

*Joyce  
(also to Maureen)*



GEORGETOWN UNIVERSITY HOSPITAL

*April 4 ~~or 11~~  
Wed*

December 21, 1989

Senator Robert Dole  
Office of the Republican Leader  
141 Hart Building  
Washington, D.C. 20510

*7:00 Recg.  
7-8:00 Presen. of Awards  
8:00 Dinner*

*7:30*

*at Georgetown H.  
Leavy Center  
3800 Reservoir Rd*

*10/10/90*

Dear Senator Dole,

On behalf of the Georgetown University Hospital Nurse Recruitment & Retention Committee and nursing staff, I would like to invite you to speak at our annual Spring Dinner Lecture.

This event is held for the entire Georgetown nursing staff. We invite a speaker whose experience has made him or her prominent in some aspect of health care. Accordingly we would be very pleased to have you address the topic of current health legislation, particularly as it relates to nursing in acute care hospitals.

The Dinner Lecture will be held on campus, in the Leavy Center Ballroom. I am holding two dates with hopes that you may be available on one of them. The dates are Wednesday, April 4 and Wednesday, April 11. If these dates are not convenient but you would like to join us, please have your staff let me know and I will try to arrange the program around your schedule.

I have also been warned, and certainly appreciate, that you are not generally able to make commitments this far in advance. Unfortunately, I need to make every effort to confirm the room reservation by January 15, 1990. I also must have the invitations printed and out well in advance so that nurses who are interested in attending are able to arrange their schedules. All of our nurses are invited to this event and approximately one hundred nurses have attended each year. However, I anticipate a record attendance if you are able to accept our invitation.

*Can speak anytime dinner begins*

*6:45 pm  
7:30 p.m.*

*1-16-90 Interim letter*

(2)

I'm not sure how often you have the opportunity to speak to nurses, the people who are truly on the line in the hospitals but I hope that you will take this opportunity to do so. I know that we are very interested in hearing your perspective on the issues affecting health care today.

When you make your decision or if you have any questions I can be reached at 784-2370.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Feinstein".

Pamela Feinstein, RN  
Manager, Nurse Recruitment & Retention  
Georgetown University Hospital

**NURSE RECRUITMENT**  
**& RETENTION DINNER**  
**APRIL 4, 1990**



## HEALTH POLICY IN THE 1990'S

THE 1990'S PRESENT A  
CHALLENGING OPPORTUNITY TO  
ESTABLISH A POSITIVE DIRECTION  
FOR THE FUTURE. THE ECONOMICS  
OF THIS NATION'S HEALTH CARE  
SYSTEMS DEMAND THAT WE  
ADDRESS ISSUES OF ACCESS,  
QUALITY AND ACCOUNTABILITY.

THE OPPORTUNITY FOR NURSES  
TO ASSUME LEADERSHIP IN  
MANAGED CARE FOR DELIVERY  
OF SERVICES HAS NEVER BEEN  
GREATER. AS OUR NATION'S  
LARGEST WORKFORCE THE  
NURSING PROFESSION IS IN A  
POSITION OF COMBINED  
STRENGTH AND EMERGING  
POTENTIAL.

YOU HAVE THE CLINICAL  
EXPERTISE THAT IS NEEDED TO  
MEET RURAL HEALTH CARE NEEDS  
OF OUR NATION.

AND YOU HAVE THE EDUCATED  
AND UNITED MEMBERSHIP THAT IS  
READY AND ABLE TO ADVANCE  
A RESPONSIVE HEALTH CARE  
SYSTEM.

CONSUMERS OF HEALTH CARE  
WILL NOT ONLY CONSIDER THE  
COST OF SERVICES BUT THE  
QUALITY OF CARE THEY ARE  
PURCHASING. AND WE WILL NEED  
TO RELY ON YOUR EXPERIENCE  
AS WE DEAL WITH KEY  
QUESTIONS, SUCH AS —— TRENDS  
IN DELIVERY AND EDUCATION  
SYSTEMS, IN HOME AND



# COMMUNITY BASED PROGRAMS, AND THE PUBLIC HEALTH OF OUR NATION

## COSTS & ACCESS TO CARE

CONCERNS ABOUT THE COST  
OF HEALTH CARE HAVE  
DOMINATED THE U.S. POLICY  
DISCUSSIONS FOR THE PAST  
TWENTY YEARS. THESE CONCERNS  
HAVE BEEN ECHOED IN THE



PRIVATE SECTOR, AND  
CORPORATE LEADERS ARE  
PLACING THE COST OF HEALTH  
CARE NEAR THE TOP OF THEIR  
POLICY PRIORITIES.

HEALTH CARE WILL ALWAYS BE  
CLOSE TO THE TOP OF THE  
DOMESTIC POLITICAL AGENDA. IT  
IS THERE NOT ONLY BECAUSE OF  
CONCERN ABOUT THE HEALTH OF

OUR PEOPLE, BUT BECAUSE OF  
THE ENORMOUS IMPACT ON  
FEDERAL, STATE, LOCAL AND  
PRIVATE SECTOR BUDGETS.

THE COST OF HEALTH CARE  
ALSO AFFECTS GOVERNMENT  
PROGRAMS SUCH AS MEDICARE  
AND MEDICAID WHICH PLAY KEY  
ROLES IN OUR UNBALANCED  
FEDERAL BUDGET.

SINCE THE INCEPTION OF THE  
MEDICARE AND MEDICAID  
PROGRAMS IN 1965, CONGRESS  
HAS BEEN TORN BETWEEN GOALS  
WHICH ARE SOMETIMES MUTUALLY  
EXCLUSIVE — PROVIDING  
ACCESS TO QUALITY CARE WHILE  
KEEPING COSTS UNDER CONTROL.

IN TIMES OF PERSISTENT  
DEFICITS, SUCH AS THE ONE



PLAGUING THIS NATION, FEDERAL,  
STATE AND LOCAL LEGISLATURES  
ARE FACED WITH THE DILEMMA  
OF FINANCING THE INCREASING  
COSTS OF HEALTH CARE. AND  
IT'S THEIR CHILDREN WHO WILL  
PICK UP THE TAB, AS THESE  
LEGISLATURES BORROW FOR THE  
HEALTH CARE THEY PURCHASE.

## DIFFICULT DECISIONS

THE DEFICIT, SLOWER  
ECONOMIC GROWTH, AND THE  
EXTRAORDINARY SURGE OF  
HEALTH CARE COSTS HAVE  
ADDED THE TASK OF REDEFINING  
HEALTH CARE COSTS TO THE  
GOVERNMENT'S TRADITIONAL  
RESPONSIBILITY OF PROVIDING  
SERVICES.

THE RESPONSIBLE POLITICIAN  
NOW CITES NOT WHAT HE HAS  
SPENT, BUT WHAT HE HAS SAVED.  
SADLY THIS NEW RESPONSIBILITY  
BEARS WITH IT CONSEQUENCES  
THAT ARE SOMETIMES  
UNPLEASANT FOR BOTH THE  
HEALTH CARE PROVIDER AND THE  
PATIENT.



## HEALTH CARE ISSUES

### BEFORE CONGRESS

THE ISSUES CONFRONTING  
CONGRESS THIS DECADE WILL  
AGAIN TOUCH ON COSTS AND  
ACCESS FOR AMERICANS OF  
EVERY AGE GROUP.

THERE ARE A WHOLE HOST OF  
HEALTH CARE RELATED DILEMMAS  
TO BE ADDRESSED, WHICH

## INCLUDE:

0 A PROMINENT FEDERAL ROLE  
FOR THE DELIVERY OF MATERNAL  
AND CHILD HEALTH CARE

0 HEALTH COVERAGE FOR  
BOTH THE UNEMPLOYED, AND  
UNINSURED WORKERS AND THEIR  
FAMILIES.

0 LACK OF LONG TERM CARE  
FINANCING

0 EXPANSION OF ALTERNATIVE  
NON INSTITUTIONAL SERVICES  
SUCH AS HOME HEALTH CARE  
AND COMMUNITY—BASED  
NURSING SERVICES.

0 AND THE CARE AND  
TREATMENT OF THOSE WITH AIDS  
AND THE PROTECTION OF THOSE  
UNINFECTED.



AS OUR POPULATION AGES  
AND THE INCIDENCE OF  
CHRONIC, DEBILITATING  
DISORDERS INCREASES, AND AS  
TECHNOLOGY MAKES ARTIFICIAL  
LIFE SUPPORT EVEN MORE  
EFFECTIVE, THE LIFE OR DEATH  
DILEMMA WILL BECOME  
INCREASINGLY DIFFICULT.

WE ARE ALREADY SEEING AN  
INCREASE IN THE NUMBER OF  
LIVING WILLS, ALONG WITH THE  
INCREASING INVOLVEMENT OF  
THE CLERGY, ETHICISTS, AND THE  
COURTS. AS NURSES, YOU ARE  
MOST INTIMATELY AWARE OF THE  
SIGNIFICANCE OF NEW  
TECHNOLOGIES, AND UNDERSTAND  
FULL WELL THE CONSEQUENCES —

— AND THE OPPORTUNITIES —  
THESE MODERN MIRACLES  
PROVIDE.

WE HAVE LEARNED THE HARD  
WAY THAT SIMPLY POURING  
MONEY ON THE PROBLEM IS NOT  
THE ANSWER. WE'VE SPENT  
BILLIONS OF TAXPAYER DOLLARS  
AND YET THE BAD NEWS ON THE  
HEALTH CARE FRONT CONTINUES.



I DON'T THINK I HAVE TO  
CONVINCE YOU OF THE NEED TO  
IMPROVE THE COORDINATION OF  
AVAILABLE SERVICES IN MEDICAID  
— THE EARLY AND PERIODIC  
SCREENING, DIAGNOSTIC AND  
TREATMENT PROGRAMS; THE WIC  
PROGRAM; AND THE MATERNAL  
AND CHILD HEALTH BLOCK  
GRANTS. IN THE CASE OF WIC,

FOR EXAMPLE, WE TOO OFTEN  
SEE HEALTH CARE PROVIDERS  
FORGET THE IMPORTANCE OF  
NUTRITION.

FURTHER IMPROVEMENT IN  
MEDICAID AND EMPLOYEE—BASED  
INSURANCE MUST BE MADE. THE  
DRASTIC EROSION IN PRIVATE  
INSURANCE IN RECENT YEARS  
CAN BE ATTRIBUTED TO MANY

REASONS: TOUGH ECONOMIC  
TIMES FOR EMPLOYERS,  
INCREASING PREMIUMS THAT  
SOME EMPLOYERS SIMPLY  
CANNOT AFFORD, AND  
INELIGIBILITY FOR COVERAGE  
BECAUSE THE EMPLOYEE IS PART—  
TIME OR CONSIDERED HIGH RISK.

WE HAVE TO FIND A WAY TO  
REVERSE THAT TREND AND IT



MAY TAKE SPENDING SOME  
MONEY ON INCENTIVES FOR  
EMPLOYERS.

WITHOUT UNDER ESTIMATING  
THE VERY REAL THREATS BROUGHT  
ON BY OUR NATION'S BUDGET  
DEFICIT, I AM HOPEFUL THAT  
WORKING TOGETHER WE CAN  
IMPROVE THE HEALTH STATUS OF  
AMERICA'S CITIZENS.

WE MUST DEVELOP NEW  
PROGRAMS, THAT ARE  
FINANCIALLY SELF SUFFICIENT.  
AND WE SHOULD BE WILLING TO  
SCALE BACK OLD INEFFICIENT  
PROGRAMS.

CONGRESS WILL CONTINUE TO  
FIGHT FOR BETTER HEALTH CARE,  
BUT UNFORTUNATELY, THE DEFICIT  
WILL REQUIRE THAT TOUGH

CHOICES BE MADE. PRIORITIES  
WILL HAVE TO BE SET AND WE  
WILL NEED YOUR INPUT.

### NURSING'S INVOLVEMENT

I IMAGINE IT WOULD BE HARD  
TO FIND ANYONE HERE WHO  
DOESN'T BELIEVE THAT HEALTH  
CARE AND NURSING CARE  
OUGHT TO BE PROVIDED TO  
THOSE NEEDING IT, WITHOUT



# POLITICAL AND BUDGETARY CONSIDERATIONS.

YOUR DEDICATION TO PUBLIC  
NEED IS THE HALLMARK OF YOUR  
PROFESSION. IN FACT, NURSES'  
DEDICATION TO PATIENTS AND  
THEIR CARE — BOTH IN  
HOSPITALS AND IN THE  
COMMUNITY — PERSONIFIES THE  
HIGH PREMIUM WE PLACE ON THE

## QUALITY OF CARE.

THERE IS NO DOUBT IN MY MIND THAT OUR NATIONAL GOAL OF EXEMPLARY HEALTH CARE IS INFLUENCED BY THE DEDICATED AND INVALUABLE NURSING PROFESSION. HOWEVER, NURSING CANNOT SEPARATE ITSELF FROM POLITICS AND PUBLIC POLICY. YOU UNDERSTAND IN CONCRETE

HUMAN TERMS WHAT, IS MERELY  
A GENERAL CONCEPT TO MANY  
POLICY MAKERS.

IN MY VIEW, THIS IS THE BASIS  
FOR THE INVOLVEMENT OF THE  
NURSING PROFESSION IN THE  
POLICY PROCESS.

UNFORTUNATELY, THE TERM  
POLITICS CONJURES UP SMOKE  
FILLED ROOMS WHERE DEALS ARE



MADE. BUT POLITICS CAN ALSO  
BE DEFINED AS PRACTICAL  
WISDOM, OR PERHAPS MORE  
IMPORTANTLY FOR OUR  
PURPOSES, AS A POSITIVE  
INFLUENCE ON THE ALLOCATION  
OF SCARCE RESOURCES.

NURSES WILL BE LEADERS TO  
THE EXTENT THAT THEY GET  
INVOLVED. AND TO LEAD MEANS

TO INFLUENCE OR INDUCE; TO  
GUIDE IN DIRECTION, ACTION OR  
OPINION. TO IGNORE THE POLICY  
PROCESS, IS TO IGNORE THIS  
RESPONSIBILITY.

THE CONSUMER COUNTS ON  
YOU, AS DO YOUR COLLEAGUES,  
TO HELP SHAPE A DELIVERY  
SYSTEM THAT TRULY MEETS THE  
NEEDS OF OUR PATIENTS. IN THE

ABSENCE OF YOUR INPUT,  
GOVERNMENT — BE IT LOCAL,  
STATE OR FEDERAL — WILL  
MAKE DECISIONS THAT MAY NOT  
REFLECT WHAT YOU BELIEVE TO  
BE GOOD HEALTH POLICY.

AND AS I STATED EARLIER WE  
RECOGNIZE THAT WHAT YOU  
BELIEVE TO BE GOOD HEALTH  
POLICY IS BASED ON A



KNOWLEDGE OF HEALTH CARE  
THAT IS UNIQUE TO YOUR  
PROFESSION. FOR THIS REASON  
YOUR INVOLVEMENT IN POLITICS  
AND THE POLICY PROCESS IS  
VITAL.