

THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

SEP 18 1996

TO: OPDIV/STAFFDIV HEADS/REGIONAL DIRECTORS

FROM: The Secretary

SUBJECT: Final Report and Recommendations of the Departmental  
Working Group on Hispanic Issues

Attached is the final report and recommendations of the Departmental Working Group on Hispanic Issues, "The Department of Health and Human Services Hispanic Agenda for Action: Improving Services to Hispanic Americans." I want to thank Dr. Fernando Torres-Gil and Dr. Jo Ivey Boufford, who co-chaired this working group, as well as its members.

I established this working group and requested this report out of the conviction that we must strengthen our efforts to improve the Department's delivery of services to our over 27 million Hispanic customers, and examine the severe underrepresentation of Hispanic employees in our HHS workforce. In the future, Hispanics are projected to become the largest minority group in the country. It is essential that we build upon our efforts to serve this group and all minority communities in ways that are culturally sensitive and effective.

As the report suggests, I have appointed a Steering Committee to oversee the progress of our implementation efforts and to advise me on issues of concern. I have asked Deputy Secretary Kevin Thurm to chair this Committee on my behalf. The names of the initial members are attached, and I encourage them to serve as both a source of information to employees in their divisions about the progress of this initiative and as point of contact for employees to share other ideas and comments.

The report addresses a broad range of issues relating to policies and programs and outlines nine specific action steps to enhance our services to the Hispanic community. The overriding message of the report is that we must enhance our efforts to communicate effectively with our Hispanic customers, solicit their input on our policies and programs, and assess their satisfaction with HHS services.



## Page 2 - OPDIV/STAFFDIV HEADS/REGIONAL DIRECTORS

I am requesting a specific work plan with a timetable from each operating and staff division to implement the nine action steps by October 28, 1996. If you believe your agency has already addressed this issue, please describe your efforts so that we may share your work across the Department. If you think a particular item does not apply to your division, indicate so in your response. I have asked Kevin Thurm to review your action plans and to ensure that they are implemented. I am asking the Regional Directors and the Regional Health Administrators to be our eyes and ears in their communities and to share with the Deputy Secretary both anecdotal and systemic impacts of program and policy implementation.

Of course, our capability to serve Hispanic customers is closely linked to both the diversity and cultural sensitivity of our work force, both of which require your continued leadership and commitment. We have a lot of work to do. I am counting on you and your program managers to produce real outcomes.

Donna E. Shalala

Attachments



*Hispanic Agenda for Action:*  
*Improving Services to Hispanic Americans*



*A Report to the Secretary*

Prepared By

The Departmental Working Group on Hispanic Issues

July 29, 1996



## BACKGROUND

In the Spring of 1995, the Secretary authorized the establishment of the Departmental Working Group on Hispanic Issues (DWGHI) to examine the Department of Health and Human Services (HHS) programs and services to Hispanic Americans (Appendix A). This Departmental effort supported President Clinton's reinventing government agenda and the need to assure that executive branch management practices and operations provide the highest quality service possible to the American people.

To comply with the Secretary's request, each Operating Division was asked to nominate senior representatives with experience serving Hispanic populations and/or in multi-cultural affairs, who had a familiarity with organizational structures, programs, policies and resources for improving the services to Hispanic customers (Appendix B). Fernando Torres-Gil, Assistant Secretary for Aging and Dr. Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, served as co-chairs.

In the past year, the DWGHI reviewed past and current activities, compiled inventories of service programs, and assessed employment patterns within the HHS for Hispanic Americans. The working group also reviewed progress in implementing Executive Order 12900. President Clinton signed Executive Order 12900 on Educational Excellence for Hispanic Americans in February 1994 in recognition of the educational system's shortcomings in serving Hispanic American youth.

The primary focus of this process was to ensure that the workforce and programs of the Department are reflective of and sensitive to the Hispanic customers it will be serving in the future. This is particularly important because, according to the most recent U.S. Census Bureau statistics, by the year 2000, Hispanics are projected to increase to 11.4% of the total population on the U.S. mainland, when they will number 31.3 million. By 2009, it is expected that the number of Hispanics will reach 40 million, surpassing all other minority groups in size (Appendix C). Given these population trends, the Department must begin now to reengineer many of its programs to effectively facilitate access to and communication and partnership with Hispanic Americans throughout the nation.

The findings of the group indicate that HHS is not as well prepared as it should be to respond to the future health and human service needs of the Hispanic population. Despite the appointment of Hispanic Americans to key positions in HHS, such as Fernando Torres-Gil, Assistant Secretary for Aging, and



Sumaya, Administrator, Health Resources and Services Administration, and Nelba Chavez, Administrator, Substance Abuse and Mental Health Services Administration, Hispanics overall are seriously underrepresented in the HHS workforce.

The Secretary is to be commended for taking the initiative to request this review. This step must be followed by leadership at the highest levels of the Department to address the problems identified and to remove historical systemic barriers which have negatively affected Hispanic Americans as employees and participants in HHS programs.

### ACTIONS TO ADDRESS THE ISSUES IDENTIFIED

The specifics in each of the areas reviewed are summarized below with recommended action steps to address the problems identified. Following agreement with the Secretary on preferred areas for action, each Operating Division (OPDIV) and Staff Division (StaffDiv) should be requested to develop an action plan to implement the actions selected. Taken together, these plans will constitute the Department's Hispanic Agenda for Action.

The Secretary should designate a senior Departmental official reporting directly to her to assume responsibility for assuring that individual action plans are submitted and reviewed and that a Departmental plan with clear timetables for implementation is agreed to and progress on its implementation monitored. Periodic progress reports should be issued Department-wide.

A Departmental Hispanic Steering Committee should be established (see below) to oversee progress on the plan and advise the Secretary on actions to further enhance the Department's ability to respond to its Hispanic employees and customers.

Opportunities should be explored and resources identified in order to provide a Departmental focus on the recommendations accepted from this report and to provide a clear message from the Secretary to launch the HHS Hispanic Agenda for Action.

A specific program of activities should be explored for Hispanic Heritage month, September 15 through October 15, 1996. This would include highlighting Departmental Hispanic activities that complement the HHS Hispanic Agenda for Action, with attention to Department-wide examples of "good practice" programs serving Hispanic populations.



### I. Enhancing the HHS Capacity to Serve Hispanic Americans

With over 27 million Hispanics in the United States, it is essential that HHS program offices increase their capacity to reach out to this growing customer group. To achieve this goal, HHS must ensure that individuals who are familiar with the Hispanic community, their needs, and concerns, and who can articulate them are included in the policy development, management, and outcomes evaluation of HHS programs. Increasing employment of Hispanics throughout the HHS is one step in improving the capacity to meet the health and human services needs of Hispanic Americans. Involving Hispanic customers in program planning, implementation and evaluation is another.

A snapshot of the current employment of Hispanics within the HHS further reinforces the need for this approach. Hispanics continue to be severely underrepresented in most categories of employment, from entry to senior level positions. Based on the DWGHI findings, Hispanics currently represent 2.75% of the HHS total workforce while 8.1% of the civilian labor force is Hispanic. This underrepresentation exceeds that of all other Federally recognized minority groups (Appendix-D).

Hispanic representation has increased in the category of non-career political executive level appointments representing 8.11% of these appointments, the only employment category where Hispanics exceed parity. Overall, Hispanics represent just 2.6% of the Senior Executive Service (SES).

The HHS FY 95 end of the year workforce data indicate the following statistics:

<u>HHS Total Permanent Workforce</u> <sup>1</sup>		<u>Hispanics (# &amp; %)</u>	
51,560		1,416	2.75%
<u>HHS SES</u> <sup>2</sup>	<u>TOTAL #</u>	<u>HISPANICS (# &amp; %)</u>	
Overall	536	14	2.61%
CAREER	462	8	1.73%
NON-CAREER	74	6	8.11%

<sup>1</sup>For the purpose of this report, the total HHS permanent workforce data includes GS/GM, SES, and CC employees.

<sup>2</sup>Senior Executive Service (SES) totals include non-career political executive level positions which are not part of the SES pay scale.



The 1990 Administrative Civilian Labor Force for Hispanics is 5.2%.

HHS SENIOR SCIENCE/Professional

<u>Total #</u>	<u>Hispanic (# and %)</u>	
19	0	0.0%

The 1990 Professional/Science Civilian Labor Force (CLF) for Hispanics is 3.5%.

One priority of the Department is developing an effective "customer service" focus in order to provide the highest quality service to Hispanic Americans. As previously indicated, the Hispanic population will be the largest minority group by the year 2009. The DWGHI's findings reveal that most of the programs lack effective approaches for addressing the needs of Hispanic Americans. It is critical that HHS develop effective mechanisms to reach out to Hispanic communities and enhance their involvement in shaping departmental policies and programs to meet their needs.

Recommendations

The Working Group recommends that all HHS OPDIVs and OS develop a short term and long term plan of action, including a monitoring mechanism for measuring outcomes, for developing the capacity to deliver quality services to Hispanic customers. The plan should include the following elements for its headquarters and Regional Offices:

**A. The HHS Workforce**

1. Develop targeted recruitment initiatives and activities for Hispanics that are tied directly to the specific areas of underrepresentation identified by Equal Employment Opportunity analysis and incorporated into OPDIV FEORP<sup>3</sup> program plans.
2. Promote hiring opportunities to bring Hispanic representation in the HHS workforce at all grade and pay levels and within all personnel systems up to their level of representation in the appropriate category of the CLF

---

<sup>3</sup>As a part of the Federal Equal Employment Recruitment Program (FEORP), 5 U.S.C. 7201 (2) (A) provides that the U.S. Office of Personnel Management "conduct a continuing program to assist Federal agencies in carrying out programs to recruit members of underrepresented minority groups."



- statistics or other relevant statistical survey<sup>4</sup>. When vacancies are announced in areas where underrepresentation of Hispanics exists, OPDIVs must demonstrate that tangible steps are taken to ensure that applicant pools are reflective of the diversity objectives HHS seeks to attain.
3. Designate all Senior Executive Service (SES) positions as FEORP targets beginning in fiscal year 1997 and incorporate this change into OPDIV Executive Resource Management Plans.
  4. Assure Hispanic representation in the applicant pool for temporary workforce/non-career individuals, Schedule C appointments, term appointments, Fellows, Intergovernmental Personnel Act assignments, Outstanding Scholars, Summer Programs/Student programs, etc.
  5. Require managerial review and accountability to assure Hispanic representation in the pool of persons considered for appointments and nominations to management development and internship programs, SES Candidate Development Program, Office of Personnel Management Mid-Level Managers Executive Potential Training Program, and on committee and board membership.
  6. Develop strategies to assure Hispanic representation in the pool of persons considered for appointment to Executive Resource Boards, Performance Review Boards, Advisory Committees/Panels, Grant Review panels, Peer Review Boards, Search Committees, and Selection Panels. Hispanic representation should also be included in the pool of persons considered for assignments of a less formal nature such as task forces, special projects, ad hoc groups, etc.
  7. Each OPDIV will develop a plan to ensure Hispanic participation in overall mentoring activities.
  8. Develop and implement a cultural competency training for HHS employees to enhance their capacity to serve Hispanic American customers.

---

<sup>4</sup>The Civilian Labor Force data will vary depending on the size of the Hispanic population and their labor participation rates for the geographic region. Therefore, employment target goals will need to be adjusted accordingly. In certain job categories, the Civilian Labor Force data may not be sufficiently related to the necessary job qualifications, and another data base may be necessary.

**B. Involving Hispanic Customers**

Develop and implement the following:

1. A process, that will include input from employees who have experience serving the Hispanic community and from appropriate segments of the Hispanic community, for assuring that Hispanic customer needs are clearly identified in major departmental programs and that effective mechanisms are developed for involving Hispanic consumers in the development of HHS programs and policies;
2. A process for communicating on a routine basis with Hispanic customers, using culturally and language appropriate techniques such as the mass media (radio, television/cable shows), an HHS Hispanic web-site/homepage and print media both general and ethnic community media, as well as other mechanisms like presentations at fairs and neighborhood outreach); and
3. A mechanism that assesses Hispanic customer satisfaction.

**II. Implementing Executive Order 12900: Educational Excellence for Hispanic Americans:**

Recognizing the importance of the educational needs of our nation's Hispanic community, President Clinton signed Executive Order 12900, Educational Excellence for Hispanic Americans, on February 22, 1994. This executive order set in motion a process for interagency collaboration to identify and correct the educational system's shortcomings in serving Hispanic American youth. This order also requires Federal agencies to develop action plans for increasing the participation of Hispanic Americans in Federal education programs. The primary goal of the initiative is to improve the educational outcomes of Hispanic Americans participating in Federal programs.

One of the mandates of the DWGHI was to facilitate the implementation of the executive order during FY 95. To accomplish this task, an initial program inventory on education-related programs was completed by all agencies.



Page 7

The HHS inventory, forwarded to the Department of Education in December 1995, revealed that of the \$8.2 Billion awarded to eligible institutions, Hispanic Serving Institutions (HSIs)<sup>5</sup> were awarded only \$142.8 million dollars or 1.7% of FY 94 available funds. The FY 1995 performance report and the FY 1996 annual plan and inventory are now being compiled. Responsibility for the Department's response to the Executive Order has been assigned to the Deputy Secretary. A Steering Committee has been formed consisting of key agency management staff to assure appropriate department wide participation and to coordinate this effort with that of the Executive Order for Historically Black Colleges and Universities (HBCU).

Unlike the HBCU Initiative, there is an added complexity to implementation of the Educational Excellence for Hispanic Americans Executive Order, as most eligible institutions are, in fact, mainstream institutions. This creates the added challenge of ensuring that funds awarded to these institutions are actually reaching Hispanic students and faculty, and enhancing infrastructure for increased educational opportunity for Hispanics. Second, unlike the HBCU, the Educational Excellence for Hispanic Americans Executive Order defines educational opportunities more broadly, including adult education and programs targeted to young children. The HHS manages two of the leading programs in these categories, Jobs Opportunities and Basic Skills (JOBS) and Head Start.

An additional activity initiated in response to the Hispanic American Executive Order is a Department-wide effort led by the Health Resources and Services Administration (HRSA) to support the formation of a free-standing National Association of Hispanic-Serving Health Professions Schools (NAHSHPS). The association members will be comprised of health professions schools with a Hispanic enrollment of 9% and above. These health professionals schools are being targeted since they are a subset of Hispanic-serving institutions and are primarily responsible for preparing health professionals. The goal of the association would be to serve as a vehicle to increase the number of Hispanics in the pipeline for entry into the health professions and to promote the goals and objectives of the Executive Order. It will also link the health professions schools more closely with heavily Hispanic populated regions served through research and prevention collaborative projects.

---

<sup>5</sup>HSIs are defined as undergraduate institutions whose student population is more than 25% Hispanic (Appendix E1).



Furthermore, there are a number of Hispanic professional organizations whose efforts enhance Hispanic participation in the health and social services profession that should be supported by the Department.

### Recommendations

1. Ensure that high-level Departmental leadership is sustained for the Educational Excellence for Hispanic Americans Executive Order 12900.
2. For HHS, institutions defined as eligible for support under the Executive Order 12900, will be those undergraduate HSIs those student population is more than 25% Hispanic and those Hispanic Serving health professions schools with a Hispanic enrollment of 9% and above (Appendix E2).
3. Adopt the same funding goal for the Educational Excellence for Hispanic Americans as has been established for the HBCUs. This goal is to award 3% of all HHS grants and contracts to eligible HSI institutions. HHS will annually increase funding by 15% until the 3% goal is reached.
4. Develop an evaluation and tracking system to ensure funding that is awarded to Hispanic Serving Institutions (HSIs) is, in fact, reaching Hispanic health related education and research programs.
5. Launch an Hispanic Initiative within Head Start aimed at improving the education and human service needs of Hispanic children and their families.
6. Develop a process to use appropriate computer and software technologies to facilitate data collection and implementation of the executive order.
7. Develop funding strategies to support the National Association of Hispanic-Serving Health Professions Schools and other national health and social services related associations such as Organization of Latino Social Workers, National Association of Hispanic Nurses, National Hispanic Medical Association, etc.



### III. Hispanic Data Issues

While the problem of inadequate data on minority populations is a continuing challenge for the Department, the inventories completed by the various OPDIVS for the DWGHI reveal the paucity of adequate health and human services data collection systems on Hispanics.

Sociocultural data are essential to improving the understanding of causes of health disparities among Hispanics. Without data, programs cannot be developed to address the health, mental health and human services needs of these populations.

In the Surgeon General's 1993 report, "TODOS"<sup>6</sup> which resulted from a National Hispanic/Latino Health Initiative, various data collection strategies were recommended for Hispanics. The DWGHI findings reveal that the OPDIVS have made some progress in improving Hispanic data collection and analysis. For example, HCFA has conducted a survey identifying Hispanic beneficiaries and is currently updating its databases. In addition, the publication of Health United States: 1994 is the first time that leading causes of death for Hispanics were published in HHS' annual report to Congress.

Another promising data collection and analysis effort is the Office for Civil Rights' (OCR) survey of all Hill-Burton hospitals and a random sample of non-Hill-Burton hospitals under the Hill-Burton Act<sup>7</sup> and Title VI of the Civil Rights Act of 1964. By examining inpatient and emergency room data by method of payment as well as race and ethnicity, including Hispanic, OCR will be able to identify disproportionate underrepresentation of any group and further investigate practices that may have a discriminatory impact on access to health care.

Despite these efforts, however, additional improvement is needed in the areas of data collection, analysis, and dissemination.

---

<sup>6</sup>TODOS (Together Organized Diligently Offering Solidarity) was issued by the Office of the Surgeon General and offered the first concrete recommendations to improve Hispanic/Latino health in the country.

<sup>7</sup>The Hill-Burton program, authorized by Title VI and XVI of the Public Health Service Act, provides funds for construction and renovation to hospitals and other providers who agree to provide uncompensated charity care for twenty years after the initial grant and who agree to provide services to the community without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to an individual's need for the service or the availability of the needed service in the facility. The Office of Civil Rights enforces the latter community service obligation. This obligation continues beyond the 20 years-period. It requires the provision of emergency services to all persons without regard to ability to pay. Inpatient services may be denied to persons who are unable to pay for them unless such persons are required to be provided uncompensated services.



Under the former structure of the PHS, a Departmental Working Group on Minority Data was assigned the task of reviewing the findings and recommendations of the "TODOS" Report. The Working Group on Minority Data made eight recommendations for improving data collection processes for Hispanics. Based on the report, these findings have been submitted by the Assistant Secretary for Health for consideration and action by the newly created Department-wide Data Council.

### Recommendations

1. The HHS Data Council should review the adequacy of current departmental data on the characteristics and needs of minority populations and develop an action plan to address the gaps identified. This effort should involve experts in health and human services, public health and clinical/basic research and national and grassroots organizations representing Hispanics, who have experience with the Hispanic population. It should take into account the recommendations made by the Working Group on Minority Data.
2. A mechanism should be developed to collect service/financing data and language use data to identify specific problems of Hispanic customers who may experience in securing health care insurance coverage, managed care services and/or unique barriers to access of health care and human services.

### **IV. A Hispanic Health Agenda**

In 1993, the then Surgeon General Dr. Antonia C. Novello convened regional meetings in U.S. cities with high concentrations of Hispanics. At these meetings, Hispanic leaders and health professionals identified a broad range of Hispanic health issues specific to each region and developed appropriate community-based recommendations to address these issues. Specific recommendations were published in the "TODOS" Report.

In 1995, the "TODOS" Report was reissued by the Assistant Secretary of Health for appropriate follow-up by agency heads. Based on DWGHI findings, the "TODOS" Report recommendations still require follow-up action.

### Recommendations

1. Ensure that specific recommendations of the "TODOS" Report are reviewed and appropriate follow-up actions are implemented by the OPDIVS and StaffDivs.



2. Develop a standardized tracking system to facilitate the monitoring of progress on implementing the recommendations of the "TODOS" Report.

## **V. Research**

The DWGHI findings reveal that research activities involving the Hispanic population are very limited. The participation of Hispanics as investigators and participants in research studies, clinical trials, and health and human services research are all critical. The participation of Hispanic investigators and the inclusion of Hispanics in all types of research is essential in order to improve clinical and public health practice, (including the prevention of diseases and other health conditions) as well as the delivery of effective health care services. Lack of such representation may inadvertently create biases in clinical research protocols or in delivery systems. In the human services field, inclusion of Hispanics in all aspects of research and evaluation is necessary for improving service delivery and promoting self-sufficiency and child and family well-being.

### **Recommendations**

1. Ensure that Hispanic populations are appropriately represented in clinical trials and research studies as well as demonstration grants and evaluation studies funded by HHS.
2. Assure that the criteria for appointment to Study Sections and review bodies, advisory council positions, consumer panels, and guideline development panels include understanding of Hispanic population health and research training issues.
3. Develop strategies to increase the participation, promotion, and professional development of Hispanic investigators in HHS research and evaluation programs.
4. Identify gaps in knowledge of health problems disproportionately affecting the Hispanic population and take action to address them.
5. Identify gaps in the evaluation of the research on race and ethnicity with special attention to Hispanic populations.



## **VI. Promoting Cross-Cutting Collaboration within HHS**

While each HHS operating division has a unique mission, programs from different agencies sometimes have similar goals and target populations. The Department's "Partnerships for Change" recognizes the need to foster closer collaboration among operating divisions in order to improve customer service. Individual OPDIV reports submitted to the DWGHI identified several areas where a coordinated response across HHS agencies would be particularly beneficial to the Hispanic community.

### **Recommendations**

1. AoA, HCFA, and the PHS OPDIVs should coordinate efforts to increase the Hispanic elderly's participation in the annual flu shot campaign, mammography screenings, and other consumer information strategies. Establish a measurable target and develop more effective outreach methods.
2. AoA and the PHS OPDIVs should work together to increase the access of Hispanic elderly to community health centers and address diseases prevalent among Hispanic elderly, particularly diabetes.
3. The Departmental Steering Committee on Violence Against Women should identify and coordinate efforts across HHS' agencies to ensure that domestic violence programs and policies are responsive to the specific needs of Hispanic women and their families. This activity should build on efforts already underway in ACF to hold a symposium on domestic violence in the Hispanic community and other communities of color.
4. The Secretary's Governing Council on Children and Youth should coordinate efforts to target more effectively the needs of Hispanic children and their families served by Departmental programs. Ensure the Council incorporates the appropriate recommendations from this report related to Hispanic children into the cross-cutting work they coordinate.
5. Incorporate an awareness of the needs of Hispanic customers into other department-wide initiatives (i.e., the Fatherhood Initiative, Fourth World Conference on Women Report).



## VII. Procurement

The HHS purchases billions of dollars of goods and services. Procurement requests can range from office computers and supplies to contracts for program evaluations, consultation in organizational development, training, and conference planning. It is of vital importance that Hispanic American-owned companies and Hispanic individuals be in a position to compete for these procurement opportunities.

### Recommendations

1. Ensure that information about opportunities to conduct business with the Department is disseminated within the Hispanic community including Hispanic companies and private consultants. Use available directories to inform companies and consultants of the services in HHS to assist them in the requirements for participating in the procurement process.
2. OPDIVS should review existing contracts to determine the exact current levels of participation by Hispanic American-owned companies and Hispanic individuals. OPDIVS should report to the Secretary annually on outreach efforts and participation rates, using existing programs, to ensure that Hispanic American-owned companies and consultants are included in the procurement process.

## VIII. Language Barriers to Access to Department Services

The DWGHI findings reveal that HHS' agencies have taken some steps to address the issue of translating program materials for their Hispanic customers whose primary language is Spanish. Further improvements are still needed to ensure access to Department services for Limited English Proficient populations.

The Office for Civil Rights (OCR) released a study prepared for OCR by MACRO International, Inc. focusing on the provision of services by medical providers to Limited English Proficient populations. As a follow-up to the study, the Secretary authorized a Departmental working group to develop policy guidance for providers addressing this issue.

### Recommendation

1. Office for Civil Rights to develop policy guidance for Federally funded providers to address the needs of Limited English Proficient populations.



## IX. Departmental Hispanic Steering Committee

Because of the severe underrepresentation of Hispanics in the HHS workforce, and the urgency of actions needed to assure that the Department can effectively serve the increasing Hispanic population, it is recommended that:

### Recommendations

1. The Secretary appoint a Departmental Hispanic Steering Committee for a three year period to oversee implementation of the actions flowing from this report. The Committee should include employees at different levels of the department with experience serving Hispanic populations and/or in multi-cultural affairs.
2. OPDIV heads should consider the establishment of Hispanic Steering Committees to assist in implementing an action plan to address the recommendations in this report that apply to their agency.

7/05/96  
7/26/96  
8/20/96