Statement: JLBC Staff Deputy Director John Lee Dies at University Medical Center

April 28, 1999
From: George Humphrey, (520) 626-7301

John J. Lee, deputy director of the Joint Legislative Budget Committee staff, died Tuesday, April 27, at 3:30 p.m. at University Medical Center. Mr. Lee, who was admitted to UMC April 12, died from liver failure due to chronic viral hepatitis.

Mr. Lee served on the JLBC staff for 22 years, 14 of which he was responsible for preparing the JLBC's budget recommendations for the state's three universities.

From 1990-95, he was chairman of the Higher Education Research Advisory Board, authorized by the Legislature to study higher education in Arizona. Mr. Lee, working with state Rep. Bob Burns, R-Glendale, was instrumental in establishing legislative funding for the Arizona Telemedicine Program at The University of Arizona College of Medicine; he also was instrumental in establishing legislative funding for the Arizona Liver Institute at the College of Medicine.

Prior to his work at JLBC, he was a visiting faculty member at Phoenix and Glendale Community Colleges. He also worked four years as a financial analyst for Ford Motor Company. Mr. Lee earned master's degrees in public finance and in economics at Arizona State University and a bachelor's degree in economics at Case Western Reserve University in Cleveland, Ohio.

He is survived by his wife, Tong Lee, and two children, Caroline Kimberly Lee and Elliot Lee.

Visitation is scheduled Thursday, April 29, 6 to 8 p.m., at Resthaven Park Mortuary and Cemetery, 4310 E. Southern Ave., Phoenix. The funeral will take place Friday, April 30, 10:30 a.m., at Resthaven, with burial to immediately follow the service. In lieu of flowers, the family requests donations be made to the UMC Renal Fund, UMC Development Office, P.O. Box 245082, Tucson, AZ 85724-5082. At Mr. Lee's request, the donations will be used to support the work of UMC liver transplant surgeon Paul Nakazato, M.D.

http://www.ahsc.arizona.edu/opa/news/apr99/lee.htm
3/14/2006
March 14, 2006

TO: Sandy Beeler/Jack Roberts
FR: Jacqueline Mok
RE: 1997-98 Arizona State legislation
FAX: 621.1008/626-6252

Sandy and Jack:

For your records, the Liver Research Institute legislation was introduced during the Spring 1997 State Legislative session, and the funds were appropriated in honor of John Lee, the senior staff member of the Joint Legislative Budget Committee who passed away from a liver disease.

At best I can tell, there was no parallel ABOR approval for this institute, since it was established legislatively.

The line item continues to appear in the JLBC budget. In FY 2007, the request is for $512,600.

This fax has 6 pages, including this cover sheet.
PROPOSED AMENDMENT

SENATE AMENDMENTS TO H.B. 2008

(Reference to House engrossed bill)

1 Strike everything after the enacting clause and insert:
2 "Section 1. Appropriations purpose
3 A. The sum of $600,000 and eight full-time equivalent positions is appropriated from the
4 state general fund in fiscal year 1997-1998 to the university of Arizona college of medicine for
5 liver disease research.
6 B. The university of Arizona college of medicine shall establish a liver research institute for
7 clinical research of liver diseases and acquisition of outside grants and donations from both
8 public and private institutions and individuals. The focus of the research shall be the search for
9 chemical or natural agents that offer a potential cure for liver diseases."

3/31/07
8:31 am
TR/JS/APPROP
Proposed by Senator Bowers
ARIZONA LIVER RESEARCH INSTITUTE

A. General Fund $500,000 for FY 1998
B. Local Funds $200,000 for FY 1998

I. Research Activity Section (4.0 FTE Positions)
   1.0 FTE M.D. Clinical Researcher
   2.0 FTE Ph.D. Researchers
   1.0 FTE Administrative Secretary

II. Funding Activity Section (4 FTE Positions)
   1.0 FTE Administrator
   1.0 FTE Grant Specialist
   1.0 FTE Research Analyst
   1.0 FTE Administrative Secretary

Total Personal Services $525,000
Employee Related Expenditures $4,000
All Other Operating Expenditures $1,000
TOTAL $700,000

4/2/97
by JL

First Fund Raising Suggestion: Phoenix Suns vs. Arizona Wildcats
THE GROWING IMPORTANCE OF RESEARCH RELATED TO HEPATITIS C

The National Institute of Health (NIH) has identified two major threats to public health from emerging infectious diseases. They are hepatitis C, and hantavirus and other emerging viruses. Hepatitis C is currently considered to be the more serious of the two threats. Presently, about 4 million Americans are infected with hepatitis C. The NIH has recently awarded seven new research grants to address these concerns. Four projects will focus on hepatitis C and three will study hantavirus and other emerging viruses. First-year funding for the new projects will total approximately $3.7 million. As the proportion of the population affected by hepatitis C continues to grow, there is likely to be an increased need for research of the disease.

The following institutions received the new NIH hepatitis C research grants:

- Stanford University
- University of North Carolina- Chapel Hill
- University of Southern California
- University of Washington

Hepatitis C

- The hepatitis C virus causes approximately 150,000 cases of acute viral hepatitis each year in the United States. Recovery from infection is rare and between 70 and 90 percent of infected persons become chronic carriers of the virus. Last month, an NIH sponsored committee described treatment of the disease with current drugs as "disappointing."

- According to the Centers for Disease Control and Prevention, chronic liver disease, due to hepatitis C causes between 8,000 and 10,000 deaths and leads to about 1,000 liver transplants each year in the United States. Some estimates suggest that the disease will kill 24,000 Americans annually within 20 years.

- Despite some recent advances in research, many questions about the disease remain. The mode of disease transmission is unknown for more than 40 percent of all cases. Also, the role that host factors play in chronic hepatitis C infection is largely unexplored. The virus's genetic diversity and high rate of mutation create obstacles for developing treatment and prevention strategies.