

Curriculum Vitae

Giovanni Rissone, who was born in Turin on 30 March 1948 and is resident in Torre Pellice (Province of Turin), declares the following curriculum vitae to be a summary of his qualifications and working experience:

- degree in Medicine and Surgery from the University of Turin (1974)
- postgraduate diploma in Psychiatry from the University of Turin (1979)

- Attended and passed numerous training courses, including the first course on epidemiology at the Istituto Superiore di Sanità in Rome.

- Holds national qualification from Ministry of Health as Head Physician in Psychiatry, awarded in Rome in 1986.

- Inscribed in Ministerial List of those suitable as top managers of ASL (local health boards) and ASO (hospital trusts) published in 1993-94 by the Ministry of Health, and later expanded by new Health Minister On. Costa.

- Holds certificate of Health Manager, awarded on 10 June 2002, having attended and passed first training course on Public Health organisation and management organised by Regione Piemonte.

- 1975–1978: worked in various psychiatric hospitals (Fatebenefratelli, Racconigi, Collegno/Savonera).

- 1978–1995: founder and head of Psychiatric Unit at newly constituted U.S.S.L. 43 (Local Public Health Unit) for Val Pellice, in the Waldensian territory, which allowed me to act freely to create and construct services focused on the individual.

- 1981–31 December 1994: Medical Co-ordinator again for U.S.S.L. 43 and head of primary care service, testing and introducing changes and health services by creating and implementing the law for Pyschiatric reform (Law 180) and Medical reform (Law 833) of 1978.
Both these laws are still under implemented in Italy today, 30 years later.

- 1 January 1995 to 4 August 1995: Director General of A.S.L. 10 (Local Health Board) in Pinerolo. Together with that of other Director Generals, this position lapsed following the sentence passed by the Regional Administrative Court (TAR) due to petitions regarding appointments following scores given by the boards of assessors.

- 25 March 1996 – 17 February 2002: Director General of A.S.L. 4 Ospedale San G. Bosco, Torino Nord Emergenza, and Ospedale Luigi Einaudi (a hospital that I closed due to the extremely negative and damaging cost/benefit ratio for the population). .

My teachers were the scientists and psychiatrists Prof. Franco Basaglia and Prof. Agostino Pirella from whom I also learnt to make a strike for freedom by using truth, honesty and responsibility, and to bring about change, by achieving facts, forging ahead with courage and determination. They also taught me to learn from new experiences and to introduce the

paradigm of “Promoting Mental Health”, overcoming existing closed systems, not just the mental asylums, and establishing a free and open system. This was subsequently expanded to “Promoting Health” in general, through my work as a Medical Co-ordinator and later Director General, as a doctor, therefore “putting the patient first in my heart” (and later “pulling out the plug” to be a doctor). This gave me motivation compared to my non-medical colleagues, who worked in administration or as medical hygienists and had no experience of life as a doctor.

This is also a reason why a doctor does not aspire to be or want to be a Chief Executive of Health in Italy, with management consequences for the creation and implementation of organisational, cultural and professional changes leading to modern, efficient and effective health services, focused on the individual, with a positive cost/benefit ratio, as part of an integrated public/private system between region and hospital in order to bring about the Promoting Health paradigm.

I set up the Health Promotion Secretariat (Segreteria Generale Permanente per Far Salute) of which I am secretary (resolution passed by USSL 43, Regione Piemonte) under the auspices of the WHO Regional Office for Europe. The secretariat is inspired by the Ottawa Charter for Health Promotion, WHO 21 November 1986.

It comprises key members and figures, from Prof. Agostino Pirella to Don Luigi Ciotti, Prof. Silvio Garattini, Sen. Franca Ongaro Basaglia as a member of the “Health Promotion” Commission of the World Health Organisation and wife of the psychiatrist Prof. Franco Basaglia (who died in 1980), as well as my friend Benedetto Saraceno, former Head of the Mental Health Service at the Mario Negri Institute in Milan and currently Head of the WHO Department for Mental Health in Geneva.

- Organiser of numerous national and international conferences on health topics aimed both at research and to compare experiences.

- Among the most important are:

National Conference at Torre Pellice “HEALTH PROMOTION: A COMPARISON BETWEEN SERVICES AND COMMUNITIES”, 11 December 1986 with the sponsorship and participation of the Italian Minister for Health, Sen. Carlo Donat Cattin, who announced the implementation of “Health in Business” in order to increase corporate responsibility.

The conference was attended by Sen. Franca Basaglia, Prof. Pirella, Pastore Taccia, Don Ciotti, Mons. Nervo, Prof. Michele Olivetti, Prof. Filogamo, Prof. Renga, Dott. Valpreda, Prof. Pandolfo, Mrs Galetti.

National Conference at Torre Pellice “VETERINARY PUBLIC HEALTH IN ITALY: YESTERDAY, TODAY, TOMORROW”, 29 January 1988 with the sponsorship of the Italian Ministry of Health, and the participation, among others, of:

Prof. Francesco Pocchiari, Director of the Istituto Superiore di Sanità. Prof. Sergio Paderni, Director General Health Planning Service, Ministry of Health. Prof. Luigino Bellani, Director General of Veterinary Services, Ministry of Health. Prof. Giuseppe Rognoni, Veterinary representative at the Superior Health Council.

The first International Congress “Mental Health Services and Research”, Turin, 15 June 1989, organised with Benedetto Saraceno with the sponsorship of WHO, Ministry of Health, “Mario Negri” Institute for Pharmacological Research and attended by leading Italian and international researchers and psychiatrists.

- Author of numerous publications, including two books published by Rosenberg/Sellier:

Obiettivo Far Salute
and, with Benedetto Saraceno:
La Ricerca in Salute Mentale.

Several years ago WHO declared the two Italian Reform laws of 1978 as being among the best in the world. This is true, but without making a detailed analysis of the quality of the events leading to their realisation, I cite the WHO:

The words themselves have often changed in Italy, such as, for example, the Ministry for Medical Services has become the Ministry for Health, but the negative reality of health services throughout most of Italy has remained. Many of the old closed systems and power structures have remained unchanged, including the universities, which are now decadent. These existed prior to the law, and both culturally and professionally they resist innovation and are conditioned by the predominant business of patient-focused disease at a local, national and international level.

I was an active member in the 1980s of the National Coordination for Democratic Psychiatry which aimed to promote Mental Health, starting by overcoming the response of the asylums. PD (Democratic Psychiatry) was also set up to dialogue and acquire its own identity with the political parties on the scene at the time, from Prof. Franco Basaglia in 1973, under the subsequent chairmanship of Prof. Agostino Pirella, who was succeeded by Prof. Franco Basaglia, who died on 29 August 1980.

I have implemented laws in spite of severe obstacles and a lack of financial resources, also in view, in my specific case, of the low historic starting spend and absence of property for the centres, both for the USSL (local public health unit) and services, unlike other new USSLs in which, moreover, not much was achieved. Moreover, numerous arrests and convictions were and still are being made by the Magistrature, also with the subsequent ASL (local health boards) and ASO (hospital trusts) (from 01/01/1995).

Both in the ASL 10 of Pinerolo and in ASL 4 of Turin, I always started again with crumbling social and health realities burdened by severely inadequate historic expenditure.

In order to innovate and change, I always defined extraordinary Horizons and Objectives to motivate and enhance the operators:

In USSL 43 the Psychiatric and Health Reform

In ASL 10 the realisation of an Italo-French European Health project

In ASL 4 an integrated Hospital Medical Emergency and Regional Health project.

Ospedale San Giovanni Bosco, from being a crumbling adjunct to the Molinette (the third Italian hospital joined to the University), known as “the nettle hospital”, was transformed into an avant-garde facility for Emergency medicine with new specialisations at an international level.

This was again achieved as an affirmation of the methodology based on interaction and integration, combined with honesty, humanity and freedom of relations between operators and patients.

Starting from 1981 (when the USSLs – local public health units – were instituted) I invented and organised new regional services ex lege in USSL 43, Val Pellice Mountain Community, in Piedmont:

Public health districts
Public hygiene

Forensic medicine
 Veterinary medicine
 Psychiatric unit with a therapeutic community, home-based activities, out-patient clinic and the first automated information system for interventions
 Medical emergency service
 General medicine adopting problem-oriented medical records with the participation of new doctors
 Home and out-patient nursing integrated with general practitioners using the invention of the information system for home and out-patient nursing
 Creation of integrated home social and medical care for the first time in Italy, with Mrs Galetti, Head of Social Welfare Service
 Family planning
 Pediatric clinics
 Substance abuse unit
 Out-patient and home psychiatrics, rehabilitation and logopedia
 Infantile neuropsychiatry
 Pediatrics
 Dentistry with prevention of tooth decay
 Regional emergency service, anticipating the creation of the 118 [999] service

- From Val Pellice to Pinerolo and Turin, I have always created integrated regional/hospital services centred on the needs of individuals, and ranging from medical prevention to emergency services.
- In 1983 I created the integrated home-based social and medical care for the first time in Italy (Hospital medical care integrated with regional and social welfare services).
- In 1986 I closed the Ospedale Mauriziano in Luserna S. Giovanni and turned it into a Multiple Specialist clinic after an epidemiological survey and in response to the health needs of the local population.
- Planned and implemented projects for the prevention of cardiovascular diseases by assuring the prevention and treatment of arterial hypertension for the entire population in collaboration with general practitioners, tooth decay, visus, tbc, scoliosis, cryptorchidism. Also implemented health education projects, also on diet and the correct use of drugs, with the help of the management of the "M. Negri" Institute, including Saraceno and Gianni Tognoni, my "travelling companions".
- Planned and organised, in advance of the introduction of 118 [999 emergency services number] in Piedmont, emergency medical services, also equipping the existing ambulances with drugs and technologies (including the first European modular fibre optic defibrillator and the first decompression mattresses for severely polytraumatised patients) and setting up an operations centre with the Italian Red Cross in Torre Pellice with parking for emergency vehicles from other Associations (Green Cross) for waiting times. The inauguration of the first intensive care ambulance in 1991, achieved following fund-raising by the Italian Red Cross of Torre Pellice among the local population and intended to replace the existing ambulances, was blocked and prevented by the Regional Health Councillor for Regione Piemonte.
 I sparked off a lively debate with the Councillor which was also reported in the press.
 (The Councillor was subsequently arrested and sentenced for accepting bribes in relation to the helicopter rescue service.)

- At the same time a team of doctors, nurses and citizens (200) was trained to intervene (know what to do and what not to do) in the event of emergency / medical emergency, including cardiopulmonary resuscitation (future B.L.S.) with the use of an electronic computerised model (Resusci Anne).

For general practitioners and doctors from the Emergency Medical service, the teacher for the theoretical and practical sessions was Prof. Federico Olliveri.

- In A.S.L.10 in Pinerolo, which was formed by unifying USSLS 42-43-44, after having been appointed Director General from 1 January 1995 to 4 August 1995, when all the Director Generals were removed from office by the sentence passed by the Regional Administrative Court, I set up the resuscitation unit that had been blocked for 22 years (since 1978) with various arrests. I continued the European health project with the Briansonnaise (EU-funded Interreg project submitted by USSL 43 in 1993 and approved), which meant that Sestriere forms part of A.S.L.10 of Pinerolo.

I started the procedure to purchase the former Cottolengo hospital as the centre for the ASL (local health board) and medical activities.

Launched the district services in the process of unifying the Waldensian and Protestant USSL 42 and 43 with the Catholic USSL 44 in ASL 10.

Started the improvement of Ospedale Agnelli, both structurally and from a professional and organisational point of view.

- At A.S.L. 4 in Turin, having been appointed Director General from 25 March 1997 to 17 February 2002, I continued to work using the methodology of operating in integrated target-oriented groups, choosing the operators purely on grounds of merit for their professional skills, honesty, humanity and commitment to the mission that I officially defined as part of the Regional health plan.

A budget surplus of some 500 billion was realised but not funded, to the advantage of others, like the Molinette hospital, whose Director General was arrested.

- I immediately revised the project ex Article 20, which was useless and incorrect, and instead structured it to meet the needs and goals of Ospedale San Giovanni Bosco, including 6 new departments in the same budget. The new 6-storey structure was completed in February 2002 and is compliant with Law no. 626 with accident and emergency for the triage, 7 operating theatres, resuscitation, modern radiodiagnostics, dialysis, etc.

- I compiled the balance sheet using activity cost centres.

- I created the first Global Service in Piedmont, honestly, using a private company to operate the cleaning and catering services for operators and in-patients (personalised individual meals pre-ordered by patients the day before).

Having found the facilities to be totally inadequate, the company financed at its own cost the complete refurbishment of the kitchens in conformity with Law no. 626.

- In implementation of the Regional Health Plan, I introduced second level DEA and the relative services/specialist departments (these had been authorised, but no funding had been received in spite of repeated official requests and reports, also in the press, by Regione Piemonte). On 17 February 2002 I was the only Director General in Piedmont whose position was not renewed owing to deficit, even though at the time of my appointment I had taken over a historic level of expenditure with a deficit of some 90 billion lire. In 2001, however, the hospital of San Giovanni Bosco (A.S.L. not A.S.O.) was rated by the Ministry of Health as the sixth best in Italy for case mix: this for a hospital that had been crumbling in 1996 when I took up my post.

- I created the following units as the result of intense activity through integration and group work, achieving regional, national and international media coverage because of the exceptional medical results. The head physicians were appointed by free choice:
 - Emergency surgery (Francesco Henrichens, and later Renzo Leli)
 - Emergency medicine (Prof. Federico Olliveri)
 - Vascular surgery (Ferruccio Ferrero)
 - Neurosurgery (Giuseppe Oliveri)
 - Cardiology with hemodynamics and angioplasty (Riccardo Bevilacqua)
 - Maxillofacial surgery (Luigi Solazzo)
 - Neurorehabilitation (Letizia Mazzini)
 - Neurological crisis unit (Letizia Mazzini)
 - Uro-oncological surgery (Giovanni Muto)
 - Resuscitation (Enrico Visetti)
 - Accident and Emergency (Antonio Sechi , American Tutor of Emergency)

- Although it is still an A.S.L. (local health board) hospital, I made San Giovanni Bosco into an international benchmark for emergency medicine for the W.H.O. and the People's Republic of China.

The number of admissions (not transfers) to the A&E Department in my hospital were rose to 76,000 per year and 75% of those admitted were brought to A&E by the 118 service, often because others were not available.

Admission to A&E ranged between 200 and 300 per day, and 20–30% of these were very severe: yellow/red emergency codes.

We never refused any emergency even if all the beds were occupied and the operating theatres were used 24 hours a day.

Two case studies:

A 40-year-old man was resuscitated for 1 hour and 17 minutes and saved by a group of my operators: 5 doctors and 15 nurses.

A two-year-old child, who cut his carotid artery and jugular vein by crashing into a glass door at home, in Pinerolo outside Turin, was saved in extremis by two of my three vascular surgeons, thanks to the Carabinieri who accompanied him to hospital at maximum speed, risking their own lives and those of my team, with a heavy escort (a second police car was used to flank the other), because none of the vascular surgeons (16 in total) on duty that day (Grand Gard) in Turin were available when requested by the 118 emergency service. This delay and the onset of night prevented the 118 service from using the helicopter service to transport my surgeons.

At 2 o'clock in the morning I authorised the lease of a pediatric resuscitation bed for the postoperative admission to my hospital, given that none was available in the other hospital.

The Court for Patients' Rights ranked it in fourth place in a survey (12 October 2000) of 40 Italian hospitals monitored for efficiency and safety.

- In implementation of the convention between the Italian Ministry for Foreign Affairs and the Local health board 4, Ospedale San Giovanni Bosco Torino Nord Emergenza, under the auspices of the Italian Ambassador in Peking, in 2001 I signed agreements (in the presence of the relative Chinese ministers for health), as part of the programme for comparison and reciprocal exchange, to train Chinese hospital doctors in emergency medicine in Peking, Wuhan, Tai An, Shanghai, and I hosted 110 Chinese doctors, surgeons and nurses at S. Giovanni Bosco Hospital while I was Director General until 2002.

- In 1998 I made arrangements to train multi-professional doctors in emergency medicine for A&E, ER, and first aid by setting up the position of head physician in A&E, for which I introduced triage, Emergency Room (USA), with teaching by the best European and US specialists, including Enrichens, Visetti, Sechi, Leli, Cametti, Bevilacqua, Aprà, Della Corte, Delooze, A. Jagoda, W. Mallon, A. Kazzi, J. Olliman and the Catholic University. Experimentally, the figure of the General Practitioner was introduced in A&E for patients with low severity codes.
In 2000, the GPs working in A&E examined 30,000 patients, reducing waiting times and improving resources for those required emergency interventions.
Tests were also carried out to introduce computerised systems for A&E which were used to follow patient progress.
I also instructed the working project for a 24-hour helicopter landing pad.

- Experimental trials were also launched using autograft bone marrow staminal cells for the reproduction of neuronal cells and their neurosurgical insertion into the spinal cord.

- At a regional level:

Integrated assistance and prevention was activated, as in Val Pellice, USSL 43, Regione Piemonte.

The first public day centre in Italy was set up for Alzheimer patients.

Cabling was laid between C.U.P. (Centro Unico Prenotazione – Centralised Booking System) and all the pharmacies belonging to the Local Health Board to allow citizens to book tests and specialist visits in their local pharmacy, thus avoiding lengthy queues.

The Can-go bus was invented and launched to look after drug addicts throughout Turin, helping to reduce deaths and promote rehabilitation; this superseded the experience of the “camper” operated by Don Luigi Ciotti which only covered the area of ASL 4 and created severe inconvenience for inhabitants and relatively strong political repercussions.

The RSA in Via Botticelli, Turin was set up and launched, with the Council. It provides a structure on a human scale for elderly patients who are ill and not self-sufficient.

- Integrated home-based public health care using regional and hospital facilities increased a hundredfold.
- Affirmation of the methodology of working as a group, transparently and without compartmentalisation, but instead integrating knowledge and different specialist expertise: Set up a single Intensive Care ward, which can expand from 8 to 15 beds to meet requirements, using temporary hire, without moving patients, but with specialists who move around. However, Specialist Intensive Care departments continue to exist with free beds that do not accept patients from other specialisations, and patients are transferred from one hospital to another, even outside the region.

The operating theatres were only distinguished by the sterility of the type of surgery, but were not dedicated to individual specialists in particular pathologies, as usually happens. Therefore, several specialists operated together on the same patient to treat all the existing problems, reducing the number of deaths as well as cutting costs because of fewer operating theatres and lower staffing levels.

In the “Promoting Health” paradigm everyone, from citizens to administrative and medical operators, can become protagonists or players, and that also includes me.

Giovanni Rissone