient, they count aloud. "One, two . . . one-hundred and thirty-four, one-hundred and thirty-five."

With such dramatic blood loss, even the Ryder team fears it may lose this patient.

"There was also a huge hole inside his stomach," says McKenney, "and all the food he'd eaten just before he got shot was pouring all over the place. So he almost certainly is going to get an infection -- if he first survives this."

'A LIVING LAB'

Testing ground for treating wounds

It's hard to figure out how many lives were saved in the trauma center's first year.

"Gunshot wounds are unlike other diseases where you can compare treatment results from one place to another," says trauma surgeon Jeff Augenstein, senior faculty member in the surgery department at the University of Miami.

Augenstein calls Ryder "a living lab" where the latest medical techniques are tested. At least 15 research projects are under way.

Doctors here talk about a not-too-distant future where "point-of-care testing" will give them instant blood analysis, using computers hooked to the patient, instead of waiting 10 minutes for the lab.

Ryder, says Dr. Charles Wiles of the world-famous Shock Trauma Center in Baltimore, "is nationally recognized as a leader in penetrating trauma."

TWO CRITICAL CASES

'Odds are, they'll make it'

Ten days after their arrival at the center, Neville Blake, 53, and Anthony Siler, 28, are lying two beds apart in the surgical intensive care unit on the second floor.

Both men are badly swollen from being cut open, first by bullets, then by scalpels. Both are in critical condition. Both lives depend on ventilators.

Siler's one remaining kidney is "functioning so-so," McKenney says. He's still having fevers, a troubling sign of infection.

Blood is flowing strong into Blake's arm. A vein McKenney harvested from Blake's leg and spliced onto his severed artery "is still working well.

"Odds are," says McKenney, "they'll make it."
This is, after all, Miami.

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FOR BETTER HEALTH CARE, MAKE BETTER USE OF WHAT DADE HAS
Miami Herald (MH) - WED November 24, 1993
By: SUSAN GUBER Special to the Herald
Edition: FINAL Section: EDITORIAL Page: 13A
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MEMO:
VIEWPOINTS

TEXT:
The author is a former state representative and now director of governmental affairs for South Miami HealthSystem.

HIS IS the decade of cost effectiveness and value for dollars spent. We are beginning to see this in every area of industry and business, but there is no greater need for cost effectiveness than in the health care field. Dade County, now more than ever, needs a cost effective, decentralized health-care master plan.

For three decades, Jackson Memorial Hospital has served this community well. It is one of the top teaching hospitals in the country. Dade Countians are rightfully proud of its reputation and its state-of-the-art facilities. From 1966-'68, my husband was a medical resident there. He had a first class education in gastroenterology.

At that same time, I received emergency surgery for an infected gallbladder. The nursing and medical care were wonderful, and I was a charity patient!

As a state representative, I stood by Jackson -- supporting the one-half penny sales tax. No one could deny the need for decreasing the response time for patients, such as for June Kirchik, who died two years ago when she could not afford treatment for breast cancer.

But Jackson's role should be limited to being the teaching laboratory and extraordinary full-service facility that it is. Its emphasis on new technology and expensive equipment is fitting for a large, regional, public teaching hospital. But we must remember that a whole new plan of health care delivery will be coming from Washington. It is already being implemented in new state laws setting up the Community Health Purchasing Alliances. These laws will take several years to be implemented completely, but the time to begin decentralizing is now. And that doesn't mean expanding Jackson Memorial Hospital into other areas. A more cost-effective

way of delivering health care is to utilize services in existing hospitals with existing staff and technology. Dade County has grown since the '50s, and urban sprawl has made it nearly impossible for 80 percent of the people to get to Jackson.

Some people think that because a hospital is "private," it is expensive. This is not true. At South Miami Hospital in Homestead for example, we can care for a patient much less expensively than at Jackson Memorial Hospital: $500 to $1,000 less per day. Rural and other hospitals do not have extremely sophisticated equipment and incur less costs per patient than Jackson. Jackson's costs are also higher because it has sicker patients, who stay longer.

Some questions and facts worth considering:

* Could Jackson contract with existing hospitals to provide beds in areas in which it wants to expand? Surely the taxpayer doesn't want to spend money on new buildings, or duplicating services.

* Should the poor be triaged to "charity hospitals" while everyone else uses private not-for-profit hospitals, further segregating the rich from the poor?

* If we begin managing competition and there are huge purchasing cooperatives, as Washington is talking about, then all people, rich and poor, will be in the patient mix. Insurance money will follow the patient, and all health care providers will have to compete for patients. Thus all hospital beds will be equal, whether the patient is at Jackson or South Miami. Why build more beds, draining scarce medical dollars?

* The hurricane has changed the demographics in South Dade. Many retirees, both military and civilian, have left. A younger population remains, and the need for women, children, and infant services has increased. Wouldn't it be easier to address these needs with a few additional beds in an existing facility rather than build a whole new facility? If Hialeah or North Miami needs more mental health, geriatric, or surgical beds, why not provide these at the existing facilities?

* If we really want to save money, we need to look to the schools as the best place to provide checkups, immunizations, and preventive care. There is a move to create school health facilities in all high schools. The Greater Miami Chamber of Commerce is working on this, and several schools have health clinics today. Hospitals are reaching out to fund these clinics. These would be the perfect neighborhood centers for all, not just school-aged children, to receive preventive and primary medical care. As a longtime supporter of Jackson's mission, I sincerely want to see our public

hospital thrive. But we are now at a crossroads of health care access, and Dade County needs to start utilizing existing hospitals, schools, and primary care facilities. We needn't tax citizens exorbitantly to bring health care closer to home.

unicef

Fondo de las Naciones Unidas para la Infancia
United Nations Children's Fund

FACSIMILE TRANSMISSION FORM

SD/PRO/59-94
21 OCTOBER, 1994

TO: ROBERT J. LEDOGAR
SENIOR PLANNING OFFICER

FROM: AIDA OLIVER Aida Oliver
OFFICER IN CHARGE
UNICEF-SANTO DOMINGO

SUBJECT: TRANSLATION FROM SPANISH TO ENGLISH OF DECLARATION OF ST. LUCIA

Annexed please find a non-official translation of the abovementioned declaration, produced by this office. We contacted the Office of the First Lady of Paraguay to determine if there was an official translation, but were told that it was not readily available.

Also, Mr. Adorna will send to you on Monday, October 24, a copy of the corresponding trip report for the St. Lucia Conference.

Best regards.

AO/nm

XV CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENTS OF THE AMERICAS
11-12 OCTOBER, 1994
CASTRIES, ST. LUCIA

(Unofficial Translation)

DECLARATION OF ST. LUCIA

We, the Wives of Heads of State and Governments, Representatives of Governments and First Ladies of the Americas, meeting in St. Lucia, recognizing that there is a need to work together to actively support the initiatives and social policies directed at the most vulnerable sectors of our society, hereby declare that the strengthening of the integration and cooperation processes of our nations will be the results of actions directed at improving the quality of life of the population.

Our joint efforts in benefit of the social development of the nations of the Americas has as a main purpose the identification of problems, the introduction of solutions and the strengthening of national programmes which will allow for us to meet the goals of sustainable development.

Adopting as our own the preoccupations and analysis debated in meetings held previously in Venezuela, Colombia and Costa Rica, as well as the declarations and agreements to carry out pertinent actions, we come together to give a sound of alert on the rapid increase of poverty of the peoples of Latin America and the Caribbean.

In accordance with the role currently being carried out by women in society, our responsibilities in the past decade have evolved towards the promotion of actions, projects and programmes for social development focusing on the technical and professional aspects. We therefore,

REAFFIRM our commitment to support actions which will completely favour the human rights of women and promote the necessary changes in current legislation, according to the Convention on the Elimination of all Forms of Discrimination Against Women.

RECOMMEND the signing and ratification of the Inter-American Convention to Prevent, Sanction and Eradicate Violence Against Women ("Convención de Belém do Pará"), adopted on June 9, 1994, in the 24th Ordinary Session of the OAS General Assembly, held in Brazil, and support actions to guarantee the implementation of the Convention.

VALUE the efforts being carried out by those nations that have made concrete gains in legislation on women, especially in those issues related to intra-family violence, where the principle

victims are women, children and adolescents as well as other advances that benefit and recognize the rights of the woman as head of household.

PROPOSE supporting actions which will contribute to carry out the necessary changes for the incorporation of women under conditions of equal opportunities, identifying the cultural and socio-economic barriers which impact and discriminate against women, and also develop educational actions which will prepare her for decision-making in various forms.

AGREE that measures must be taken to initiate or consolidate the execution of the projects and regional initiatives which have been presented at this meeting, such as, "Training Modules to Prevent the Incorrect Use of Psychotropic Substances by Street Children (WHO), Project for Rural Women (IICA-IDB), Project on Child Labor in Latin America (ILO), Prevention of Pregnancies in Adolescents (UNFPA), and the Project "Latin America Against Cancer" (ALICC-European Commission).

We also agree to meet with the pertinent entities to develop projects in the following areas: Detection of Cervix-Uterine and Breast Cancer, Literacy Support Campaigns for Adult Women, Development Projects for Rural Women, Consciousness-Awareness Campaign to Combat Violence Against Women, the Child and Family.

WE MAKE THE COMMITMENT to support actions so that the proposals presented in the preparatory meetings of the Fourth World Conference on Women, to be held in Beijing on September, 1995, will be included in our work agenda.

WE PROPOSE a Pro Tempore Secretariat conformed by the outgoing country, the current host country and the future host. The Secretariat's function will be to coordinate and organize the annual meeting in the future host's country.

WE AGREE to adopt, for future Conferences, a central theme for debate to be analyzed in-depth by the participants.

WE RECOGNIZE the importance of the efforts carried out by the Former First Ladies and their technical advisors in the constitution and organization of these meetings of Heads of State and Governments of the Americas.

WE ADOPT as the symbol of these Conferences the logo of the present Fourth Conference, in order for these meetings to be identified with a uniform logo.

WE CONGRATULATE and thank our host, Mrs. Janice Compton and the Government of St. Lucia for organizing and carrying out this Conference, recognizing their tremendous efforts to guarantee the success of the Conference, in spite of the havoc created by Tropical Storm Debbie.

WE THANK the international organizations, the public and private institutions of St. Lucia for their financial and technical support to carry out the Conference.

WE ACCEPT the proposal of the First Lady of the Republic of Paraguay to have her country host the Fifth Conference of Wives of Heads of State and Governments of the Americas, to be held in 1995, and we gracefully thank the First Lady of the Republic of Bolivia for proposing to have her country host the Six Conference, which will be held in 1996.

Castries, St. Lucia
13 October, 1994

LIST OF SIGNATORIES

1. Norma Y. Hughes
   First Lady of Anguilla

2. Selmira Mireya Regazzoli
   Country Representative from Argentina

3. Kathleen Esquivel
   First Lady of Belize

4. Ruth Elaine Thomas
   Country Representative from Bermuda

5. Ximena de Sánchez de Lozada
   First Lady of Bolivia

6. Gilda Mari Ramos Guimaraes
   Country Representative from Brazil

7. Marta Larraechea de Frei
   First Lady of Chile

8. Jacquin Stross de Samper
   First Lady of Colombia

9. Josette Altmann de Figueres
   First Lady of Costa Rica

10. Vilma Espín Guillois
    Country Representative from Cuba

11. Susan Jacinta Snuere
    Country Representative from Curacao

12. Josefina Villalobos de Durán-Ballén
    First Lady of Ecuador

13. Elisabeth de Calderón Sol
    First Lady of El Salvador

14. Gladys Annabella Morfín
    Country Representative from Guatemala

15. Janet Jagan
    First Lady of Guyana

16. Bessie Watson de Reina
    First Lady of Honduras

17. Ivy Sylvia Cooke
    First Lady of Jamaica

18. María Auxiliadora Matus
Country Representative from Nicaragua

19. Dora Boyd de Pérez Balladares
First Lady of Panamá

20. María Teresa Carrasco de Wasmosy
Country Representative from Paraguay

21. Elizabeth Astete Patiño
Country Representative from Perú

22. Jacqueline Malagón Luna
Country Representative from the Dominican Republic

23. Lady Evelyn Arrindell
First Lady of St. Kitts/Nevis

24. Lady Lucille James
First Lady of St. Lucia

25. Juliette A. Campbell
Country Representative
St. Vincent and the Grenadines

26. Lieabeth Venetiaan Vanenbu
First Lady of Suriname

27. Zalayhar Hassanali
First Lady of Trinidad and Tobago

28. Lady Joan Harrigan Farrelly
First Lady of U.S. Virgin Islands

29. Diana de Veer de Caldera
Country Representative
Venezuela

END

October 10, 1994

IDEAS FOR THE SUMMIT IN RELATION WITH FIRST LADIES

I. FIRST LADIES' MEETINGS

Purpose

The first ladies' meetings were created as an alternate integration channel for the countries of Latin America and the Caribbean. Such a channel would allow for the flow of knowledge and of information about social policies and programs, the discussion of social issues of common interest, the diffusion of successful experiences, and the promotion of horizontal cooperation and of regional projects.

Background

The "1st Meeting of First Ladies from Latin America and the Caribbean" held in Caracas, Venezuela, was conceived on April 1991, at the "Andean Pact and Central America's First Ladies' Meeting" in Cartagena, Colombia. In the first meeting, which took place on August of 1991, projects and programs carried out by the first ladies in their own countries were presented. This presentation had the purpose of organizing an inventory of projects that would allow for the subsequent exchange of experiences and opinions and of cooperation among the countries.

The second first ladies' meeting was held on September 1992, in Cartagena. At the meeting, reports on the subjects of "Childhood, Youth, and Woman" were presented. These subjects had been previously identified as three topics of shared interest by a preparatory technical commission that had met in April. In addition,

the first ladies performed a follow-up of the agreements and of the actions carried out during the previous year. Finally, the first ladies made an overview of different regional projects that received support from their own governments and from multilateral cooperation agencies. These projects included: i) a "women foodstuffs producers policy" financed by the IDB and the IICA ; ii) a "teenage pregnancy prevention program" financed by UNFPA; and iii) a "maternal lactancy promotion program" and a "neo-natal tetanus elimination program," both financed by UNICEF and PAHO.

The different subjects and projects were formulated and described within their governments' social policy frameworks as well as within the different commitments acquired by their governments at forums such as the Children's Rights Convention, the Summit for Childrens, 1990 through the National Plans of Action, and the Summit of First Ladies for the Economic Advacement on rural women's in 1992 endorsed by ECOSOC.

As a complement to the first ladies gathering, a meeting of international NGOs interested in Latin America and Caribbean projects was organized.

The 1993 First Ladies Meeting was held in San Jose, Costa Rica. Its main focus was the family, following the United Nation's declaration of 1994 as the "International Year of the Family." In that meeting, work was centered around the interchange of experiences, the exposition of policies, and the discussion of such subjects as the "Family and Women Household Heads," the "Family and the Mass Media," and the "Family and the Working Minor." A follow-up of earlier commitments was also carried out.

The 1994 meeting will be held this month in the Caribbean island of St. Lucia. Its main focus will be the condition of women. Besides the presentation and discussion of previously implemented programs, new regional projects -such as one on cancer with the support of the European Union and PAHO, one on the working minor with the

support of the WWO, and action plan in favor of drug-consuming minors will be promoted.

II. SUMMIT PROPOSAL

Outcome

The First Ladies Meeting, concomitant with the Summit, could have three different outcomes:

-The simple discussion of experiences.

-A political declaration expressing the political will to mobilize, promote, and coordinate regional programs in which all the First Ladies have a common interest. Moreover, the First Ladies declaration or recommendation could be endorsed by the Presidents.

-The structuring of a regional project to be presented at the meeting.

Topics for the Meeting

The topics of the meeting should be confined to the subject area of the First Ladies, namely, social affairs. These could include:

Childhood. This subject would be approached within the context of the different Action Plans in favor of Children; the Nariño Agreements of Bogota; the different governmental agreements; health, education, and nutrition problems; and the condition of children in particularly difficult circumstances (working children, street children and children of the war). school drop outs recreation

Youth. The topics could include: Reproductive health (early pregnancy); education; violence; school dropout; recreation; insertion into the productive system and training.

Women. Democratic participation; economic development; social development.

WORLD SUMMIT FOR CHILDREN

INTERAGENCY COORDINATING COMMITTEE FOR THE AMERICAS

MATERNAL AND CHILD HEALTH

GOALS FOR 1995 AND INDICATORS FOR MONITORING PROGRESS