



INTERNATIONAL PUBLIC HEALTH SYSTEMS

**Proposal
for a
RURAL HEALTH CARE SYSTEM**

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INTERNATIONAL PUBLIC HEALTH SYSTEMS

presents this proposal for the establishment of a Pilot Project to prove the effectiveness of a new RURAL HEALTH CARE SYSTEM using the newly developed portable Medical Diagnostic Computer.

Submitted:

Hanon S. Sinay, M.D., F.C.A.P.

President and Director

International Public Health Systems

██████████ Avenue

Manhattan Beach, California, 90266, U.S.A.

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Part 1.

**Significance and Description of
The INTERNATIONAL PUBLIC HEALTH SYSTEM
for Rural Health Care**

INTRODUCTION

A great problem facing socially conscious governments around the world today is the difficulty of bringing rapid, competent, low-cost and effective basic medical care to people in rural and remote areas of their countries.

There are some four billion people in the world today. This figure may well reach eight billion by the year 2000.

Health officials estimate that at the present time about 1,600,000,000 (1.6 billion) of these individuals will never receive the services of a doctor in their lifetimes.

For the first time, INTERNATIONAL PUBLIC HEALTH SYSTEMS (IPHS) has developed a system with the single purpose of solving this problem and reaching these people.

The system does not replace professional physicians and para-professionals, but rather is intended to be used in those areas where physicians are not available.

The system is built around a Health Worker and a new tool, the Medical Diagnostic Computer (MDC). The system was developed over the last five years by Dr. Hanon S. Sinay, M.D., who is a physician, a clinical pathologist, and an expert in electronics and computer techniques. The Medical Diagnostic Computer System is unique in the world today.

Many developing countries are currently spending \$1 to \$5 (USC) per person each year in an effort to reach their countrymen with some kind of health care. At \$1.00 per person, INTERNATIONAL PUBLIC HEALTH SYSTEMS is able to open up a potential world market of \$1,600,000,000 per year.

Introduction, 2.

We are confident that the INTERNATIONAL PUBLIC HEALTH SYSTEM will bring measurable medical, economic, social, and political benefits to those regions where it is used, as well as to the persons or institutions which implement it.

Therefore, we are presenting to you, exclusively in your country, this proposal to establish the INTERNATIONAL PUBLIC HEALTH SYSTEM Pilot Project. We need governmental and/or private business associates in your country to accomplish this Project.

The Project will involve the field testing of the INTERNATIONAL PUBLIC HEALTH SYSTEM, the training of the Health Workers who will use it, and the evaluation of the entire System's performance and potential.

We anticipate that once the System is proven, it will serve as the cornerstone upon which a nation-wide, permanent Rural Health Care System can be established in your country.

BENEFITS OF THE INTERNATIONAL PUBLIC HEALTH SYSTEM

-*-

Basic health care can be provided to millions of people who would otherwise never receive these services.

-*-

One Health Worker using the Medical Diagnostic Computer can provide basic medical care on a permanent basis for an estimated 2,000 to 4,000 people living in a rural or remote area.

-*-

Health Workers can be trained in large numbers in your country and be back in their rural areas treating patients without direct supervision within an estimated period of six months.

-*-

This system promises an effective yet low-cost system of rural health care due to the comparatively short time needed to train the Health Worker and the low costs for supervision of the Health Worker.

-*-

Your country's medical authorities are provided with complete flexibility in meeting changing local and regional medical requirements through their control of the contents of the Medical Disease and Treatment Files stored on the small magnetic tape in each computer.

-*-

Your medical authorities can, through their control of the information stored on the magnetic tape in each Health Worker's computer, guide and control the Health Workers to insure the standardization and quality of treatments.

Benefits, 2.

-*-

Use of this system provides medically appropriate and timely referral of patients to existing medical facilities, for those patients who need more specialized services.

-*-

This system can easily be adapted to any existing rural health service.

-*-

The system offers numerous business opportunities to the citizens of the nation where it is used. It also offers new areas of employment and thus, national growth.

AS THE WORLD LOOKS ON

We feel that all individuals involved in this vital health project should be aware that they are taking part in a new and creative venture aimed at bringing an adequate basic health program to people who might otherwise never see a doctor in their entire lives.

This system involves novel concepts that will excite interest in informed and concerned medical and public health circles around the world.

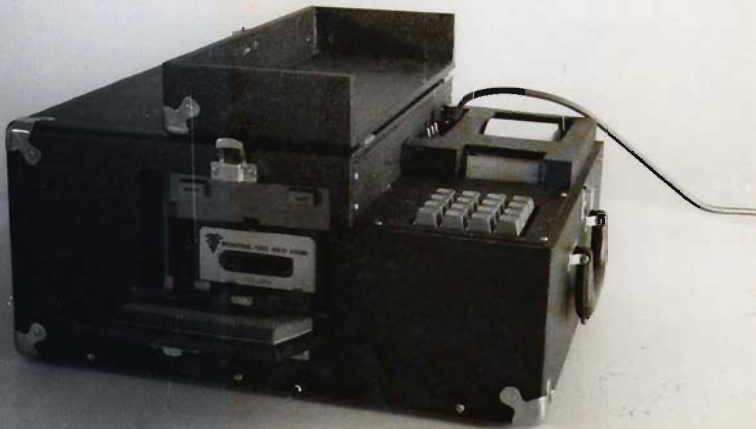
It will also draw the attention of the members of news and information media.

Because of this interest the project should be fully documented from its inception. Once it has proved its value, this information can be made available to medical and press outlets for publication.

This project offers to you, your government, and to all concerned the opportunity to project an image of forward looking humanitarianism throughout your country and the world.







THE HEART OF THE SYSTEM

The INTERNATIONAL PUBLIC HEALTH SYSTEM couples the newly developed Medical Diagnostic Computer with a trained Health Worker who lives and provides medical care in a rural area of his country.

The Medical Diagnostic Computer

The Medical Diagnostic Computer is a completely portable machine. It is 16 inches (39.5 cm.) wide, 13½ inches (33.5 cm.) deep and stands 7½ inches (18 cm.) high. It weighs 35 pounds (15.9 kg.) and can be powered by any source of public electricity or by an ordinary automobile battery.

Enclosed in a case designed for portable use, the computer contains:

- a power conversion unit.
- a tape cassette recorder using a special, high accuracy tape upon which the computer's program and the coded Medical Disease and Treatment Files are stored. A single Medical Disease File contains the basic definitions of a medical condition and its respective treatments. The tape can contain hundreds of such files. New files can easily be added and old ones changed by your nation's medical authorities without additional equipment.
- a panel of the most modern computer components capable of handling thousands of bits of information per second.
- a keyboard for entering medical information into the system.
- a printing unit which produces a permanent coded record of the patient's symptoms followed by a printout of the diagnosis and prescribed treatment.

The Health Worker

The Health Worker should be a highly motivated literate person; one concerned with his fellow man and who possesses the basic humanitarian desire to help others. He should be a well respected member of the community in which he is destined to work. He need not be a highly educated person.

The Health Worker will first be trained to perform a detailed examination of his patient, using the specially designed physical examination forms that are a key part of the system. The physical examinations can be completed by using such basic tools as the stethoscope, blood pressure measuring device, thermometer, watch and weight scale.

As the examination takes place, information about the patient is circled in appropriate places on the special forms. All medical information of the forms carries a pre-determined code number.

This coded information is entered into the Medical Diagnostic Computer by the Health Worker using the numeric keyboard. Within minutes the computer analyzes the patient's information and prints out one or more coded diagnosis and coded treatments.

Using his treatment manual and the medicines at his disposal, the Health Worker can give his patient immediate assistance and care.

By means of the numerous Medical Disease and Treatment Files stored on the system's magnetized tape cassette, the rural Health Worker has at his fingertips much of the valuable experience of his nation's medical authorities.

The Training Program

The training program is an important and integral part of the INTERNATIONAL PUBLIC HEALTH SYSTEM.

The Health Worker trainees will be taught to:

- perform objective physical examinations on patients using the unique forms and charts which are part of the system.
- use the basic medical examining tools.
- operate the Medical Diagnostic Computer.
- use the treatment manual.
- perform simple treatments.

INTERNATIONAL PUBLIC HEALTH SYSTEMS estimates a period of six months for training of Health Workers. This short training period will save thousands of dollars as compared to the more typical lengthy training periods. This is made possible by several unusual features of this system.

1. The Health Workers do not have to learn complex medical terminology. Examination forms, medicines, and manuals are numerically coded to eliminate this need.

2. The Health Workers do not have to know the meaning and significance of the physical findings of the examination. They need to know only how to recognize and gather objective physical findings. The Medical Diagnostic Computer is programmed to recognize the significance of the findings.

3. The Health Workers do not have to learn the names, dosages, and effects of all the different kinds of medicines. The prescribed treatments are pre-determined and stored in the computer by your medical experts. The dosage schedules are specified in the treatment manual, and the medicine containers are labeled with identifying numbers.

Part 2.

Example - How the System is Used

EXAMPLE - HOW THE SYSTEM IS USED

The following examples are taken from current INTERNATIONAL PUBLIC HEALTH SYSTEMS documents. It is anticipated that the forms will be adapted and modified to meet the specific needs and requirements of your country.

The examples demonstrate:

- how the physical examination forms and diagrams are used by the Health Workers.
- how the computer printed record is used, with a demonstration case.
- how the Treatment and Diagnosis Tables are used by the Health Workers.

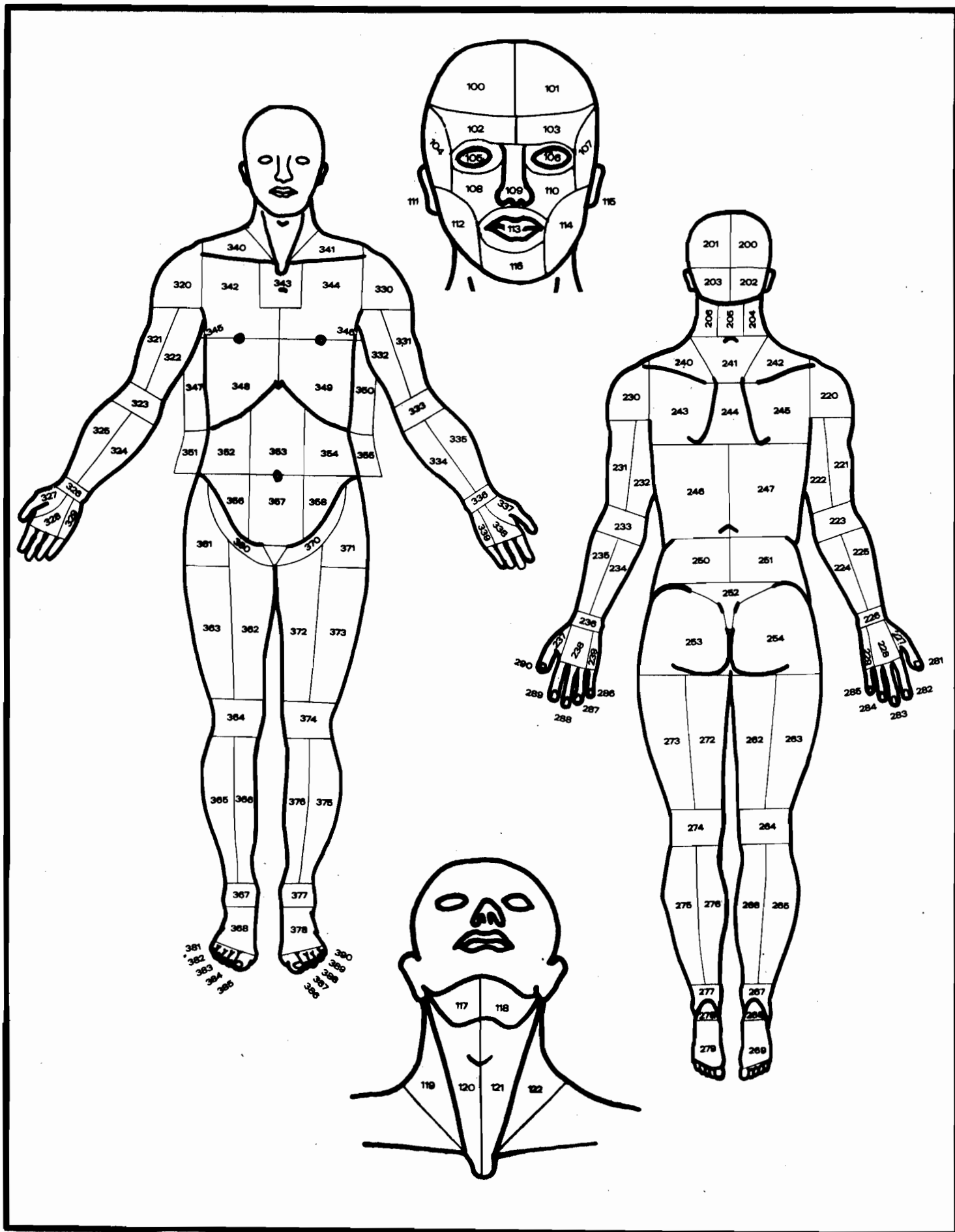
DIAGRAM 1A

This is an example of an anatomical diagram from the INTERNATIONAL PUBLIC HEALTH SYSTEM.

Anatomical areas are diagrammatically shown and numbered so that the Health Workers will not be required to learn and use a technical vocabulary.

Other diagrams show more detailed areas of the body, so that every surface has a unique number.

ANATOMIC LOCATION - DIAGRAM 1A



FORM 1

This is one of ten medical examination forms showing the INTERNATIONAL PUBLIC HEALTH SYSTEM for gathering physical findings.

These examination forms are filled in for each patient, and may be kept as a permanent record along with the Medical Diagnostic Computer printed record.

All physical findings are coded with a unique number which the Health Worker circles, and then enters into the Medical Diagnostic Computer.

The objective findings are gathered with the aid of basic medical tools - such as a stethoscope, blood pressure measuring device, thermometer, watch and weight scale.

All the forms and diagrams used as part of the INTERNATIONAL PUBLIC HEALTH SYSTEM are designed to aid the rapid training of Health Workers, and to assure their accurate gathering of information in the field.

The circled numbers on this form illustrate part of the demonstration case which follows.

PATIENT NAME			PATIENT #		EXAM #		FORM 1	
SEX MALE 108 FEMALE 109			HEIGHT		WEIGHT		BLOOD PRESSURE	
AGE			CM		KG		SYSTOLIC MM HG	DIASTOLIC MM HG
DAYS			30 - 104		1 - 105		0 - 106	0 - 107
YEARS			35 - 104		2 - 105		20 - 106	20 - 107
1 - 100			40 - 104		3 - 105		30 - 106	30 - 107
2 - 100			45 - 104		4 - 105		40 - 106	40 - 107
3 - 100			50 - 104		5 - 105		50 - 106	50 - 107
4 - 100			55 - 104		6 - 105		60 - 106	60 - 107
5 - 100			60 - 104		7 - 105		70 - 106	70 - 107
6 - 100			70 - 104		8 - 105		80 - 106	80 - 107
WEEKS			80 - 104		9 - 105		90 - 106	90 - 107
1 - 101			90 - 104		10 - 105		100 - 106	100 - 107
2 - 101			100 - 104		20 - 105		110 - 106	110 - 107
3 - 101			120 - 104		30 - 105		120 - 106	120 - 107
			140 - 104		40 - 105		130 - 106	130 - 107
MONTHS			160 - 104		50 - 105		140 - 106	140 - 107
1 - 102			180 - 104		60 - 105		160 - 106	160 - 107
2 - 102			200 - 104		70 - 105		180 - 106	180 - 107
3 - 102					80 - 105		200 - 106	200 - 107
6 - 102					90 - 105		220 - 106	220 - 107
9 - 102					100 - 105		240 - 106	240 - 107

CONSCIOUS		SEMI-CONSCIOUS		UNCONSCIOUS		ANKLE TENDON PINCH:		WITHDRAWAL & SOME OTHER RESPONSE		WITHDRAWAL & NO OTHER RESPONSE		NO RESPONSE	
<input type="checkbox"/>		110		111				112		113		114	

ALERT		DULL		SLEEPY		WHO FORGET		WRONG		WHERE FORGET		WRONG		WHEN FORGET		WRONG	
<input type="checkbox"/>		115		116		117		118		119		120		121		122	

CALM		ANGER		AGITATED		DEPRESSED		FEARFUL	
<input type="checkbox"/>		123		124		125		126	

HALLUCINATIONS		HEARING		VISUAL		SMELL		TASTE		TOUCH	
NO YES											
<input type="checkbox"/>		127		128		129		130		131	

SPEECH		MEANING		WORDS		PAIN	
YES NO		MEANINGFUL SENSELESS		CLEAR GARBLED		NO YES	
<input type="checkbox"/>		133		<input type="checkbox"/>		134	
				<input type="checkbox"/>		135	
						<input type="checkbox"/>	
						136	

RAPIDITY		LOUDNESS		PITCH	
NORMAL FAST ↑ SLOW ↓		NORMAL LOUD ↑ SOFT ↓		NORMAL HIGH ↑ LOW ↓	
<input type="checkbox"/>		137		138	
		<input type="checkbox"/>		139	
				140	
				<input type="checkbox"/>	
				141	
				142	



FORM 9

This physical examination form shows how the anatomic area codes (DIAGRAM 1A) are combined with the codes for the physical findings.

"348" is the anatomic location code for the right lower front of the chest and is combined with the "731", Rales (Bubbling Sounds) heard with the aid of the stethoscope.

The circled number on this form illustrates part of the demonstration case which follows.

PATIENT NAME




PATIENT #

EXAM #

FORM 9

BREATHING 2 - ABDOMEN - EXAM

BREATH SOUNDS USE DIAGRAM 1 FOR LOCATION

				
NORMALLY VESICULAR		BRONCHO-VESICULAR	BRONCHIAL	NONE
<input type="checkbox"/>	___-727	___-728	___-729	
	___-727	___-728	___-729	
	___-727	___-728	___-729	
EXCEPT IN AREAS #	5 & 17	2 & 14	___-729	

RALES

NORMALLY NONE	MOIST GURGLE	MOIST BUBBLE CRACKLE	DRY SQUEAK GROAN
<input type="checkbox"/>	___-730	<u>348</u> -731	___-732
	___-730	___-731	___-732
	___-730	___-731	___-732
	___-730	___-731	___-732

RUBS

NORMALLY NONE ☐

___-733

___-733

___-733

WHISPER '99'

NORMAL CLEAR NONE

FAINT

☐

___-734 ___-735

___-734 ___-735

___-734 ___-735

___-734 ___-735

AREA MID

Low

SPEAK '99'

CHEST WALL VIBRATION ABSENT

BACK		FRONT		SIDE	
LEFT	RIGHT	RIGHT	LEFT	RIGHT	LEFT
116-736	118-736	104-736	106-736	107-736	108-736
119-736	120-736	110-736	111-736	109-736	112-736

ABDOMINAL WALL

MOVES WITH BREATHING

YES

NO

☐

2-737

ENLARGED & BULGING

NO

MILD

MODERATE

SEVERE

☐

2-738

3-738

4-738

HARDNESS

SOFT

TENSE

RIGID

☐

2-739

3-739

INTRA ABDOMINAL MASS

NONE

☐

MASS 1

MASS 2

SIZE

0-15 CM

>15 CM

DESCRIBE ONLY 1 MASS PER LOCATION; GET LOCATION FROM DIAGRAM 1

MULTIPLE

CONTOUR

BUMPY

SMOOTH

HARDNESS

HARD

SOFT

MOBILITY

MOBILE

IMMOBILE

___-740

___-741

___-742

___-743

___-744

___-745

___-746

___-747

___-748

___-740

___-741

___-742

___-743

___-744

___-745

___-746

___-747

___-748

ABDOMINAL TENDERNESS

NONE

☐

PRESSURE

REBOUND

UPPER

RIGHT

MIDDLE

LEFT

LOWER

RIGHT

MIDDLE

LEFT

FLANK

RIGHT

LEFT

BACK PUNCH PAIN

121-749

122-749

123-749

124-749

125-749

126-749

127-749

128-749

R 129-749

121-750

122-750

123-750

124-750

125-750

126-750

127-750

128-750

L 130-749

PERCUSSION RANGE: DULL - RESONANT - TYMPANIC

DULL

TYMPANIC

UPPER

RIGHT

MIDDLE

LEFT

LOWER

RIGHT

MIDDLE

LEFT

FLANK

RIGHT

LEFT

SHIFTING DULLNESS FLANK

121-751

122-751

123-751

124-751

125-751

126-751

127-751

128-751

R 127-751

121-752

122-752

123-752

124-752

125-752

126-752

127-752

128-752

L 128-752

BOWEL SOUNDS

BUBBLE GURGLE

TINKLE

GROAN SQUEAK

0/2 MIN

0/1 MIN

1-4

5-8

>8

1-753

2-753

3-753

1-754

2-754

3-754

4-754

5-754

SOFTTEST

SOFT

LOUDNESS MIDDLE

LOUD

LOUDEST

1-2

3-5

6-10

>10

1-755

2-755

3-755

4-755

5-755

1-756

2-756

3-756

4-756



COMPUTER PRINTED RECORD AND DEMONSTRATION CASE

The top part of the COMPUTER PRINTED RECORD (above the "E") shows the signs and symptoms gathered and entered into the Medical Diagnostic Computer by the Health Worker.

The system automatically prints a 3 digit identification number on the right side of each entry. This number is used when making corrections or changes.

The Medical Diagnostic Computer then goes into action, searching through its memory for matching codes. This process takes only a few minutes.

Next the computer prints:

Coded treatment instructions - 1 to 5 digits

Coded diagnosis numbers - 6 digits

Rows of dots which separate each disease condition.

The Health Worker then looks up the treatment codes in his Treatment Manual. An example page from the Treatment Manual follows.

DEMONSTRATION CASE

COMPUTER PRINTED RECORD

CLINICAL EXPLANATION

MEDICAL SIGNS AND SYMPTOMS

510.3 000 +
201.05 003 +
801.06 006 +
501.07 011 +
204. 014 +
130.369 017 +
470.1 022 +
270.7 025 +
348.731 030 +
221. 033 +
267. 036 +
..... E

999999

.....

213

214

000032

.....

1

115

400

000003

.....

270

000121

.....

216

217

218

000138

.....

.....

.....

.....

.....

TREATMENT INSTRUCTIONS

ENTRY IDENTIFICATION NUMBER

5 year old child
20 kilograms weight
80 mm systolic blood pressure
50 mm diastolic blood pressure
38.6 °C temperature, medium fever
130 heart beats per minute, wrist pulse
18 breaths per minute
Difficulty with breathing observed
Rales(bubbling sounds) heard with stetho-
scope in right lower front of chest
Surface dryness inside mouth observed
Decreased skin turgor(tenting) observed

Dots separate clinical data and results

Treatment: NOTHING BY MOUTH

-Dots separate each clinical condition

Treatment: ANTIPYRETIC

Treatment: MODERATE EXTERNAL COOLING

Clinical Condition: Medium Fever

-Dots separate each clinical condition

Treatment: PENICILLIN G

Treatment: EXPECTORANT

Treatment: SMEAR SPUTUM ON GLASS SLIDE

Clinical Condition: Pneumonia

-Dots separate each clinical condition

Treatment: INTRAVENOUS (I.V.) FLUIDS

Clinical Condition: Moderate Dehydration

-Dots separate each clinical condition

Treatment: VASOPRESSOR ADDED TO I.V. FLUIDS

Treatment: PLACE PATIENT HORIZONTAL-FEET UP

Treatment: PLACE BLANKET OVER PATIENT

Clinical Condition: Shock

-Dots separate each clinical condition

-Dots-the following 4 rows of dots indicate
that the analysis is completed



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TREATMENT MANUAL

This is a page from the Health Worker's Treatment Manual.

Charts like this for all treatments will be designed to keep the Health Worker's training period short and simple, and to keep the level of patient care effective and standardized.

The Health Worker need not be taught the names, dosages, and effects of all the medicines ... the INTERNATIONAL PUBLIC HEALTH SYSTEM performs all these functions for the Health Worker.

The Health Worker gets the treatment numbers from the Computer Printed Record. If as in the example, the Computer Printed Record showed a treatment number 1 (penicillin), and a Diagnosis Number 999999 (oral intake not permitted), the Health Worker would find Treatment Number 1 in the Treatment Manual and use the 999999 section. These are circled on the example page.

For a patient weighing 20 kg, the Health Worker would use the dosage schedule circled on the 15-100 kg line. This line gives him all the information he needs to know.

The Health Worker uses medication number 1, and injects it into the patient's muscles using a hypodermic syringe filled with 2 ml of medicine, every 12 hours for a period of 10 days. As soon as it is possible for the patient to take medications by mouth, the injections are stopped.

TREATMENT MANUAL

TREATMENT NUMBER	PATIENT WEIGHT- KILOGRAM	FIRST DOSE ONLY:			DAILY DOSE:			TOTAL # DAYS
		MED#	ROUTE	AMOUNT	MED#	ROUTE	AMOUNT	
→ 1 000000	1-10	1	IM	1 ML	2	ORAL	½ TAB q 6 H	10
	15-100	1	IM	1 ML	2	ORAL	1 TAB q 6 H	10
	999999				*1	IM	1 ML q 12 H	10
	15-100				*1	IM	2 ML q 12 H	10
2 000000	1-10	1	IM	2 ML	2	ORAL	1 TAB q 6 H	10
	15-100	1	IM	4 ML	2	ORAL	2 TAB q 6 H	10
	999999				*1	IM	2 ML q 12 H	10
	15-100				*3	IM	1.25 ML/12 H	10
3 000000 & 999999	1-10				3	IM	1.25 ML/ 6 H	10
	15-100				3	IM	2.5 ML/ 6 H	10

*Evaluate patient once every 24 hours. When oral intake is permitted, ie. diagnosis is 000000, stop the 999999 treatment schedule, and start the 000000 treatment schedule for the remaining number of days.

MED#	FORM	NOTES	NAME
1	Liquid		Penicillin G, Procaine with Aluminum Stearate Suspension(USP)
2	Tablet		Penicillin G
3	Powder	Add 3 ml sterile water	Penicillin G, Buffered Sodium, (Aqueous)



DIAGNOSIS TABLE

This table lists the diagnosis name for each diagnosis number used in the preceding demonstration case. Use of the diagnosis name is not required by the Health Worker. It is primarily used by the nation's medical authorities.

not

DIAGNOSIS

NUMBER:

NAME:

000000	ORAL INTAKE PERMITTED
999999	ORAL INTAKE NOT PERMITTED
000003	PNEUMONIA
000032	FEVER, MODERATE
000121	DEHYDRATION, MODERATE
000138	SHOCK

Part 3.
Pilot Project Plans

THE ROLE OF INTERNATIONAL PUBLIC HEALTH SYSTEMS DURING
THE PILOT PROJECT

INTERNATIONAL PUBLIC HEALTH SYSTEMS will be involved with the Pilot Project every step of the way.

It will provide the original concept and make available the Medical Diagnostic Computer.

INTERNATIONAL PUBLIC HEALTH SYSTEM will provide consultative supervision of the Health Workers education and be involved in all phases of the Project's administration.

We will make available all presently designed Medical Disease and Treatment Files and Technical Manuals.

INTERNATIONAL PUBLIC HEALTH SYSTEMS will also:

- Supervise the development of Medical Disease Files and Treatment Files specifically designed for use in your country.
- Share new and updated files as they are developed.
- Make available backup and repair facilities for the Medical Diagnostic Computer.
- Assist in the creation of materials aimed at educating the general public concerning this system.
- Take part in the eventual international dissemination of information relating to the Project and its results.

THE FIRST STEP

INTERNATIONAL PUBLIC HEALTH SYSTEMS feels that this unique concept of rural health care will eventually find applications throughout the world.

What is needed at present, however, is the establishment of a Pilot Project to test the system and evaluate the results.

The size and scope of this test program will be established in accordance with the needs of your country.

The Pilot Project will involve:

1. The setting up of a central training center.
2. The choice of the number and character of the first Health Workers to be taught this new technique.
3. The training of the Health Workers in the use of the system.
4. Translating all documents into appropriate languages and refining teaching techniques.
5. The development and adaption of Medical Disease and Treatment Files to meet the special needs of your country.
6. Field testing the trainees and the machine in actual rural conditions.
7. The complete evaluation of results in improving rural health and determination of costs in order to plan efficiently for future expansion.

DURATION OF THE PILOT PROJECT

It is estimated that the Pilot Project will take from ten months to one year to complete.

It can be organized into the following steps:

1. Organization Period: Choose and orient supervisory personnel, set up training facilities, obtain supplies and adapt system to needs of your nation.
TIME NEEDED: Three Months.
2. Training Period: Schooling of Health Workers, testing their examination techniques, therapeutic skills, and handling of the Medical Diagnostic Computer, and the Treatment Manual.
TIME NEEDED: Six Months.
3. Field Test Period: Review performance of Health Workers under actual rural conditions. Evaluate results and plan future changes if needed. Prepare final reports and conclusions.
TIME NEEDED: Three or Four Months.

PEOPLE AND EQUIPMENT THAT WILL MAKE IT WORK

The numbers of men and equipment needed for this Pilot Project are obviously linked to its size and scope. It is, however, possible to give you an idea of what a minimum project would entail.

PERSONNEL

IPHS Staff:

Dr. Sinay

Three other staff members with medical, electronic and business backgrounds for consultation, training, and supervision.

National Staff:

PROJECT DIRECTOR. A dedicated citizen of the host country given the authority to carry out the project and act as liason with IPHS, various ministries, businessmen and rural leaders.

Chief Medical Officer, to coordinate all medical decisions and training, inform on local conditions, supervise Disease and Treatment Files.

Chief Administrative Officer, to coordinate personnel, facilities, equipment, lodging, meals and finances.

Secretary-typist

Translator

People and Equipment, 2.

Teacher, local educator, nurse or doctor to handle classes.

Patients, both at training facility and on rural test sites.

FACILITIES

Classroom for teaching trainees.

Outpatient Medical Clinic or Emergency Clinic for practical instruction.

Housing for trainees during course.
For IPHS Staff during project and for other staff as needed, For Health Workers in rural locations.

EQUIPMENT AND SUPPLIES

Administrative: Desks, Typewriters, copier, files, calculator, stationary office supplies, etc.

General Educational, paper, pencils, notebooks, blackboard, projector, screen, tape recorder, etc.

Special Educational, weight scale, tape measures, flashlights, tongue depressors, syringes, needles, sterilizer, hemostats, sutures, cots, blankets, scissors, bandages, tape, medications, etc; Medical Diagnostic Computers, IPHS Technical Manuals, Examination Forms, etc.

People and Equipment, 3.

Supplies for Rural Health Care Center, similar to the above, to be determined by expected work load, logistical considerations, and size of the project.

COMPENSATION

Salaries for all staffs, plus housing, meals, transportation, and communication facilities as needed.

FUNDING

INTERNATIONAL PUBLIC HEALTH SYSTEMS is prepared to conduct its affairs in a manner consistent with the economic objectives and circumstances of your country and upon terms mutually beneficial to all concerned.

We are prepared to collaborate with any type of organization:

1. A Government Entity (Public Funds)
2. A Quasi-Government Entity (Public and Private Funds)
3. A Private Entity (Private Funds)

INTERNATIONAL PUBLIC HEALTH SYSTEMS is ready to assist the funding of the project by drawing upon the expertise and experience of its members.

Our intent is to support your interests.

Part 4.

Expansion Into a Nation-Wide Rural Health Care System

THE ROLE OF INTERNATIONAL PUBLIC HEALTH SYSTEMS IN THE FUTURE

INTERNATIONAL PUBLIC HEALTH SYSTEMS will remain in a consultative capacity throughout the implementation of an Expanded Rural Health Care System.

Forseeing the eventual use of this system in rural health situations throughout the world, INTERNATIONAL PUBLIC HEALTH SYSTEMS will serve as a permanent, world-wide clearing house for new ideas, techniques, and Medical Disease and Treatment Files and pass them on for your consideration and use.

INTERNATIONAL PUBLIC HEALTH SYSTEMS will continue to work on new improvements of the computer itself and make these available as they come of age.

Above all, INTERNATIONAL PUBLIC HEALTH SYSTEMS will strive to continue to meet your needs and requirements in building an efficient, permanent, and low-cost Rural Health Care System.

FUTURE BUSINESS AND EMPLOYMENT OPPORTUNITIES

Vast business and employment opportunities are created by implementing the INTERNATIONAL PUBLIC HEALTH SYSTEM nation wide. These opportunities are related to the supply and support of the expanded Rural Health Care System.

We present some of these opportunities here for your consideration.

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The Medical Diagnostic Computer could be manufactured and/or assembled in your country resulting in new jobs and profits from manufacturing, importing, and distribution.

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Servicing, maintaince and repair is associated with the manufacture or assembly of the Medical Diagnostic Computer. This activity could be provided by the manufacturing organization or by seperate service organizations presenting further business opportunities.

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Once the Medical Diagnostic Computer is manufactured - sales, leasing, and financing activity provides yet other business opportunities.

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Your country, or an independent organization may desire to store and evaluate the medical information generated by the Medical Diagnostic Computer System. This information is vital for national health planning. This potential feature of the system is of significant value, and is probably one of the areas of major concern in your country right now. Here are more business opportunities.

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An important and intrinsic part of the INTERNATIONAL PUBLIC HEALTH SYSTEM is the Training of Health Workers. As a result multitudes of new job opportunities for health workers, instructors and administrators will be created. Research and Development Programs could be coordinated.

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Small and large business will be able to take part in supplying the Rural Health Care System. Some of the needed supplies will be:

- Educational supplies, audio visual aids, and school furniture.
- Printed Medical Examination Forms, Charts and administrative documents.
- Simple medical equipment.
- Medicines and drugs stored and packaged for the System. This area will create a major business opportunity, since the Rural Health Care System will be reaching a previously underserved population.

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In addition, opportunities for construction of new school buildings for the training of Health Workers and new Rural Health Care Centers may be created.

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The permanent Rural Health Care Centers provide further opportunity to be supplied with a communications and transportation system linking them with the central medical facilities. These business and employment opportunities would have long lasting, wide spread effect on the economy and on the people in rural areas.

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INTERNATIONAL PUBLIC HEALTH SYSTEMS, through the exciting opportunities created by its Rural Health Care System, is ready to assist you in building tremendous medical, social, political, and economic growth in your country.

We offer to share this great adventure with you.

Part 5.

Credentials of Company Officers

Dr. Hanon S. Sinay, M.D., F.C.A.P.
President and Director

Sanford I. Drucker
Chairman of the Board of Directors

Jay G. Foonberg
Director and Legal Advisor