

incubated - Sept. 13 -

Fiskell

Procedural Steps in the Setting Up of a
National Committee to Prevent Glaucoma

1. The matter of incorporation is a simple one. However, we have to supply two or three officers to our lawyer so he can list them in the incorporation papers. We should all think about suggestions for this. Mrs. Lasker could be listed as an Honorary Chairman. The Chairman of the Board would be our key person. It seems to me that it ought to be a prominent ophthalmologist on the order of Dr. Edward Maumenee.

As Vice Presidents you should have two or three persons in the public eye. You might have several members from the Congress - Representative Claude Pepper, Senator Fritz Hollings, Senator Lowell Weicker, Representative Henry Waxman, etc. Or they might just be listed as members of a Board of Trustees. We should shoot for a couple of prominent governors - for example Governor Coumo of New York comes to mind. I could be listed as secretary and Gerald Wilson as treasurer.

2. The letter of invitation to become a sponsor of the organization is absolutely crucial. It might be co-signed by Mrs. Lasker, Dr. Maumenee and Claude Pepper.

I think we can overemphasize the importance of a letterhead. There are hundreds of impressive letterheads in Washington these days. The important thing is the content of the letter of invitation. I think it should be short, dramatic, and incisive and I would be willing to take a crack at it.

3. There are several dangers we have to avoid. For example, in various memos there is reference to a national organization which would include a broad representation from the existing organizations in the field of eyecare. From my point of view, this is threatening to all these organizations - they all have a keen sense of turf and they are resistant to the coalition concept. If I were the Executive Director of one of these organizations, I might feel that our new committee was coming in to take over the field. For example, in Gerry Wilson's draft letter to Dr. Maumenee, he talks about an "umbrella organization whereby public, private and voluntary organizations get together to coordinate a longterm program".

What we seek, really, is the prestige and participation of several distinguished individuals from each of the national groups. In other words, we should keep our committee as loose and as nonthreatening as possible.

4. To my way of thinking, our biggest success eventually will

come in the legislative field. We can do a lot of general educating, news-letter writing, and so on, but the heart of the matter is federal and/or state appropriations which provide monies for glaucoma screening and follow-up. There are many possibilities here, particularly with regard to the Aging Committees in the Congress. Claude Pepper still has the Subcommittee on Health and the Aging in the House, and Senator John Heinz of Pennsylvania is Chairman of the Senate Committee on Aging. You won't get legislation right away. It took us three years to get the federal grants to the states for hypertension. Your main weapon here is an excellent set of hearings. Here again, you will be handicapped if you have to get the consensus of a whole group of organizations. Citizens didn't have to do this in the hypertension field, and that is why we were successful.

5. Now you get down to the individual who is going to do a lot of the contact work with physicians and in the general community. I feel this individual ought to come out of some organization in the medical field. For example, it could very well be that the American Academy of Ophthalmology might have someone in the main office or in one of the state offices who could do the job. The Academy is really the key to the whole ball game. For example, as I told you on the phone, you have a narrowly targeted purpose here. You are trying to convince family practitioners and internists to do glaucoma detection. If you brought someone from the staff of the Academy of Family Practice or the College of Physicians (located in Philadelphia), this individual would have a tremendous advantage in getting entree in promoting the program. The ideal approach would be for the Academy of Ophthalmologists to approach both the aforementioned organizations and seek their cooperation in carrying out the goals of glaucoma detection and prevention.