

**1: City of Chicago :: Police Reports**

*The necessity for participation by legal practitioners in courses of continuing legal education: paper outlining the necessity for participation by legal practitioners in courses of continuing legal education and related issues and containing submissions in relation thereto / prepared by the Law Society of New South Wales.*

History[ edit ] Ten years after the United Nations Conference on the Human Environment , a number of global environmental challenges had clearly not been adequately addressed. In several ways, these challenges had grown. Particularly, the underlying problem of how to reduce poverty in low-income countries through more productive and industrialized economy without, in the process, exacerbating the global and local environmental burdens, remained unresolved. Neither high-income countries in the North nor low-income countries in the South were willing to give up an economic development based on growth, but environmental threats, ranging from pollution, acid rain, deforestation and desertification, the destruction of the ozone layer, to early signs of climate change, were impossible to overlook and increasingly unacceptable. There was a tangible need for a developmental concept that would allow reconciling economic development with environmental protection. Views differed on several questions: Did environmental burdens result mainly from destructive economic growth-based development or from a lack of economic development and modernization? Would reconciling the economy and the environment require mainly technical means by using more resource-efficient technologies or mainly social and structural changes that would include political decision-making as well as changes in private consumption patterns? The World Conservation Strategy of the International Union for the Conservation of Nature , was the first report that included a very brief chapter on a concept called "sustainable development". It focused on global structural changes and was not widely read. The UN initiated an independent commission, which was asked to provide an analysis of existing problems and ideas for their solution, similar to earlier commissions such as the Independent Commission on International Development Issues Brandt Commission and the Independent Commission on Disarmament and Security Issues Palme Commission. The organization aimed to create a united international community with shared sustainability goals by identifying sustainability problems worldwide, raising awareness about them, and suggesting the implementation of solutions. Also, it is credited with crafting the most prevalent definition of sustainability, as seen below. This was most notable through the events at Bretton Woods in These events led into an era of free markets built on a distortion of the international order forged in at Bretton Woods. Bretton Woods was transformed through the s and s, finally ending in with the establishment of the World Trade Organization ushered in by United States President Bill Clinton. Bretton Woods was formed as an arrangement among the industrialized nation states, but was transformed into a global regime of ostensibly free markets that privileged multinational corporations and actually undermined the sovereignty of the very national communities that established Bretton Woods. The Brundtland Report was intended as a response to the conflict between the nascent order promoting globalized economic growth and the accelerating ecological degradation occurring on a global scale. The challenge posed in the s was to harmonize prosperity with ecology. This postulated finding the means to continue economic growth without undue harm to the environment. To address the urgent needs of developing countries Third World , the United Nations saw a need to strike a better balance of human and environmental well-being. This was to be achieved by redefining the concepts of "economic development" as the new idea of "sustainable development" - as it was called in the Brundtland Report. Suggests that the Special Commission, when established, should focus mainly on the following terms of reference for its work: Sustainable development The Brundtland Commission draws upon several notions in its definition of sustainable development , which is the most frequently cited definition of the concept to date. A key element in the definition is the unity of environment and development. The Brundtland Commission argues against the assertions of the Stockholm Conference on the Human Environment and provides an alternative perspective on sustainable development, unique from that of the World Conservation Strategy of the International Union for the Conservation of Nature. The Brundtland Commission pushed for the idea that while the "environment" was previously perceived as a sphere separate

from human emotion or action, and while "development" was a term habitually used to describe political goals or economic progress, it is more comprehensive to understand the two terms in relation to each other. We can better understand the environment in relation to development and we can better understand development in relation to the environment, because they cannot and should not be distinguished as separate entities. The two are inseparable. It also insists that development is not just about how poor countries can ameliorate their situation, but what the entire world, including developed countries, can do to ameliorate our common situation. The term sustainable development was coined in the paper *Our Common Future*, released by the Brundtland Commission. Sustainable development is the kind of development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The two key concepts of sustainable development are: In sum, the "needs" are basic and essential, economic growth will facilitate their fulfillment, and equity is encouraged by citizen participation. Therefore, another characteristic that really sets this definition apart from others is the element of humanity that the Brundtland Commission integrates. The particular ambiguity and openness-to-interpretation of this definition has allowed for widespread support from diverse efforts, groups and organizations. However, this has also been a criticism; perceived by some notable commentators as "self-defeating and compromised rhetoric". As a result of the work of the Brundtland Commission, the issue of sustainable development is on the agenda of numerous international and national institutions, as well as corporations and city efforts. The definition gave light to new perspectives on the sustainability of an ever-changing planet with an ever-changing population. The Brundtland Commission Report recognised that human resource development in the form of poverty reduction, gender equity, and wealth redistribution was crucial to formulating strategies for environmental conservation, and it also recognised that environmental-limits to economic growth in industrialised and industrialising societies existed. However, the Report was unable to identify the modes of production that are responsible for degradation of the environment, and in the absence of analysing the principles governing market-led economic growth, the Report postulated that such growth could be reformed and expanded; this lack of analysis resulted in an obfuscated-introduction of the term sustainable development. The report deals with sustainable development and the change of politics needed for achieving it. The definition of this term in the report is quite well known and often cited: It contains two key concepts: Politicians, civil servants, and environmental experts make up the majority of the members. Members of the commission represent 21 different nations both developed and developing countries are included. Many of the members are important political figures in their home country. One example is William Ruckelshaus, former head of the U.S. The commission focuses on setting up networks to promote environmental stewardship. Most of these networks make connections between governments and non-government entities. In this council government and business leaders come together to share ideas on how to encourage sustainable development. The Brundtland Commission has been the most successful in forming international ties between governments and multinational corporations. The and Earth Summits were the direct result of the Brundtland Commission. The international structure and scope of the Brundtland Commission allow multiple problems such as deforestation and ozone depletion to be looked at from a holistic approach. With the overwhelming number of countries that put economic growth on the forefront of sustainable development, it is evident that the other two pillars have been suffering, especially with the overall well being of the environment in a dangerously unhealthy state. The Brundtland Commission has put forth a conceptual framework that many nations agree with and want to try to make a difference with in their countries, but it has been difficult to change these concepts about sustainability into concrete actions and programs. After releasing their report, *Our Common Future*, the Brundtland Commission called for an international meeting to take place where more concrete initiatives and goals could be mapped out. This meeting was held in Rio de Janeiro, Brazil. In trying to build their economies, many countries focus their efforts on resource extraction, which leads to unsustainable efforts for environmental protection as well as economic growth sustainability. While the Commission was able to help to change the association between economic growth and resource extraction, the total worldwide consumption of resources is projected to increase in the future. So much of the natural world has already been converted into human use that the focus cannot simply remain on economic growth and omit the ever-growing problem of environmental sustainability. For the second year in a row in , the

United States and Europe added more power capacity from renewable sources such as wind and solar. In the efforts continue with 45 new wind energy projects beginning in 25 different states. Eco-city development occurring around the world helps to develop and implement water conservation, smart grids with renewable energy sources, LED street lights and energy efficient building. This level is striking and still needs to be addressed now and throughout the future. The growing gap between incomes of rich and poor is evident throughout the world with the incomes of the richer households increasing relative to the incomes of middle - or lower-class households. This is attributed partly to the land distribution patterns in rural areas where majority live from land. The Brundtland Commission made a significant impact trying to link environment and development and thus, go away from the idea of environmental protection whereby some scholars saw environment as something of its sake. The Commission has thus reduced the number of people living on less than a dollar a day to just half of what it used to be, as many can approach the environment and use it. These achievements can also be attributed to economic growth in China and India.

**2: "Searching for the People in Charge": Appraising the Griffiths NHS Management Inquiry**

*Report of the World Commission on Environment and Development: Our Common Future General of the United Nations in December to Assembly in , is the.*

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: Type Accommodation and the title of the report in the subject line of e-mail. Goulding Christopher Lao Frederick J. Since , CDC has maintained a collaborative surveillance program for collection and periodic reporting of data concerning the occurrence and causes of foodborne-disease outbreaks FBDOs. This summary reviews data from January through December The surveillance system reviews data concerning FBDOs defined as the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food. Before , only one case of intoxication by chemical, marine toxin, or Clostridium botulinum toxin as a result of the ingestion of food was required to constitute an FBDO. Since , two or more cases have been required. State and local public health departments have primary responsibility for the identifying and investigating FBDOs. State and territorial health departments report these outbreaks to CDC on a standard form. During , a total of 2, outbreaks of foodborne disease were reported in , in , in , in , and in . These outbreaks caused a reported 77, persons to become ill. Salmonella serotype Enteritidis accounted for the largest number of outbreaks, cases, and deaths; most of these outbreaks were attributed to eating undercooked, infected eggs. The number of FBDOs reported per year did not change substantially during the first 4 years but declined in as a result of the revised definition of an outbreak. During this reporting period, S. Enteritidis continued to be a major cause of morbidity and mortality. In addition, multistate outbreaks caused by contaminated produce and outbreaks caused by Escherichia coli O H7 became more prominent. State and local public health departments investigate FBDOs. At the regional and national level, surveillance data provide an indication of the etiologic agents, vehicles of transmission, and contributing factors associated with FBDOs and help direct public health actions.

**INTRODUCTION** The reporting of foodborne and waterborne diseases in the United States began greater than 50 years ago when state and territorial health officers, concerned about the high morbidity and mortality caused by typhoid fever and infantile diarrhea, recommended that cases of "enteric fever" be investigated and reported. The purpose of investigating and reporting these cases was to obtain information regarding the role of food, milk, and water in outbreaks of intestinal illness as the basis for public health action. Beginning in , the Public Health Service published summaries of outbreaks of gastrointestinal illness attributed to milk. In , it added summaries of outbreaks caused by all foods. These early surveillance efforts led to the enactment of important public health measures e. From through , the National Office of Vital Statistics reviewed reports of outbreaks of foodborne illness and published annual summaries in Public Health Reports. In , CDC -- then the Communicable Disease Center -- assumed responsibility for publishing reports concerning foodborne illness. During , CDC discontinued publication of annual reviews but reported pertinent statistics and detailed individual investigations in MMWR. In , the present system of surveillance of foodborne and waterborne diseases began with the incorporation of all reports of enteric-disease outbreaks attributed to microbial or chemical contamination of food or water into an annual summary. Since , the quality of investigative reports has improved, primarily as a result of more active participation by state and federal agencies in the investigation of outbreaks. Since , because of increasing interest and activity in waterborne-disease surveillance, waterborne- and foodborne-disease outbreaks FBDOs have been reported in separate annual summaries. A summary of FBDOs was published for the years 1. Foodborne-disease surveillance has traditionally served three purposes: Disease prevention and control. A main prevention and control measure that results from surveillance of foodborne disease is early identification and removal of contaminated products from the commercial market. Other resulting prevention and control measures include both the correction of faulty food-preparation practices in food-service establishments and in the home and identification and appropriate treatment of human carriers of foodborne pathogens. Knowledge of disease causation. In many of these outbreaks, pathogens might not have been identified either because laboratory investigations were initiated too late or were incomplete. In other outbreaks, the responsible

pathogen may not have been identified, even after a thorough laboratory investigation, either because it may not have been recognized as a cause of foodborne disease or because it could not be identified by available laboratory techniques. If, in the future, more thorough clinical, epidemiologic, and laboratory investigations are conducted, perhaps many of these pathogens will be identified and suitable measures for prevention and control will be instituted. The information derived from investigations of FBDOs enables both assessment of trends in the prevalence of outbreaks caused by specific etiologic agents and in vehicles of disease transmission. Such information also helps identify common errors in food handling. The compilation and publication of this information enables state and local health departments and others involved in the implementation of food-protection programs to remain informed of the factors involved in FBDOs. Comprehensive surveillance should result in a greater awareness of the most important food-protection methods, the institution of better training programs, and more effective use of available resources. Most reports are received from state and local health departments; they also may be received from federal agencies e. Food and Drug Administration, the U. Department of Agriculture, and the U. Armed Forces and occasionally from private physicians. Data on these report forms are reviewed at CDC to determine whether a specific food vehicle and etiologic agent for an outbreak have been confirmed Appendix B. In some instances, questions concerning an etiology may be referred back to the reporting agency; otherwise, data are accepted as reported on the forms. Disease outbreaks also are not included if the food is eaten outside the United States, even if the illness occurs within the United States. Finally, FBDOs are not included in this surveillance system if the route of transmission from the contaminated food to the infected persons is indirect. Many foods contain several ingredients, but only one food-vehicle category is chosen for categorizing each outbreak. Therefore, the reported number of outbreaks attributed to a particular food item may not include all the reported outbreaks caused by that item. For example, homemade ice cream containing milk and eggs is listed under "ice cream" rather than "milk" or "eggs. Definition of Terms An FBDO is defined as the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food. Before , three exceptions existed to this definition; only one case of botulism, marine-toxin intoxication, or chemical intoxication was required to constitute an FBDO if the etiology for that type of FBDO was confirmed. The definition was changed in ; currently, two or more cases are required to constitute an outbreak. Outbreaks of known etiology are those for which laboratory evidence of a specific agent is obtained and specified criteria are met. Outbreaks of unknown etiology are those for which adequate laboratory evidence of the etiologic agent is not obtained. Outbreaks of unknown etiology are divided into four subgroups by incubation period of the illness:

**3: Brundtland Report Summary | AGNT**

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Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: Type Accommodation and the title of the report in the subject line of e-mail. With a few exceptions, an outbreak is defined as an incident in which two or more persons experience a similar illness and food is implicated. During this period, 2, outbreaks of foodborne disease were reported, representing 91, cases. The discrepancies between the number of outbreaks and the number of cases attributed to each etiologic agent emphasizes the importance of evaluating both numbers before drawing conclusions. The number of outbreaks reported by this surveillance system is only a small fraction of the true number that occur. Sporadic foodborne illness is far more common and is not included in this report. INTRODUCTION The reporting of foodborne and waterborne diseases in the United States began over half a century ago when state and territorial health officers, concerned about the high morbidity and mortality caused by typhoid fever and infantile diarrhea, recommended that cases of enteric fever be investigated and reported. The purpose was to obtain information about the role of food, milk, and water in outbreaks of intestinal illness as the basis for public health action. Beginning in , the Public Health Service published summaries of outbreaks of gastrointestinal illness attributed to milk. In , it added summaries of outbreaks caused by all foods. These early surveillance efforts led to the enactment of important public health measures that had a profound influence in decreasing the incidence of enteric diseases, particularly those transmitted by milk and water. From through , the National Office of Vital Statistics reviewed reports of outbreaks of foodborne illness and published summaries of them annually in Public Health Reports. In , CDC--then the Communicable Disease Center--assumed responsibility for publishing reports on foodborne illness. For the period , CDC discontinued publication of annual reviews but reported pertinent statistics and detailed individual investigations in the MMWR. In , the present system of surveillance of foodborne and waterborne diseases began with the incorporation of all reports of enteric disease outbreaks attributed to microbial or chemical contamination of food or water into an annual summary. Since , the quality of investigative reports has improved, primarily as a result of more active participation by state and federal agencies in the investigation of foodborne and waterborne disease outbreaks. Because of increasing interest and activity in waterborne disease surveillance, foodborne and waterborne disease outbreaks were reported in separate annual summaries in the period This report summarizes data from foodborne disease outbreaks reported to CDC from through Foodborne disease surveillance has traditionally served three objectives: Disease Prevention and Control. Early identification and removal of contaminated products from the commercial market, correction of faulty food-preparation practices in food-service establishments and in the home, and identification and appropriate treatment of human carriers of foodborne pathogens are the main prevention and control measures that result from surveillance of foodborne disease. Knowledge of Disease Causation. The responsible pathogen was not identified in over half of the foodborne disease outbreaks reported to CDC between and ; this proportion is similar to that of earlier years. In many of these outbreaks, pathogens known to cause foodborne illness may not have been identified because laboratory investigations were late or incomplete. In others, the responsible pathogen may have escaped detection even after a thorough laboratory investigation, either because the pathogen may not have been recognized as a cause of foodborne disease or because the pathogen could not be identified by available laboratory techniques. When more thorough clinical, epidemiologic, and laboratory investigations are conducted, perhaps many of these pathogens can be identified, and suitable measures for prevention and control can be instituted. The collection of data from investigations of foodborne disease outbreaks permits the assessment of trends in the prevalence of etiologic agents and in vehicles of disease transmission. In addition, it brings to light common errors in food handling. The compilation and publishing of annual data enable local and state health departments and others involved in the implementation of food protection programs to be kept informed of the factors involved in foodborne disease outbreaks. Comprehensive surveillance should result in a greater awareness of the most

important food protection methods, the institution of better training programs, and more effective use of available resources.

**METHODS**

**Definition of Outbreak** For the purpose of this report, a foodborne disease outbreak is defined as an incident in which 1 two or more persons experience a similar illness after ingestion of a common food, and 2 epidemiologic analysis implicates the food as the source of the illness. A few exceptions exist; for example, one case of botulism or chemical poisoning constitutes an outbreak. Outbreaks of known etiology are those for which laboratory evidence of a specific agent is obtained and specified criteria are met. Outbreaks of unknown etiology are those for which epidemiologic evidence implicates a food source, but adequate laboratory confirmation is not obtained. Outbreaks of unknown etiology are subdivided into four subgroups by incubation period of the illnesses: Reports come most frequently from state and local health departments; they may also be received from federal agencies such as the Food and Drug Administration FDA , the U. Armed Forces, and occasionally from private physicians. Forms are reviewed at CDC to determine whether a specific etiologic agent or vehicle for the outbreak can be confirmed. In some instances, questions about an etiologic agent may be referred back to the reporting agency; otherwise, data are accepted as reported on the forms.

**Interpretation of Data** The limitations on the quantity and quality of data presented here must be recognized in order to avoid misinterpretation. The number of outbreaks of foodborne disease reported by this surveillance system clearly represents only a small fraction of the outbreaks that occur. For example, large outbreaks; interstate outbreaks; restaurant-associated outbreaks; and outbreaks involving serious illness, hospitalizations, or deaths are more likely to come to the attention of health authorities than cases of mild illness after a family cookout. The quality of the data presented here depends upon the commitment to surveillance of this type of disease by state or local health departments. Furthermore, the likelihood that the findings of the investigation will be reported varies from one locality to another. This report, then, should not be the basis of firm conclusions about the absolute incidence of foodborne disease, nor should it be used to draw conclusions about the relative incidence of foodborne diseases by specific causes. For example, foodborne diseases characterized by short incubation periods, such as those caused by a chemical agent or staphylococcal enterotoxin, are more likely to be recognized as common-source foodborne disease outbreaks than those diseases with longer incubation periods, such as hepatitis A. Outbreaks involving less common pathogens, such as *Bacillus cereus*, *Escherichia coli*, or *Giardia lamblia* are less likely to be confirmed because these organisms are often not considered in clinical, epidemiologic, and laboratory investigations of foodborne disease outbreaks. Also, pathogens that generally cause mild illness will be underrepresented, whereas those causing serious illness, such as *Clostridium botulinum*, are more likely to be identified. Similarly, outbreaks associated with restaurants or commercial products have a higher likelihood of being reported. The categorization of food vehicles can be a source of confusion. Many foods contain a variety of ingredients, yet each food vehicle of transmission is listed under only one food-vehicle category. For example, homemade ice cream made with milk and eggs is listed under "ice cream" rather than under "milk" or "eggs. The reported number of outbreaks attributed to one food-vehicle category often does not include all outbreaks due to a particular ingredient in that food. The outbreak data reported here represent only a small and selected fraction of foodborne illness in the country. Outbreaks produced by different agents vary considerably in size. In assessing the magnitude of the problem due to any food vehicle or pathogen, one should examine the number of cases involved in the outbreaks as well as the number of outbreaks. In addition, sporadic cases of foodborne illness are far more common than cases associated with outbreaks. With the exception of botulism and a few chemical exposure diseases, sporadic cases are not reported to this surveillance system. Reports were received from 39 states as well as from the District of Columbia and Guam Figure 1. New York reported the largest number of outbreaks , with 80 from New York City; Washington reported the next largest number 38 , followed by California 30 , Hawaii 23 , and Massachusetts Bacterial pathogens accounted for outbreaks 7, cases. *Salmonella* caused most of the bacterial foodborne disease outbreaks 72 outbreaks, 2, cases , followed by *Staphylococcus aureus* 14 outbreaks, 1, cases , and *C. An outbreak of illness due to Listeria monocytogenes* was associated with consumption of one brand of pasteurized milk in New England. Forty-two immunosuppressed adults and seven fetuses or newborns accounted for the 49 cases in Massachusetts. An outbreak of *Brucella melitensis* infections due to unpasteurized goat cheese occurred in

Texas. All 29 persons affected were Mexican immigrants; 14 were hospitalized, and one person died. The cheese was reportedly produced in Mexico and was purchased from unlicensed vendors who sold it from their cars. A large outbreak of *Shigella dysenteriae* type 2 infections occurred among persons who ate at a Maryland hospital cafeteria; 1, persons were ill, and 24 were hospitalized. Illness was associated with consumption of raw vegetables at a cafeteria salad bar. Chemical agents caused 45 outbreaks cases: All four parasitic disease outbreaks eight cases were due to *Trichinella spiralis*. Viral agents 10 hepatitis A outbreaks and one Norwalk virus outbreak accounted for cases. The Norwalk virus outbreak involved 20 persons and was associated with consumption of raw clams. Thirty-five deaths from foodborne illness were reported: Incubation periods were known for illnesses in outbreaks. In 21 outbreaks, the incubation period was less than 1 hour; in , it was hours; in 85, it was hours; and in outbreaks, it was greater than or equal to 15 hours. The proportion of foodborne illness due to known etiologic agents was highest in September Table New York reported the largest number of outbreaks , with 46 from New York City; Washington reported the next largest number 43 , followed by California 38 and Florida Salmonella caused most of the bacterial foodborne disease outbreaks 78 outbreaks, 4, cases followed by S. An outbreak of E. H7 infection associated with hamburger occurred in a nursing home in Nebraska. This was the third reported foodborne outbreak due to this organism in the United States, the first two having occurred in Thirty-four persons were ill, 14 were hospitalized, and four died. An outbreak of *Salmonella typhimurium* infection affected over persons in a small Oregon town. Most ill persons had eaten at a salad bar in one of 10 implicated restaurants; the salad bar had been deliberately contaminated. An outbreak of gastroenteritis due to enterotoxigenic E. Chemical agents caused 42 outbreaks cases. All 11 parasitic disease outbreaks were caused by T. Three of these outbreaks were associated with consumption of bear meat. Viral agents caused four outbreaks cases. Twelve deaths from foodborne illness were reported: In 18 outbreaks, the incubation period was less than 1 hour; in , it was hours; in 93, it was hours; and in , it was greater than or equal to 15 hours. The proportion of foodborne illness due to known etiologic agents was highest in August Table Reports were received from 45 states, as well as from the District of Columbia, the U. Virgin Islands, and Guam Figure 3. New York reported the largest number of outbreaks , with 36 from New York City; Washington reported the next largest number 60 , followed by Hawaii 36 and California Bacterial pathogens accounted for outbreaks 22, cases. Salmonella caused most of the bacterial foodborne disease outbreaks 79 outbreaks, 19, cases , followed by C.

**4: Governor Martha L. Collins Records,**

*The Brundtland Commission draws upon several notions in its definition of sustainable development, which is the most frequently cited definition of the concept to date.. A key element in the definition is the unity of environment and development.*

Abstract This is the first of two related articles in the present volume which examine the recent history of health services management using the case of the British National Health Service NHS. In the historiography of the NHS the s is widely seen as a watershed, when public policy first sought to introduce market disciplines into its operation. Administrative and managerial reforms were central to this process, and their origins and impact have been the subject of continuing debate. Drawing on both documentary records and oral evidence it offers fresh perspectives on the reasons why the Conservative government embarked on this reform, on the workings of the inquiry team under the leadership of the businessman Roy Griffiths, and on the uneven course of the implementation of his recommendations. NHS, Hospitals, Health Systems, Health Policy Preface This is one of two articles in the current volume tackling the contemporary history of health services management. Though perhaps not the most glamorous subject, it is none the less of considerable importance to the practice of medicine in contemporary society, and one which merits scrutiny. Regardless of their level of economic development, governments across the world have been concerned to maximise the efficiency of their health systems. The challenge of providing effective medical care at affordable cost is rarely one they have left to market discipline. Rather, it has been a process enacted daily in the hospital, the clinic, the insurance office or the health ministry. Here, usually within a regulatory framework set by legislation, doctors, bureaucrats and administrators negotiated the problems of achieving optimal health outcomes with limited resources. In the high-income countries with mature welfare states this challenge has become progressively more acute. Demand is fuelled by ageing populations, steeped in consumerist expectation. Clinicians and scientists champion new technologies and therapies to the benefit of patients, but these come at a cost. Meanwhile, supply is determined by economic capacity, and this is vulnerable both to short-term fiscal crises and to the longer term unbalancing of productive and dependent populations. The two articles here focus on a group at the sharp end of medical organisation within this context: They concentrate on the case of the British National Health Service NHS , a health system characterised by its aspiration to universal and comprehensive provision funded principally through general taxation. In terms of sheer numbers, there was a marked increase in administrative personnel; for example, in the late s there had been 50, clerical and administrative staff in the hospital service but, by , , representing a rise of eight per cent to twenty-three per cent of the NHS workforce. This is the background to the two articles that follow. Why was a leading businessman among the pantheon of politicians and medics? He produced two significant reports, one in on management in the NHS and one in on community care. It is the NHS Management Inquiry on which his reputation principally rests, and which is the subject of this article. It was conducted swiftly and without open consultation, producing a succinct report with far-reaching recommendations. The historiography now routinely depicts a binary divide in the development of the NHS, pivoted around the mid crisis of financing and legitimacy. Afterwards it reoriented towards consumers and increasingly sought to achieve efficiency and effectiveness through market mechanisms. This is therefore an opportune time to reappraise the Griffiths Inquiry and its impact. A novel feature of the analysis which follows is the incorporation of evidence from a recent witness seminar on the inquiry which convened the leading politicians, mandarins, doctors and NHS managers who had participated in or been affected by the event. The ensuing discussion is structured around four issues. Second, how was it conducted, and how were its recommendations arrived at? Third, what was the reception of the inquiry in the years immediately following its publication? To begin, though, some preliminary contextualisation is necessary, as well as further exploration of the historical and policy literature. Context The economic backdrop to the inquiry was the tough environment of the first two Thatcher administrations as government determined to rein back expenditure. The average annual real percentage change in NHS spending was 1. And from 1983 spending on the NHS as a percentage of gross domestic product fell, a situation not substantially

reversed until it was too late. First the Thatcher government removed the area tier, though this was regarded as a temporary fix. First, they asserted that, notwithstanding its distinctive social goals, the NHS should, like any other business, attend to productivity, cost control, improving service and incentivising staff. Judged in these areas it was failing. It had little idea of how well it performed, nor of the cost-effectiveness of clinical practices. In place of consensus teams, general managers with clear accountability were to be appointed at all levels. In the region and district this might mean importing new blood from the business world, while within units hospitals a clinician manager was desirable. A Personnel Director would improve training and staffing procedures, introduce pay incentives for general managers, and review manpower levels. Finally, the views of users should be more diligently sought, then incorporated in policy formulation. Although public reactions were somewhat sceptical, government accepted the proposals for the DHSS supervisory and management boards, which were established in and respectively. Historiography How have the major historians of the NHS treated the episode? Rivett is overtly critical. Stasis and fractious labour relations marked the s, Klein suggests, because the ideological standpoints of the various interest groups had hardened just as resources were constricting. Griffiths was therefore justified in condemning the consensus-oriented structures of the NHS as inadequate. Who better to drive home the message than a supermarket man, for whom customer choice was paramount? Indeed, such solutions might have been implemented in the reorganisation had Joseph not botched the reform. The key historical works are those of Harrison and Edwards, both of whom were also actors in the events. Essentially they were reactive, eschewing objective setting, performance evaluation, and consumer satisfaction. Drawing particularly on political economy theory he presents Griffiths as the solution to a dilemma: The first locates the inquiry within a critical phase when the NHS reoriented towards the consumer society of late twentieth-century Britain. Griffiths offered a mechanism for restricting expenditure without incurring a political backlash. The two institutional drivers have been, since , the Centre for Contemporary British History, whose interests emphasise high politics and, from , the Wellcome Trust History of Twentieth-Century Medicine Group, where the focus is on medical science. Participants may have inaccurate recall, may rehearse the received wisdom, may grandstand for posterity, may be tempted to settle scores, and so on. Nonetheless, when carefully triangulated with other sources the methodology has several virtues. The direct testimony of influential actors can generate valuable new insights which the official records occlude. In particular it can illuminate issues such as individual motivation, interpersonal dynamics and intellectual and cultural influences. Group interaction cannot aspire to generate a collective memory, but it has other attributes, prompting recollection, and exposing areas of consensus or dissent. The Chair was Nicholas Timmins, whose admiration for Griffiths has been noted. The questions were therefore not framed from a position of critical neutrality, but rather provided an encouraging platform for candid discussion, though this did not preclude disagreement and conflict. The discussion draws both on full text of this seminar and on primary and secondary literature to explore the four research questions. The direct influence of Margaret Thatcher, the industrial action by healthcare workers, and the machinations of DHSS mandarins all vie for consideration as the proximate cause. He retorted that these must be symptomatic of management failings, which should be the main focus. Civil servants had been angered when some NHS administrators colluded with striking unions, reaching local deals which undermined the DHSS negotiating position. Fowler minimised the importance of the strike and manpower, emphasising instead the larger political and economic context. Public expenditure was tight, and two policy options presented themselves, either to change the funding base or to maximise efficiency. Number 10 exerted general pressure but was neither consistent nor instrumental: Bett understood his co-option onto the inquiry as a direct result of the strike and its public impact. The civil servants, by contrast, saw the inquiry as evolving from internal debates about management reform. Pushed on whether he was arguing that this was essentially a technocratic decision, Fowler argued that it was by necessity a political decision, given the charged atmosphere in which NHS policy making took place. The question hinges largely on whether consensus management was genuinely failing. Here the witness evidence was both conflictual and inconsistent with the documentary record. This, though, significantly post-dated Griffiths. In Brunel University reported a survey based on interviews with respondents from health services and government bodies, supplemented by several NHS case studies. On balance, then, these

contradictory perceptions weigh against the argument that the inquiry proceeded inexorably from the failings of consensus management and a momentum for change within the DHSS. Instead, the conjunctural factors loom large: Conduct Existing knowledge of how the inquiry team conducted their work is robust, thanks to interview data collected by Harrison. The members limited their preliminary reading to a digest of relevant official documents prepared by Cliff Graham, including an earlier report which had recommended introducing general management. As the senior DHSS participant in the inquiry and later as under-secretary with responsibility for introducing general management he was a central figure. Only when Downing Street demanded something fuller was the report produced. Indeed, he revealed that in he had threatened resignation to avert this situation, which he believed undermined his own position. Doctoring is a profession, law is a profession. He taught me what general management is as opposed to line management. In a professional bureaucracy "you have to move forward with consensus" and you need to provide leadership. Particularly striking was the claim that he intended its recommendations to create for himself a position close to the centre of power. Implementation One of the questions surrounding the implementation of the report is why reform within the DHSS itself was so limited. As Fowler put it: Bett recounted how one of the first policy options it explored was setting up an independent governing body for the NHS, on the model of the BBC or the nationalised industries. We had dinner with Ken Stowe one night "It was a question that absolutely flummoxed me, and of course Roy. And he chuckled, because he did not have faith in the ability of a minister not to try and answer the question. Fowler articulated this as a longstanding political conundrum: Ultimately about two-thirds of the appointments went to existing administrators, some twelve per cent to outsiders, with about fifteen per cent to clinicians and ten per cent to nurses, these latter principally at unit level. Nonetheless, they do underscore the question which concerned Griffiths, and others since, of why so many British clinicians do not consider NHS management a part of their vocation. Neither role was comfortable: The tight spending settlements had narrowed the scope for local initiative and greater engagement with users, while status asymmetries and the continuing lack of appropriate information systems meant that clinician autonomy remained: Research findings also revealed that there was no appetite for a return to consensus management, that nurses appreciated speedier decision making and that managers felt unshackled. The Long-Run Verdict At the outset two alternative narratives of the management inquiry and its place in the history of the NHS were suggested.

**5: Brundtland Report - Wikisource, the free online library**

*This report summarizes data from foodborne disease outbreaks reported to CDC from through With a few exceptions, an outbreak is defined as an incident in which two or more persons experience a similar illness and food is implicated.*

Notes with appreciation the important contribution made by the Commission to raising the consciousness of decision-makers in Governments, intergovernmental and non-governmental international organizations, industry and other fields of economic activity, as well as of the general public, in regard to the imperative need for making the transition towards sustainable development, and calls upon all concerned to make full use in this regard of the report of the Commission; 3. Agrees with the Commission that while seeking to remedy existing environmental problems, it is imperative to influence the sources of those problems in human activity, and economic activity in particular, and thus to provide for sustainable development; 4. Agrees further that an equitable sharing of the environmental costs and benefits of economic development between and within countries and between present and future generations is a key to achieving sustainable development; 5. Concurs with the Commission that the critical objectives for environment and development policies which follow from the need for sustainable development must include preserving peace, reviving growth and changing its quality, remedying the problems of poverty and satisfying human needs, addressing the problems of population growth and of conserving and enhancing the resource base, reorienting technology and managing risk, and merging environment and economics in decision-making; 6. Decides to transmit the report of the Commission to all Governments and to the governing bodies of the organs, organizations and programmes of the United Nations system, and invites them to take account of the analysis and recommendations contained in the report of the Commission in determining their policies and programmes; 7. Calls upon all Governments to ask their central and sectoral economic agencies to ensure that their policies, programmes and budgets encourage sustainable development and to strengthen the role of their environmental and natural resource agencies in advising and assisting central and sectoral agencies in that task; 8. Calls upon the governing bodies of the organs, organizations and programmes of the United Nations system to review their policies, programmes, budgets and activities aimed at contributing to sustainable development; 9. Calls upon the governing bodies of other relevant multilateral development assistance and financial institutions to commit their institutions more fully to pursuing sustainable development in establishing their policies and programmes in accordance with the national development plans, priorities and objectives established by the recipient Governments themselves; Requests the Secretary-General, through the appropriate existing mechanisms, including the Administrative Committee on Co-ordination, to review and co-ordinate on a regular basis the efforts of all the organs, organizations and bodies of the United Nations system to pursue sustainable development, and to report thereon to the General Assembly through the Governing Council of the United Nations Environment Programme and the Economic and Social Council; Stresses the essential role of the United Nations Environment Programme, within its mandate, in catalyzing the sustainable development efforts of the United Nations system, while fully taking into account the co-ordinating responsibilities of the Economic and Social Council, and agrees with the Commission that that role should be strengthened and that the resources of the Environment Fund should be substantially enlarged, with greater participation; Considers that the Governing Council of the United Nations Environment Programme, within its mandate and with participation, when appropriate, at the ministerial level, should examine on a periodic basis the long-term strategies for realizing sustainable development, and should include the results of its examinations in its reports to be submitted to the General Assembly through the Economic and Social Council; Agrees that the catalytic and co-ordinating role of the United Nations Environment Programme in the United Nations system should be reinforced in its future work on environmental and natural resource issues; Reaffirms the need for additional financial resources from donor countries and organizations to assist developing countries in identifying, analysing, monitoring, preventing and managing environmental problems in accordance with their national development plans, priorities and objectives; Reaffirms the need for developed countries and appropriate organs and organizations of the United Nations system to strengthen technical co-operation with

the developing countries to enable them to develop and enhance their capacity for identifying, analysing, monitoring, preventing and managing environmental problems in accordance with their national development plans, priorities and objectives; Invites Governments, in co-operation with the regional commissions and the United Nations Environment Programme and, as appropriate, intergovernmental organizations, to support and engage in follow-up activities, such as conferences, at the national, regional, and global levels; Calls upon Governments to involve non-governmental organizations, industry and the scientific community more fully in national and international activities to support efforts towards sustainable development; Invites the governing bodies of the organs, organizations and programmes of the United Nations system to report, as appropriate, through the Economic and Social Council, to the General Assembly, not later than at its forty-fourth session, on progress made in their organizations towards sustainable development, and to make such reports available to the Governing Council of the United Nations Environment Programme at its next regular session; Also invites the Governing Council of the United Nations Environment Programme to provide comments on matters concerning progress on sustainable development that fall within its mandate, on the above-mentioned reports and on other developments, for submission to the Economic and Social Council at its second regular session of and to the General Assembly at its forty-fourth session; Requests the Secretary-General to submit to the General Assembly at its forty-third session, through the Economic and Social Council, a progress report on the implementation of the present resolution and to the Assembly at its forty-fourth session a consolidated report on the same subject; Decides to include in the provisional agenda of its forty-third session a sub-item entitled "A long-term strategy for sustainable and environmentally sound development" under the agenda item entitled "Development and international economic co-operation".

### 6: UK Polling Report

*USAARL Report No. SPH-4 U.S. Army Flight Helmet. Performance BY Peter Vytynwy-Jones Bernard Lanoue Douglas Pritts Biodynamics Research Division.*

### 7: Brundtland Commission - Wikipedia

*This is the first of two related articles in the present volume which examine the recent history of health services management using the case of the British National Health Service (NHS).*

### 8: A/RES/42/ Report of the World Commission on Environment and Development

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

### 9: Foodborne Disease Outbreaks, 5-Year Summary,

*11 December 42/ in its resolution 38/ of 19 December on the process of preparation of the Environmental Perspective to the Year and Beyond to be prepared by the.*

*Love goes round the circle Managing Sickle Cell Disease in Low-Income Families (Health, Society, and Policy) Geschiedenis van Japan Hidden in plain view: knowing and non knowing about sundown towns Web, nonstore-based, and other forms of nontraditional retailing The Discovery of the Asylum (New Lines in Criminology) The B-29 Superfortress The clearing heather davis The Ishmaelites and the menace of the feeble-minded Games of hunger book Comparisons of boating and wading methods used to assess the status of flowing waters Americas crisis at the beginning of the third millennium Visual basic 6 made easy Lignin, Humic Substances and Coal (Biopolymers, Vol. 1) Bicentennial series Academics and the Real World Implications of cellphones Defining, assessing, and treating adolescent insomnia and related sleep problems Amy Wolfson, Alison Quin Appendix C : Sample outline : expository message The Doctrine of the Point of View A perfume is best from afar : publishing China for Europe Marcia Reed Moving to a new house V. 2 From Third World to First, 1965-2000 Hopkins in the age of Darwin A life with karol Program evaluation standards The notorious life of Gyp 55 Delta-Wing-Bladed Rotors. 104 The United States : the facts. Critical appraisal of teacher education Book of teaching english Ribbon around the Pentagon A. Language development and mother-child interaction. Immigration law and the family Augustine, Christian theologian. Vanessa carlton a thousand miles piano Activities Integrating Oral Communication Skills for Students Grades K-8 Crazy Wisdom: Radical Spiritual Eccentrics in Different Religious Traditions Patient management. The First Passive Solar Home Awards*