

Jamal M. Edwards, JD

President & CEO

June 23, 2011

Elisabeth Wilson, MD, MPH
PRIME-US Program Director
Family and Community Medicine
University of California, San Francisco
Via Email to: ewilson@fcm.ucsf.edu

Dear Dr. Wilson:

We are pleased that you are a member of the HRSA/BPHC Negotiated Rule Making Committee and, as such, are participating in the review of the eligibility criteria for Federally Qualified Health Center ("FQHC") status. On behalf of Howard Brown Health Center ("HBHC"), and the diverse regional community of more than 36,000 people we serve each year, we are pleased to share some information with you in support of our view that LGBT should be included among the eligibility criteria for FQHC status. We believe the data shared herein, collected through and informed by our nearly 40 years of service to the LGBT community, demonstrates the compelling need for recognition of the LGBT population specifically as a medically underserved population and, as such, supports our view that HRSA and the BPHC should recognize LGBT as part of its eligibility criteria for Section 330 grants and designation as an FQHC.

In this letter, we are pleased to summarize the following recent data:

1. Estimated unduplicated count of HBHC's self-identifying LGBT active patients (having at least one primary care visit in the preceding 12 months).
2. A map illustrating the local geographic distribution of HBHC's active LGBT patients, as identified above, and a table showing the geographic distribution of HBHC's active LGBT patients regionally and internationally by zip code.
3. Our recommendations regarding revised regulations for an LGBT-focused FQHC, including changes to reduce or eliminate barriers to entry for LGBT health centers seeking FQHC status.

As a threshold matter, we'd like to highlight a few particular points about Howard Brown Health Center. HBHC has been a designated FQHC Look-A-Like since 2006 and, in addition, is a Section 330 subrecipient under Heartland International Health Center, a Chicago-based FQHC. HBHC serves an estimated 36,000 people each year. However, not all of these are active participants in HBHC's Section 330 eligible services. We currently estimate that, of the 36,000 unduplicated participants in our programs, approximately 1/4th or 10,000 unduplicated patients will access our primary care services in 2011. In addition to the primary care and enabling services required by Section 330, HBHC also provides a variety of health and wellness services, including, for example:



Howard Brown Health Center

4025 N. Sheridan
Chicago, IL 60613
(773) 388-1600
(773) 388-8887 (fax)

Triad Health

3000 N. Halsted
Suite 711
Chicago, IL 60657
(773) 296-8400

Broadway Youth Center

3179 N. Broadway
Chicago, IL 60657
(773) 935-3151
(773) 935-4739 (fax)

Brown Elephant Stores

3651 N. Halsted
(773) 549-5943

5404 N. Clark
(773) 271-9382

217 W. Harrison
Oak Park, IL
(708) 445-0612

www.howardbrown.org

- HIV/STI prevention, treatment and testing to approximately 10,000 youth and adults, annually;
- Youth services, including health, education and social services provided at our Broadway Youth Center for more than 5,000 homeless and at-risk LGBT youth annually;
- Lesbian women's services, including, through our Lesbian Community Care Project, health education and outreach to more than 3,000 lesbian women annually, as well as breast and cervical cancer education and screening services to approximately 500 lesbian women annually;
- Transgender services, including medical and behavioral health services to more than 500 Transgender patients annually, HIV/STI prevention, testing and education services to more than 1,000 transgender people each year, and health education and support services to nearly 300 Transgender people through our CDC-funded Transgender HIV intervention program, "TWISTA" (Trans Women Informing Sista Transwomen on AIDS); and
- National research, including more than a dozen NIH and other federally-funded behavioral research projects addressing innovative LGBT health and HIV/AIDS questions and interventions, with approximately 600 active annual LGBT participants, and more than a dozen clinical trials and research projects, reaching hundreds of LGBT patients.

HBHC firmly believes that culturally-competent and compassionate primary care is the best way to prevent and eliminate health disparities experienced by LGBT people (and all people in general) and to improve their overall health outcomes, individually and as a collective community. As a result, HBHC submitted its New Access Point application to become an FQHC this past December, seeking additional support for its goal of engaging all 36,000 of its participants in primary care and enabling health and wellness programs. Of those 36,000 people, we are estimating that approximately 85% or more of them are LGBT, compared to approximately 65% of our current primary care patients. Thus, our efforts to engage more of our overall participant population is likely to increase our proportion of LGBT patients engaged in primary care at HBHC.

I. Estimated Unduplicated LGBT Active Patient Count

At HBHC, sexual orientation and gender identity data is currently collected only through patient registration forms (typically only upon initial registration into the center). As a result, the available data necessarily depends upon self-disclosure, which often results in underreporting.

From July 2010 through May 2011, HBHC served approximately 8,500 unduplicated patients through its medical and behavioral health services for youth and adults at its three clinical sites. For the same period and same sites, we conducted approximately 30,000 visits. Of those, **approximately 65% of patients self-identified as Lesbian, Gay, Bisexual or**

Transgender; 27% identified as heterosexual; 6% did not disclose any sexual orientation or gender identity information; and 2% disclosed they were unsure. Importantly, we have more than 500 active self-disclosed transgender patients in our medical and behavioral health programs. Gay men represent nearly 75% of our LGBT patients, whereas lesbian women and bisexual people represent approximately 9% each, and queer and transgender patients comprise nearly 6%.

II. HBHC Patient Geography

As you may know, HBHC is the largest community health center serving primarily LGBT people in the Midwest. Most of our programs are unduplicated and unavailable elsewhere throughout the region. As a result, our patient base is geographically diverse and has historically included patients from nearly every state in the Central/non-coastal continental United States. For example, during the preceding twelve (12) month period, HBHC served patients from 30 states and 1 Canadian province (Ontario).

Attached as **Exhibit A** is a scatter-gram map, illustrating the locations of our patients, locally within the Metropolitan Chicago area. We do not currently have a nationwide scatter-gram, but have attached, as **Exhibit B**, a spreadsheet reflecting the number of patients we've served in regional zip codes during the preceding 12 months. (This report excludes approximately 3,000 homeless and at-risk LGBT youth served at our Broadway Youth Center who, because of their homeless status, often do not have addresses; but we anticipate the substantial majority come from within the Metropolitan Chicago area).

III. HBHC Comments/Suggestions for LGBT-Sensitive Section 330 Eligibility Criteria and Regulations

Historically, the FQHC program's eligibility criteria presented barriers—even if unintended—to inclusion of and participation from LGBT-focused community health centers. While there are several areas of improvement, we would like to specifically highlight a few for special attention:

- a. Recognition of the LGBT population as a “medically underserved population” (MUP), regardless of geography.

Historically, the FQHC program has recognized certain marginalized or at-risk populations as medically underserved populations, such as homeless and migrant farmers/workers—but not LGBT. LGBT should receive similar recognition—a magnet FQHC, serving primarily LGBT people could draw from and serve a broad geographic region, as an effective complement to the existing FQHC infrastructure.

It has been widely recognized that the LGBT population is at risk for increased health disparities and suffers from poorer health outcomes relative to non-LGBT people. It is similarly well-established that, as a result of historical and continued discrimination in employment, public benefits and other accommodations, LGBT people experience a greater rate of poverty,

unemployment and, consequently, lack of access to health care. Most recently, the [Institute of Medicine's report on the Health of Lesbian, Gay, Bisexual and Transgender people](#) recognized that LGBT people as a collective, and also their respective sub-populations individually, experience unique health disparities and have historically lacked access to culturally competent health care for their specific and unique health needs. Similarly, the IOM Report and other literature, such as the Healthy People 2020 Report and the President's National HIV/AIDS Strategy, have each recognized the need for LGBT-sensitive health care including, for example, cultural competency training for health providers serving the LGBT population. We believe the lack of culturally competent LGBT health professionals has impeded the effective and comprehensive delivery of appropriate health services to LGBT patients, delaying the improvement of individual and community health outcomes within the LGBT community specifically, and the broader community in general.

As we've experienced here at HBHC, serving the LGBT population necessarily includes serving a geographically diverse patient base; particularly, compared to other community health centers whose patients typically come from the immediately surrounding community. We believe our geographically broad and diverse patient population is a consequence and evidence of the comparative lack of culturally competent community health centers and safety net health providers dedicated to, or properly equipped for serving, the LGBT population. Here in Chicago (the 3rd largest city in the U.S.), HBHC is perhaps the only provider available and equipped to provide culturally competent primary care to LGBT people outside of the hospital or city/county public health setting. While it remains unclear whether the creation of additional LGBT community health centers is required, it is clear that the existing culturally competent health centers would benefit from Section 330 designation and grant funding. The FQHC designation and funding would better enable and expand access to care for such a demonstrably underserved and geographically diverse population of patients as the LGBT population.

For several years now, HBHC has served patients from approximately 30 states, and even from the Canadian province of Ontario. The fact that so many patients choose to travel a substantial distance to an LGBT-competent community health center such as HBHC is telling, both of the perceived (indeed real) lack of cultural competency in other community health settings, and also the compelling need for primary care services for the LGBT population. Increasing the availability of LGBT health services through an LGBT-focused FQHC would increase the availability and delivery of necessary primary care services to patients who would not otherwise access preventative and primary care—even despite experiencing substantial health disparities and diminishing health outcomes. To be sure, many traditional FQHCs treat LGBT patients, even if those patients don't self-disclose their sexual orientation. Yet, most FQHCs will no doubt readily admit that they lack sufficient experience, cultural competency and specific training to serve these patients, particularly those experiencing significant health issues and chronic illness as a result of their LGBT status. Recognizing this, for example, the New York City Health and Hospitals Corporation (HHC) announced this past May the launch of a mandatory employee [LGBT cultural competency training program](#). We will be seeking similar programs here in Chicago, as our need is equally compelling, if not greater.

Ultimately, we believe more LGBT-focused FQHC sites are necessary, particularly in major metropolitan areas. Their presence will undoubtedly improve the overall availability of culturally competent LGBT health services in that region, and similarly relieve the burden on other FQHCs who lack sufficient competency and resources to serve the LGBT population. In fact, creating eligibility criteria for LGBT-focused FQHCs would likely allow more traditional FQHCs to expand services to their respective communities, by creating more opportunities for general access when LGBT patients migrate to a health center that is better equipped to meet their needs.

b. Ryan White/HIV Funding

HIV/AIDS continues to disproportionately impact the LGBT community. As more LGBT people access care at LGBT-specific community health centers, we are very likely to see a greater number of HIV/AIDS diagnoses and patients in need of culturally competent primary and chronic disease care. Like the LGBT population generally, HIV-positive LGBT patients experience a higher rate of poverty and lack of access to health care. Yet, caring for HIV-positive patients requires additional resources, including more highly-trained providers and more provider time, increased lab services, increased pharmacy services, and often the provision and/or coordination of specialty services for chronic disease management and treatment. For those experiencing poverty, much of the public funding for HIV care is available through the Ryan White Care Act – for which support and funding has been decreasing over the past decade and is expected to substantially decline, if not be eliminated, in the next decade. In health centers, the funds available under Ryan White, however, are limited and reserved as a payor of last resort. Accordingly, a Section 330 grantee may need to exhaust its Section 330 grant before accessing Ryan White funding for its HIV patients, who would otherwise be eligible for Section 330 services. For FQHCs serving a disproportionately higher number of LGBT patients—as HBHC likely would—this likely means that a center’s Section 330 grant would be depleted at a faster pace than a traditional FQHC, as more of the grant would be used to cover care for HIV positive patients, leaving less for HIV-negative LGBT patients and others seeking primary care. Yet we know, and recent literature has acknowledged, that the LGBT community is also experiencing other significant health disparities and chronic disease states, such as diabetes, obesity, certain cancers and cardiovascular disease.

The absence of clear guidance to address this may become a barrier or impediment for LGBT-focused FQHCs. HRSA/BPHC should therefore recognize that an LGBT-focused FQHC may require additional Section 330 grant funds in order to ensure funding is available for its patients who may not be HIV-positive, but are nonetheless experiencing poverty and in need of Section 330 primary care services. Without additional funds to recognize the heightened and more costly level of care provided by an LGBT-focused FQHC as a result of its higher proportion of chronically ill patients, such an FQHC may be at greater risk of financial instability.

c. Medicare/Medicaid

Here at HBHC, gay men tend to make up a greater proportion of the LGBT patients currently accessing community health services. As a result, the availability of Medicaid as a reimbursement source is diminished. This is likely to hold true in other LGBT health centers as well. Additionally, as recognized in the IOM Report, LGBT people are less likely to create families. For lesbian, bisexual and transgender women, for example, this means a substantially diminished likelihood (compared to non-LGBT women) of accessing state and federal entitlements like Medicaid, even regardless of poverty status, as many of these programs depend upon family status. Most FQHCs sustain themselves with a healthy patient/payor mix comprised substantially of patients who are eligible for and receive Medicaid or other federal and state support—in addition to their Section 330 grant and other BPHC support. This option may not be as readily available to an LGBT-focused FQHC. Additional Section 330 resources may be required in order to ensure the sustainability of an LGBT-focused FQHC under these circumstances.

d. Removal of Site and Service Area Restrictions on Section 330 Grants and Services

FQHCs require a substantial amount of infrastructure and operational support to perform effectively and efficiently. As a result, new health centers are not likely to be created without substantial additional resources for both capital and operational costs. Given that LGBT people are estimated to make up 10% or less of the total population, capital expenditures to build multiple sites may not represent the most effective use of resources to serve this special population. We do believe, however, that a center like HBHC could serve a broad metropolitan and even regional area if the scope of any Section 330 grant were expanded to allow for the provision of services regardless of location or site within a regional service area. For example, an LGBT-focused FQHC could provide services using a mobile ambulatory care vehicle or in collaboration with, or on location at, other FQHC sites with demonstrable need. Additionally, an LGBT-focused FQHC could operate smaller clinics on location at, or in collaboration with, other LGBT and HIV/AIDS service organizations desiring to provide their participants with access to culturally competent health services. However, additional flexibility in the grant scopes may be required, instead of fixing the grant scope based on particular location or site, or set of locations or sites. In the case of an LGBT-focused FQHC, such restrictions could be an impediment or barrier to such a collaborative—and we think, effective—approach to providing primary care to such an underserved population.

Similarly, stigma continues to present an impediment or barrier to care for LGBT people, particularly those living with HIV/AIDS. Stigma often is an unintended consequence of being known as an LGBT-focused health clinic, or clinic which provides care to people who are HIV-positive. As a result, an LGBT-focused FQHC would likely need flexibility to offer services to LGBT people in locations that do not readily disclose the FQHCs unique status or service population. Doing so could potentially eliminate or reduce stigma and a patient's fear of "outing" as a barrier to care, and increase participation in primary care. An FQHC could achieve this through a collaborative multi-site operation that includes certain sites existing within other

FQHCs or other community health centers, where it might otherwise be perceived to be service area overlap. Exemptions or exceptions to the service area restrictions may be required to achieve this.

Finally, we also believe a magnet-style clinical operation with fewer and appropriately tailored geographic restrictions will better improve an LGBT-focused FQHC to maintain a critical mass or substantial proportion of patients who are LGBT. We are informed that many of our peer LGBT community health centers that have become FQHCs under the existing program have experienced some challenges in maintaining a majority of LGBT patients, perhaps because of the greater proportion of underserved non-LGBT patients in their service area compared to the LGBT patients in their service area. Revising the service area requirements for an LGBT magnet FQHC would help in this regard by allowing the FQHC to seek out and serve more LGBT patients from the broader population. We nonetheless believe that it is reasonable to expect such an FQHC to serve a relatively greater proportion of LGBT patients than a traditional FQHC would – although further diligence may be required to determine whether a 50% or greater majority is feasible without additional support and resources, including some of the suggestions noted herein.

e. Expanded/Clarified FTCA Coverage for LGBT Specific Health Services

An LGBT-focused FQHC may provide services that currently fall outside of FTCA coverage. For example, transgender patients often request and receive medically-supervised hormone therapy. Yet, it is not clear that hormone injections and therapy for transgender patients are covered under FTCA, as they may be considered outside the scope of a Section 330 grant or service. As recognized in the IOM Report, scientific literature is calling for the elimination of gender dysphoria and gender identity disorder as a recognized mental illness, in favor of acknowledging people's right to identify their own gender. As a result, hormone therapy is increasingly becoming a routine element of primary care services for transgender people, who cannot truly maintain a healthy physical or mental state if they are uncomfortable in their bodies.

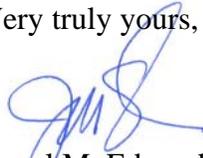
Similarly, in a traditional FQHC, family planning services typically include infertility services for heterosexual men and women. However, it is unclear whether infertility services for lesbian women or gay men would be treated similarly under Section 330 and the current regulations. As a result, an LGBT-focused FQHC would require clear guidance on FTCA coverage in these areas (and perhaps others), or revised regulations that clearly articulate a scope that includes such services. Otherwise, such an FQHC would need to purchase additional insurance, which could be a barrier or impediment to offering family planning services as an LGBT-focused FQHC.

We may have additional observations, suggestions and ideas that we would be pleased to discuss with you or any member of the committee, HRSA/BPHC or others. We are pleased and grateful for this opportunity to share our perspectives with you and your colleagues.

Elisabeth Wilson, MD, MPH
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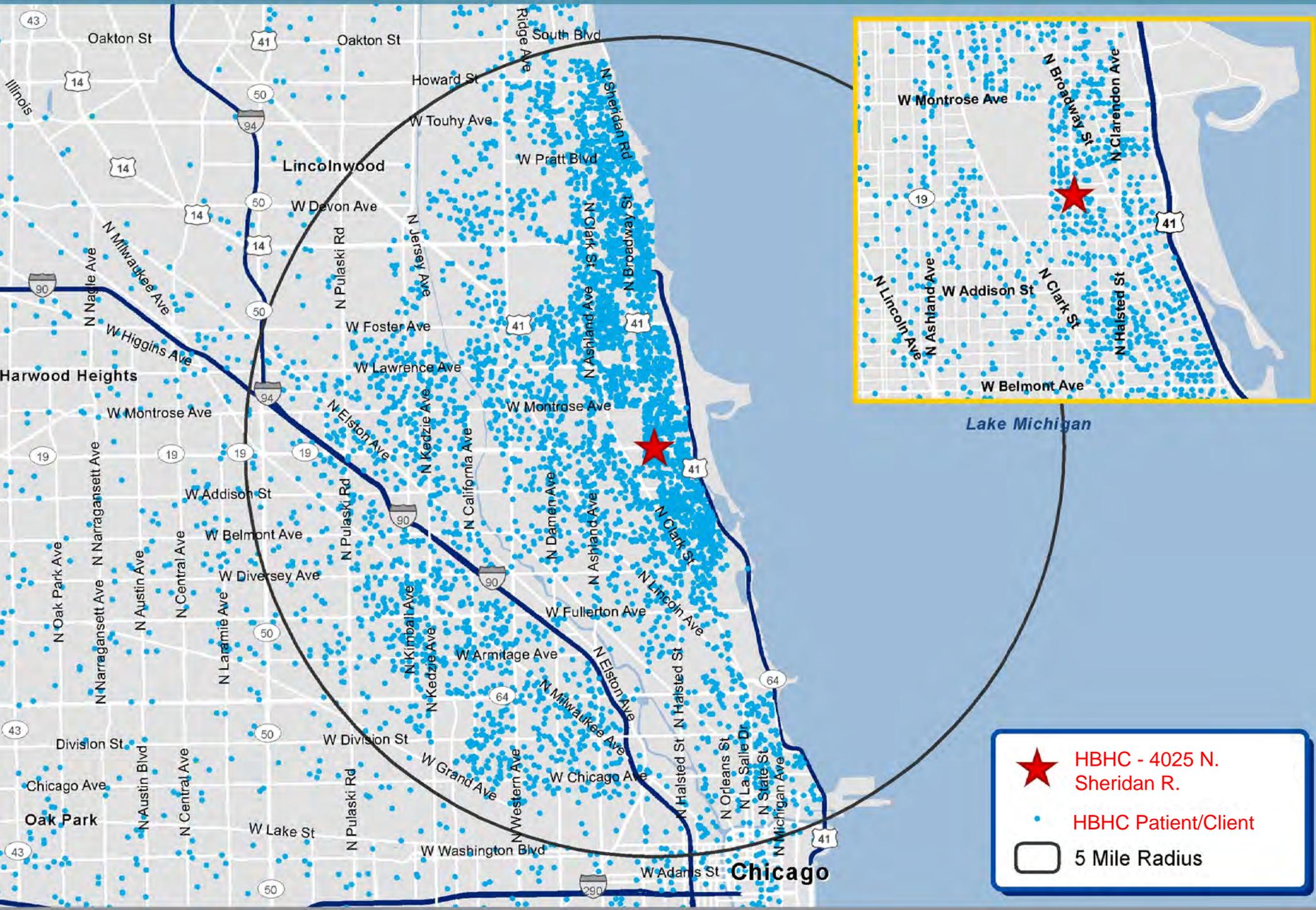
If you'd like to discuss this or any other matter further, please do not hesitate to contact me directly at 773-388-8790 or via email to jamal@howardbrown.org. Our team would be pleased to speak with you.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'JME', is positioned above the typed name.

Jamal M. Edwards, JD
President & CEO
Howard Brown Health Center

Attachments



-  HBHC - 4025 N. Sheridan R.
-  HBHC Patient/Client
-  5 Mile Radius

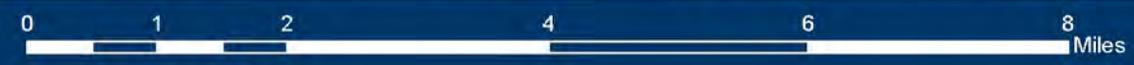


Exhibit B

HBHC Unduplicated Patients by Zip Code and LGBT Status (July 2010 - May 2011)

Zip Code	Orientation							Grand Total
	Bisexual	Gay	Heterosexual	Lesbian	Queer	Undisclosed	Unsure	
01701			1					1
01801						1		1
04530						1		1
06042			1					1
07974			1					1
08724		1						1
10027		1						1
11215						1		1
11704						1		1
17870		1						1
18017				1				1
18974						1		1
21201		1						1
22655	1							1
32962			1					1
33334		1						1
35212						1		1
43081			1					1
45069	1							1
45220					1			1
45246					1			1
45251					1			1
46307					1			1
46319		1						1
46320		1				1		2
46321		1	1					2
46322			1					1
46323			1					1
46327	1							1
46340		1						1
46350		1			1			2
46360		1		1				2
46368			1					1
46373	1	2						3
46383			1				1	2
46385	1							1
46392	1							1
46394		1						1
46403		2						2
46405		1						1
46407		1						1
46408	1							1
46410			1					1
46530					1			1
46617		1						1
47401		1						1
48073		1						1
48085			1					1
48235						1		1
48375					1			1

48765		1						1
49009					1			1
49098							1	1
49505			1					1
52240					1			1
52601							1	1
52722			1					1
52726				1				1
52803	1							1
53143		2				1		3
53144	1							1
53211		1						1
53223			1					1
53233			1					1
53402			1					1
54153	1							1
54451			1					1
55112			1					1
55401		1						1
55404			1					1
55413				1				1
55912				1				1
57505		1						1
60002	1		1					2
60004		1	1					2
60005	1	1	2					4
60007		1	1					2
60008	1	1						2
60009						1		1
60010	1	1						2
60013		1	1					2
60014						1		1
60015			1					1
60016		2	2	1		2		7
60018	1	2		2	1			6
60025		1	1					2
60030	1							1
60031		1	2		1		1	5
60033		3						3
60035		1	3					4
60040						1		1
60046		1	1					2
60047			1					1
60048	1					1		2
60053		2	2	2		1		7
60056	4	6	2			1		13
60061			1	1				2
60062		1	2	1				4
60064		1		1				2
60067	1	4				1		6
60068		1	1					2
60071			1					1
60074			1					1
60076	1	3	4		1	3		12

60077	3	3	2			1		9
60083	1							1
60084		1						1
60085		3	1	1	1	1		7
60087		1						1
60088		1						1
60089		1	1					2
60090		1	1					2
60091		2						2
60093	1	2	2					5
60097	1		1					2
60098		2	4		1	1		8
60099		1	1					2
60101			1					1
60102		2	1					3
60103		1						1
60104		6			2			8
60106							1	1
60107	1	1				2	1	5
60108						2		2
60110		1	1			1		3
60115	3	2	1				1	7
60118		1		1				2
60120	1	2	1					4
60123	1	1		1		2		5
60126		1					1	2
60130	1	7		1		1		10
60131	1	2						3
60133		2			1			3
60134		1						1
60137				1				1
60139		1				1		2
60143			1					1
60145			1					1
60148		5		1				6
60150	1							1
60152		1						1
60153		2						2
60154			3					3
60155	1	1	2					4
60156		1	1					2
60160			1		1			2
60162	1	1	1					3
60164		1	1	1				3
60165	1							1
60169		3				1		4
60171			2					2
60172		2	1		1			4
60173			1					1
60174	1							1
60181		2			1			3
60187	1					1		2
60188	1	4	1					6
60189			1					1

60191		1	1					2
60193			1					1
60194		2	2			1		5
60195		1	2					3
60201	3	9	5	2	1	1		21
60202	2	14	8	2	2		1	29
60204		1	1		1			3
60226						1		1
60301		1						1
60302	2	10	4	3		1		20
60303				1				1
60304	1	5	6	1			1	14
60305		1						1
60402		11	6	2		1		20
60403			1				1	2
60404						1		1
60405			1					1
60406		1	1					2
60409	1		3					4
60410			1					1
60411		5	3					8
60417		1						1
60419		3	1					4
60422					1			1
60426		3	1					4
60428		2						2
60429			2					2
60430	1	1	2	1				5
60431			1					1
60435		3						3
60438		4	1				1	6
60439		1	1	1				3
60440		1	2					3
60441		1						1
60443		2	2			1	1	6
60445	1	2						3
60446		2						2
60450		1		1				2
60451						1	1	2
60452		1	1					2
60453		2		1				3
60455	1							1
60456		1						1
60457					1			1
60458				1				1
60459			1					1
60461		3	1					4
60462		1						1
60463		1	1	1				3
60465				2		1		3
60466		7	1				1	9
60467				1				1
60468		1						1
60471		2						2

60472		1					1	2
60473		1	1					2
60478	1		1					2
60482		1						1
60484	1							1
60487		1						1
60490		3				1		4
60501		1	1					2
60502		1		1			1	3
60503		1						1
60504				2	1	1		4
60505		1						1
60506		1	4			1		6
60510		1						1
60513		2						2
60514		1	1					2
60516	2	3						5
60517		1	1					2
60518		1						1
60521		1						1
60523		1						1
60525		3	1					4
60526				1				1
60527		1	1					2
60532		3	1	1				5
60540		1	1					2
60542	2						1	3
60543			1				1	2
60544		1						1
60546					1			1
60555							1	1
60558						1		1
60559		2	1	1	1			5
60560		1						1
60561			1					1
60564			1				2	3
60586		2	1					3
60598		1						1
60601		9	3			1		13
60602			1					1
60603		1	1					2
60604	1	2						3
60605		14	5	2	1			22
60606	2	3	2					7
60607	1	10	12	1	1		1	26
60608	4	21	16	9	7	3	1	61
60609	1	10	5	3	1		1	21
60610	5	24	23	1	1	4		58
60611		10	10	1		1	1	23
60612	2	18	11	8	1	2		42
60613	20	329	167	19	8	28	7	578
60614	9	58	74	5	1	11	1	159
60615	4	9	7	4	5	1		30
60616	2	16	8	2	4	3		35

60617	4	10	5	6			1	26
60618	11	66	90	10	8	12	2	199
60619	4	11	6	6		1		28
60620	2	11	5					18
60621	2	10	3	2		2	2	21
60622	8	39	45	1	9	6	2	110
60623	2	12	8	4	5	1	3	35
60624		11	5			1	1	18
60625	14	96	64	18	7	14	5	218
60626	21	186	52	25	16	25	2	327
60627				1				1
60628	3	13	4	1		2		23
60629	3	13	13			2	1	32
60630	2	20	18	5	1	5		51
60631	1	2	5	2				10
60632	4	11	9	2		3		29
60634	3	16	6	1		2		28
60635		1						1
60636	2	5	1	1		3	1	13
60637	3	13	8	1	4	4	1	34
60638		8	3	1	1			13
60639	5	16	21	2	3	6	1	54
60640	52	418	117	46	30	24	8	695
60641	4	33	26	2		5		70
60642	4	12	13		1	3	1	34
60643		5	9	2		1		17
60644	4	9	3					16
60645	7	49	16	6	4	8	1	91
60646	2	4	7	2	1			16
60647	13	76	70	13	14	12	2	200
60649	6	28	10	5		2		51
60650		1					1	2
60651	5	14	11	3	1		1	35
60652	1	2	3			1	1	8
60653	1	15	7	1		3		27
60654		1	6	2				9
60655		1	3			1		5
60656	1	1	8	2		1		13
60657	18	311	220	11	10	19	2	591
60659	3	21	20	1	4	4	6	59
60660	13	270	54	25	29	18	4	413
60661		4	2			1		7
60680		3	1			1	1	6
60690		1						1
60706		3	3			1		7
60707		9	7	1		3		20
60712		1	1				1	3
60714		2	5					7
60804	1	10	2	1		1		15
60805		1						1
60827	1	3	1					5
60901	1	2	1			1	1	6
60922				1				1
60954	1							1

60957		1						1
60964		1						1
61008			1					1
61010				1				1
61021	1		1					2
61047				1			1	2
61068			1					1
61103	1		1		1			3
61104			2					2
61108		1						1
61109	1							1
61111			2					2
61201			1					1
61238			1					1
61254						1		1
61260			1					1
61265				1				1
61342	1							1
61362			1					1
61367		1						1
61401					1			1
61462	1							1
61533				1				1
61612							1	1
61701			1			1		2
61704			1			1		2
61755	1							1
61761		3						3
61801		2					1	3
61821		1						1
61822			1					1
61842						1		1
62095						1		1
62340		1						1
62522					1			1
62650	1							1
62701			1					1
62702			1					1
62704		1						1
63026			1					1
63116				1				1
63368			1					1
66614						1		1
72223			1					1
75374		1						1
76133			1					1
78223					1			1
78701			1					1
78751		1						1
79603						1		1
79922		1						1
83001							1	1
85086	1							1
85239		1						1

85284	1							1
89108		1						1
90020		1						1
90046	1							1
90068			1	1				2
90230		1						1
90254	1							1
90802		1						1
92240		1						1
93401		1						1
94603						1		1
95382			1					1
98122	1							1
M6G1X2						1		1
Unknown		1						1
Grand Total	357	2717	1534	320	213	308	90	5539