

CITIZENS FOR THE TREATMENT OF HIGH BLOOD PRESSURE, INC.  
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July 27, 1983

COPY

Mr. Tony Fiskett  
Director of Public Relations  
Merck, Sharp and Dohme  
West Point, Pennsylvania 19486

Dear Tony:

With reference to our phone conversations last week, I asked Gerry Wilson to draw up the 12-month proposed operating budget for the National Committee to Prevent Glaucoma. I did this because he has had experience in handling the \$350,000 yearly budget he has from Smith Kline and French for the Field Office. I have gone over the budget very carefully and find that if anything, it is on the tight side.

Let me make a couple of general observations on the budget. The key one involves the Associate Director. On the phone you mentioned a salary of \$50,000 for this person, with Bob Hurt suggesting \$75,000. I don't even make the latter figure. As Wilson points out in his memo to me, both Gerry and I are thinking of a junior person for this job. If it were possible, I would really recruit a parttime person for this job. What in hell is he going to be doing five days a week? As I conceive of it, I will be doing the major planning and contact and practically all of the writing. I don't care how much you pay a guy in this town, you just can't seem to buy anyone who can write. At one time, we had an Inner City Project for Hypertension, generously financed by Smith Kline. We hired a University of Pennsylvania graduate social worker, who had done a lot of work with a community-coalition connected with the University of Pennsylvania Medical School while he was employed. He was highly recommended by Fred Foard. He talked a great game but he couldn't write worth a damn. His newsletters were impossible; I had to rewrite all of them. Then we hired a psychologist from Johns Hopkins who was running a community hypertension project in Baltimore. His resume was terrific and we paid him \$50,000. He couldn't write worth a damn, and we gave up on him after two years. So there you have a five-year history of an Inner City Project which had a terrific goal - to start community coalitions in the big urban areas which would then push for monies to finance hypertension detection and control. At the present time, the Inner City Project is in limbo because Fred Foard and SKF don't want to give up on it. Why? Because it

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For The Prevention of Heart Disease, Stroke and Kidney Failure

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had a good deal of success in New York, Cleveland, Memphis, Detroit, etc. But the success was not due to the Inner City Project Director - practically everything that was achieved was done through Gorman and Wilson going into the communities and ferreting out the heavy hitters.

The Wilson budget also includes \$16,200 for an office for the Associate Director. He points out in the text of his memo to me that we pursue the possibility of housing the Associate Director as close to his office as possible to take advantage of shared clerical services, perhaps even shared office space, equipment, etc. This makes a lot of sense. There is some office space open next to his office, but the guy who has it is on vacation. He thinks that he may work out a deal to get a piece of the office at considerably less than \$16,200, which Bill Ogden wants for his space. Besides, the Ogden office is ridiculously large for someone who is carrying on a junior function.

Other aspects of the Wilson budget are equally tight. For example, he has a consultant figure of \$6,000. What we mean by a consultant is a local lobbyist who can get state and local monies for glaucoma and has connections at the local level with state legislators, city and county officials, etc. Under the SmithKline budget, we picked up state lobbyists in New York, New Jersey and Pennsylvania. In each case, these lobbyists were professionals who had other accounts and were not cheap to hire. In New York State, we got someone parttime for \$20,000, but through his work and visits by myself and Wilson to Albany, we got one million dollars for hypertension this year. That is a miracle in a tight budget year like this one. We achieved a similar success in New Jersey on the authorizing legislation by the gal we hired - a real pro who helped us tremendously in getting a model hypertension bill mandating hypertension screening through the State Conference on Model Laws recently. I have been working on this for two years, but this gal was able to add the extra shove to get it adopted at the San Francisco Model Law Commission. I am going to get a newsletter out on this in the fall because it is one of the big triumphs of Citizens. However, all this costs money. The Wilson budget lists only \$6,000 for consultant fees. This will not buy you very much.

I will be doing the major part of the planning, writing, and contacting. What you are buying in me is years of experience in doing this sort of thing in a number of health areas. You are buying in Wilson a person who has grown tremendously on the job over the past six years and who now has a tremendous set of contacts at the state and local level.

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I don't know how we set the fees for myself and for Wilson. In his memo he sets a fee of \$5,000 a month to cover both of our fees and administrative expenses charged to our offices. I will be willing to negotiate this fee - possibly down to \$4,000 per month - but that doesn't leave me with an exactly grandiose fee for my services. I would naturally have to pay Wilson a fee out of this sum. There are innumerable administrative expenses to both our offices as we found out when we tried to run the Inner City Project as a separate operation, costing us nothing administratively. This proved to be an illusion.

The Wilson budget does not include any expenses for the production costs of newsletters, educational materials, etc. These - which should be well produced and in color - cost a good deal of money. Both the Central Office and the Field Office of Citizens have never been able to afford - out of their regular budgets - the production of these materials. They have been supported on a project basis from either Mary Lasker or the drug houses. I have not discussed your projected figure of \$150,000 for 1984 and then a drop to \$100,000 for 1985. Off the top of my head, it seems somewhat strange to project a reduction in the second and third years of a tough project which will take three years to get off the ground in a big way. However, we can leave that for further discussion.

I await your proposed budget. I would like to resolve this matter as soon as possible. I am just beginning a rather lengthy project with the life insurance industry with the goal of reducing the premiums of every hypertensive who has been brought under control but has not been rerated. I am heading a task force on this subject for the Coordinating Committee of the National Heart Institute and if we are successful we think we can improve compliance to drug regimens by at least 25%. Adequate financing for this project is the only thing which is holding me up at the present time but, frankly, I have not had the time to do any fundraising for it.

One final note: your initial proposal to us was, from my point of view, just a first step. It is like the first draft of legislation which I sometimes write and then rewrite four or five times as I sit down with key technical staff people on Capitol Hill. If we are to go forward with this project, Wilson and I have to sit down for at least three or four hours with you and Dick and shake down the issues I have cited.

Hoping to hear from you soon. I am leaving town for vacation on August 5 and will be away through Labor Day.

Cordially,

Mike Gorman

(over)