



# association of american medical colleges

## MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

### March 19, 1980

5:00 p.m.	Business Meeting	Kalorama Room
7:30 p.m.	Cocktails	Jackson Room
8:15 p.m.	Dinner	Kalorama Room

### March 20, 1980

9:00 a.m.	Business Meeting (Coffee and Danish)	Jackson Room
12:30 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Jefferson West
1:30 p.m.	Adjourn	

AGENDA  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

March 19-20, 1980

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MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

January 23-24, 1980

Washington Hilton Hotel  
Washington, D.C.

PRESENT: Board Members

Carmine D. Clemente  
Chairman (Presiding)  
F. Marian Bishop  
David M. Brown  
Daniel X. Freedman  
Lowell M. Greenbaum  
Joseph E. Johnson, III  
Thomas K. Oliver, Jr.  
Virginia V. Weldon

Staff

James Bentley\*  
John A. D. Cooper\*  
James Erdmann\*  
Lynn Gumm  
Paul Jolly\*  
Thomas Kennedy\*  
Joseph Keyes\*  
Mary Littlemeyer\*  
Thomas Morgan  
Diane Plumb  
John Sherman\*  
August Swanson\*

ABSENT: Robert Hill  
T. R. Johns  
James Preston  
Frank Wilson

Guest: Richard S. Wilbur

The CAS Administrative Board Business Meeting convened on January 23, 1980 at 5:30 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:30 p.m. Dr. Marguerite Hays, Assistant Chief Medical Director for Research and Development at the Veterans Administration, gave an informal talk after dinner. The meeting reconvened at 9:00 a.m. on January 24, 1980. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 p.m.

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\*present for part of the meeting

I. Adoption of Minutes

The minutes of the September 12-13, 1979 CAS Administrative Board Meeting were approved without change.

II. Action Items

A. Report of the AAMC Task Force on Graduate Medical Education

Dr. Swanson stated that the final report included an introduction by Jack Myers, Chairman of the Task Force, but that it was otherwise an unchanged version of the report the Board reviewed in September. He stated that at the AAMC Officers Retreat, the report had been fully discussed and that it had been determined that an invitational meeting of representatives from a wide range of organizations involved in graduate medical education should be held to allow for an intense discussion and examination of the report. Dr. Swanson stated that it was the hope of the Task Force that the report be widely disseminated, rather than "shelved," and used as a basis to encourage discussions about ways to improve graduate medical education. He requested suggestions from CAS Board members as to strategies for dissemination and utilization of the report. The Board briefly discussed the report and endorsed its recommendations.

ACTION: The CAS Administrative Board voted to approve the Report of the AAMC Task Force on Graduate Medical Education.

B. Medicare Reimbursement for Pathology Services

Dr. James Bentley of the AAMC staff was present to briefly outline for the Board the development of a proposed AAMC policy regarding reimbursement of hospital-based pathologists. He stated that in October, 1979 the AAMC ad hoc Committee on Section 227 had met to consider several issues, including a possible revision of the AAMC's position regarding Medicare payments to pathologists. The Committee is recommending that the Executive Council endorse an amended policy on this issue: that payment mechanisms should not discourage the contributions of pathologists in a hospital setting and that they be compensated on a fee-for-service basis based on a relative value scale of their actual participation in the treatment of a patient. The Board discussed this recommendation and endorsed it.

ACTION: The CAS Administrative Board approved the adoption by the AAMC of a position of advocacy for fee-for-service Medicare reimbursement of pathologists based on a relative value scale.

C. Report of the Ad Hoc Committee on Clinical Research Training

Dr. Morgan provided background information on the Report of the ad hoc Committee on Clinical Research Training which had been discussed in detail at the September Board meeting, the CAS Business Meeting in November, and the AAMC Officers Retreat. He stated

that few changes had been made to the report since the Board reviewed it in September and pointed out that the only major change was the incorporation of a statement to clearly define the need for and apparent dwindling supply of physicians trained for academic careers in research and teaching. He stated that the report's principle conclusion was that the number of research trainees in this country has markedly declined and is not adequate to meet current needs. Therefore, the report recommended that the number of research trainees be elevated slightly and subsequently stabilized. Dr. Morgan pointed out that the focus of the report was the decline in the number of MD research trainees, but that this in no way was meant to reflect a denegation of the importance of PhDs to biomedical research.

The Board discussed the report and several Board members suggested publications which they felt would be interested in reprinting it. Dr. Morgan stated that the report would appear sometime in the spring in Clinical Research, a publication of the American Federation for Clinical Research.

**ACTION:** The CAS Administrative Board voted to approve the Report of the ad hoc Committee on Clinical Research Training and recommended that the AAMC proceed to implement its recommendations.

D. Proposed Modifications of the Immigration and Nationality Act

Dr. Swanson provided background information on PL 94-484, the 1976 amendment to the Immigration and Nationality Act (INA). The most significant aspect of PL 94-484 was the statement by Congress that physicians and surgeons were no longer in short supply in the United States and that it was therefore no longer necessary to afford preference to alien physicians and surgeons seeking admission to the U.S. under the INA.

Dr. Swanson also reviewed three recently proposed modifications to the Immigration and Nationality Act. First, the International Communications Agency, the ECFMG and a group of academic pediatricians from the New York and New Jersey metropolitan area had proposed an extension of the period of graduate medical education training permitted under the J-Visa to allow FMGs to complete training in their specialty. Dr. Thomas Kennedy of the AAMC staff was present for this discussion and stated that Senator Kennedy's staff was drafting legislation to extend the length of time of stay allowed for J-Visa holders to seven years or the amount of time required to complete his or her specific program, whichever is less.

The second proposed modification is an extension of the substantial disruption waiver for the Visa Qualifying Examination (VQE) which is due to expire on December 31, 1980. Currently, institutions which will experience "substantial disruption" of their delivery of medical care due to the loss of FMGs to fill their residency training positions are able to file for a waiver of the VQE requirement. A group of program directors in the New York metropolitan area are particularly concerned about whether or not they will be

able to fill their positions with USMGs or FMGs who have passed the VQE and have proposed that the waiver provision be extended to December 31, 1984. Dr. Cooper was present for the discussion of the VQE waiver. He stated that service needs are not an appropriate incentive for extension of the waiver. He stressed, however, that it is questionable whether residency positions in these urban areas can actually be filled with USMGs or FMGs who have passed the VQE. The Board discussed the New York group's proposal in detail and did not support it as they felt that it would be a disincentive for these programs to actually make an effort to rectify the situation and would simply be a postponement for necessary adjustments in their programs.

The third proposal was made by the New York group in an effort to reduce their dependence on FMGs to fill residency positions. They proposed that the National Health Service Corp permit recipients of NHSC scholarships to repay their service obligation by participating in primary care residency programs in the medically underserved areas and urban hospitals currently dependent on FMGs. The Board discussed this proposal and was distressed by the concept of residents repaying their NHSC service obligation by receiving graduate medical education in programs which are dependent upon FMGs. It was suggested that it would be more appropriate to designate the New York Metropolitan area as a shortage area and assign to these areas Corp physicians who have completed their training.

**ACTION:**

The CAS Administrative Board voted to support the extension of the duration of stay under the J-Visa program but did not endorse the extension of the VQE waiver period. The Board did not support the proposal to allow physicians to fulfill NHSC service obligations through participation in residency training programs but agreed that the assignment of Corp physicians to the urban hospitals currently dependent on Foreign Medical Graduates might be a viable solution.

**E. Financing the Accreditation of Graduate Medical Education**

Dr. Richard S. Wilbur, Executive Vice-President of the Council of Medical Specialty Societies, provided background information on a proposal to amend the financing structure of the LCGME. He stated that a number of Residency Review Committees are seriously concerned about the manner in which the LCGME operates and that the seven surgical RRCs had established a commission to report to the American College of Surgeons regarding proposals for an improved method of accrediting graduate medical education programs. Dr. Wilbur also explained that the Coordinating Council on Medical Education had endorsed a recommendation from the LCGME that the costs for accrediting functions be borne by the programs themselves and that any residual costs be split among the parent organizations of the LCGME on a "per seat" basis. Dr. Oliver, a member of the Finance Committee of the LCGME, voiced strong support for the new policy for financing the accreditation of graduate medical education and, after a brief discussion, the Board concurred.

ACTION: The CAS Administrative Board voted to support the LCGME's recommendation that the cost of accrediting graduate medical education programs be borne by the programs themselves and that any residual costs be split by the parent organizations of the LCGME on a "per seat" basis.

### III. Discussion Items

#### A. Outlook for FY 1981 Budget

Dr. John Sherman of the AAMC staff was present for a discussion of the Fiscal 1981 budget for DHEW with specific emphasis on the proposed budget for NIH. He stated that the recommended overall budget increase for NIH is only 4.41% over the FY 1980 level and that this obviously is not commensurate with the inflation rate. He stated that NIH officials had been attempting to identify a method of stabilizing the number of competing research grants awarded each year, and OMB was supporting the concept of providing annual funding for between 5,000 and 5,500 ROIs. However, Dr. Sherman pointed out that there is concern that at some point in the future this figure might become a ceiling rather than a base limit. In addition, Dr. Sherman stated that it is likely that the Administration will push again this year for a complete rescission of capitation funds. Dr. Morgan briefly reviewed the projected VA budget for 1981 stating that the research budget for 1980 and 1981 was being eroded by salary increases for VA staff.

Dr. Sherman also informed the Board of a meeting scheduled for January 25 with NIH Director Donald Fredrickson. He stated that the AAMC was hosting a meeting of individuals representing a broad range of institutions involved in biomedical research with Fredrickson and senior staff members from NIH.

#### B. NIH Intramural Program

Dr. Sherman provided background information on the NIH Intramural Program and raised the question of whether or not the AAMC should take an active role in advocating continued or increased funding for the program. He pointed out that the program represented at one time practically the sole major biomedical research enterprise in the nation. However, this obviously is no longer the case, and in fact, many individual institutions and medical centers now have larger extramural programs. Dr. Sherman stated that the Intramural program received approximately 10% of the overall NIH budget and that funding of the program is being steadily squeezed by escalating non-controllable costs. It was pointed out that due to intensified competition for research funds, schools which previously directed their superior research students to NIH for further study now choose to hold on to these students so that they may more effectively petition for funds.

The Board discussed this issue in detail and there was a fair degree of ambivalence as to how it should be approached. It was agreed that the AAMC should continue to be supportive of all

excellent research regardless of where it is conducted. In addition, the Board was in total agreement that the AAMC should continue to voice strong support for increased funding of NIH as a whole.

C. CAS Interim Meeting

The schedule for the March 18-19, 1980 CAS Interim Meeting was reviewed as well as possible topics for the discussion groups. It was determined that each discussion group should have two board members as discussion leaders and that Dr. Clemente should select these. The Board was informed by staff that they had received a fairly clear indication from members of Senator Schweiker's staff that he would agree to speak on March 19, but that he had not yet officially accepted the invitation. The Board was strongly encouraged to attend the Interim Meeting, particularly in view of the fact that it is being held immediately prior to the March Board meeting.

D. 1980 CAS Nominating Committee

Dr. Clemente reviewed the CAS Bylaws with respect to the Nominating Committee. He informed the Board that the meeting of the Committee would take place in May or June either in Washington or by conference call. In addition to the Chairman, there may be two members of the Administrative Board on the Committee and the Board concurred with Dr. Clemente's suggestion that Drs. Freedman and Oliver be asked to serve in this capacity. He then requested suggestions as to other individuals who might be members of this year's committee. The Board reviewed a list of Representatives to CAS and from that list chose approximately 15 individuals who have been active in CAS and who they felt would be willing to participate in the nominations process. Dr. Clemente stated that he would review the list more carefully and that he hoped to report back in March with a final list of members of the 1980 Nominating Committee.

E. Distinguished Service Members

The Board again discussed the moratorium since 1974 of CAS nominations to the category of Distinguished Service Member. Dr. Morgan supplied background information on the establishment of this category of membership in 1973 and why the CAS Board at that time had disapproved it. There was a brief discussion of the pros and cons of continuing the moratorium and due to some ambivalence on the subject it was suggested that staff provide at the next Board meeting a list of past members of the CAS Administrative Board as well as the original description of Distinguished Service Member qualifications.

F. Proposed Communication Network for CAS Societies

Dr. Oliver distributed copies of a letter he had received from William K. Hamilton, Chairman of Anesthesia at UC-San Francisco, regarding the shortage of academic anesthesiologists. In his



letter, Dr. Hamilton stated that academic anesthesia departments are having difficulty in recruiting and maintaining an adequate staff and that this has an unfortunate cascading effect on other specialties which depend on the services of anesthesiologists. Dr. Morgan stated that he had received a similar letter from the President of the American Association of Chairmen of Departments of Psychiatry detailing a shortage of psychiatric manpower and requesting that this problem be made known to other CAS Societies. These two situations were discussed by the CAS Board in the context of setting up a mechanism of communication between CAS societies regarding the problems parochial to individual specialties which may impact upon the training of physicians in other specialties. The Board felt that this would be a worthwhile effort and that staff should explore ways to foster communication between societies. It was determined that Dr. Oliver should reply to Dr. Hamilton with a request for further information and a more concisely stated description of the problem in academic anesthesia. Dr. Morgan will reply to AACDP with an offer to disseminate, at their expense, a position paper or concise statement of their problem.

G. Report on the General Education of the Physician

Dr. Morgan stated that the AAMC is developing a plan for a study of the general education of the physician. At present, AAMC anticipates that this study will be conducted by a small panel of seven or eight members. Since the panel will not directly represent all aspects of medical education, CAS Societies will be asked for input regarding problems which should be identified and discussed by the panel. Dr. Morgan emphasized that this panel would not make an effort to develop a national curriculum.

H. The Controversy over Indirect Costs

Dr. Sherman was present for discussion of the issue of indirect costs which he described as a longstanding controversy which had recently intensified as a result of a resolution passed in November, 1979 by the National Advisory Eye Council. The resolution proposed that a predetermined limit should be set on reimbursement for indirect costs and that any remaining balance should be the responsibility of the grantee institution. This has caused alarm among institutions and medical schools which have grant-supported research projects and faculty members. NIH Director Fredrickson had indicated that no change will be effected in current NIH reimbursement policies without a thorough investigation of the problem with input from institutions which receive awards.

The Board discussed this issue in detail and the discussion focused to a great extent on the skepticism which many department chairmen feel as to whether or not they are actually recovering full costs from their parent institutions after they receive reimbursement. The opinion was expressed that many university administrators are sometimes less than candid about the exact equations used to calculate indirect costs. It was agreed that more open

discussion among faculty, administrators, and controllers would lessen the suspicion which surrounds indirect costs. It was also felt that medical schools should recognize that the true message of the Eye Council resolution is that institutions should bear a greater portion of indirect costs. The Board agreed that this issue might make an interesting topic for a future CAS meeting discussion group and that it definitely warranted further examination by the AAMC. It was felt that this examination should be undertaken by the academic community to avert the resolution of the dispute by cumbersome federal regulations.

IV. The CAS Administrative Board adjourned at 12:30 p.m.

MEMBERSHIP APPLICATION  
COUNCIL OF ACADEMIC SOCIETIES  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036  
Attn: Ms. Mignon Sample

NAME OF SOCIETY: AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA

MAILING ADDRESS: c/o George F. Sheldon, M.D., Secretary  
Surgery Service, Ward 3A  
San Francisco General Hospital  
1001 Potrero Avenue  
San Francisco, CA 94110

PURPOSE: To cultivate, study and improve the science and art of the surgery of trauma and allied sciences.

MEMBERSHIP CRITERIA: 1) graduation from a Class A medical college  
2) establishment of a reputation as a practitioner, author, teacher or original investigator in surgery  
3) recommendation by the Board of Managers  
4) certification by specialty board & fellowship in ACS or related Royal college.

NUMBER OF MEMBERS: approx. 700

NUMBER OF FACULTY MEMBERS: n/a

DATE ORGANIZED: 1939

SUPPORTING DOCUMENTS REQUIRED: (Indicate in blank date of each document)

1978 revision 1. Constitution & Bylaws

1978 meeting & minutes Program & Minutes of Annual Meeting

1979 Program included

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

X  YES   NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

501 (c) (3)

3. If request for exemption has been made, what is its current status?

- X  a. Approved by IRS  
  b. Denied by IRS  
  c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

George F. Sheldon   
(Completed by - please sign)  
George F. Sheldon, M.D., Secretary,  
A.A.S.T.  
 11/12/79   
(Date)



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Medicine  
Division of Orthopaedics

The University of North Carolina at Chapel Hill  
Burnett-Womack Clinical Sciences Bldg. 229 H  
Chapel Hill, N.C. 27514

February 4, 1980

Dr. Carmine Clemente  
American Association of Medical Colleges  
Suite 201, Dupont Circle, Northwest  
Washington, D.C. 20036

F.C. Wilson, M.D.  
H.R. Brashear, M.D.  
R.V. Talmage, Ph.D.  
W.H. Bowers, M.D.  
T.N. Taft, M.D.  
J.W. Wolf, Jr., M.D.  
W.B. Greene, M.D.  
Paul H. Wright, M.D.  
C.J. Vander Wiel, Ph.D.  
J.D. Ferguson, C.P.O.

Dear Carmine,

I have reviewed the application of the American Association for the Surgery of Trauma for membership in the Council of Academic Societies.

I know this society reasonably well, having been a member of it between 1967 and 1978. It is well established and firmly committed to fostering advances in the surgery of trauma, as stated in the by-laws of the society. I suspect that a majority of its members have medical school faculty appointments. Since they have also received tax exempt status under the IRS, I recommend the American Association for the Surgery of Trauma for membership on the Council of Academic Societies.

Yours very truly,

*Frank C. Wilson*

Frank C. Wilson, M.D.

cc: T.R. Johns, M.D.

Appointments

(919) 966-1488  
(Private)  
966-3003  
(Staff)

Administrative Offices

(919) 966-3359  
966-2030  
966-2039

Research Laboratories

(919) 966-1211  
966-1212

Prosthetics-Orthotics

(919) 966-4630

## CAS NOMINATIONS FOR DISTINGUISHED SERVICE MEMBERSHIP

In 1973 the category of Distinguished Service Members was established. A proposal to modify the category of Senior membership to create Distinguished Service Membership in the AAMC was discussed. The Council of Academic Societies had disapproved it. The purpose of the proposal, which incorporates a Bylaws change, was to provide a mechanism for individuals once active in the AAMC to continue their active affiliation with one of the Councils after they no longer represent their institution or society on that Council. The Distinguished Service Members would be provided one vote on the Executive Council; no votes on any other Council or in the Assembly would be provided.

Considerable discussion focused on the propriety of this mechanism and the desirability of its objectives. Final action would have to be by the Assembly in November.

**ACTION:** *On motion, seconded and carried, the Executive Council approved with minor modifications the proposed Bylaws' change and guidelines to establish the category of Distinguished Service Membership in the AAMC. The guidelines are:*

1. *Senior members shall henceforth be called Distinguished Service Members.*
2. *Distinguished Service Members shall be elected by the Assembly on recommendation of the Executive Council and one of the constituent Councils.*
3. *The principal criterion for selection of Distinguished Service Members shall be active and meritorious participation in AAMC affairs while a member of one of the AAMC Councils. Additional criteria may be established by the Executive Council or constituent Council responsible for nominating Distinguished Service Members.*
4. *Each Distinguished Service Member shall have honorary membership status on the Council which recommended his/her election, i.e., he/she would be invited to all meetings and would have the privileges of the floor without vote.*
5. *Distinguished Service Members shall meet as a group once a year at the Annual Meeting and elect a Chairman and/or Chairman-Elect. (revised Bylaws attached to Archive minutes.)*
6. *Distinguished Service members shall be eligible for Emeritus Membership at age 65; Emeritus Membership would be mandatory at age 70.*

7. *AAMC Bylaws shall be modified to incorporate these changes and to provide Distinguished Service Members with voting representation on the Executive Council through an additional member of that Council.\**

In 1974 the CAS nominated all previous Administrative Board members as Distinguished Service members, except for Dan Tosteson who was the AAMC Chairman that year. CAS has nominated no one since. Listed below are the past members of the Administrative Board.

CAS Administrative Board Members and Terms of Office

Thomas Kinney #+	Duke	1967-71
Jonathan Rhoads *+	U. of Pennsylvania	1967-72
Daniel Tosteson +	Duke	1967-70
Eben Alexander	Bowman Gray	1967
Harry Feldman *	SUNY Upstate	1967-70
Sam Clark, Jr. *+	U. of Massachusetts	1967-72
Patrick Fitzgerald *	Cornell	1967-71
John Nurnberger #	Indiana	1967-69
Ralph Wedgwood *	U. of Washington	1967-69
James Warren *	Ohio State	1968-71
Charles Gregory #	Texas - Dallas	1969-73
William Weil *	Michigan State	1969-73
William Longmire	UCLA	1970
Louis Welt	North Carolina	1970-72
Robert Forster *	U. of Pennsylvania	1971-73
Ludwig Eichna *	SUNY Downstate	1971-73
Ernst Knobil	U. of Pennsylvania	1970-74
Ronald Estabrook +	Texas - Dallas	1971-75
Robert Petersdorf +	U. of Washington	1971-76
Robert Blizzard	U. of Virginia	1972-74
David Challoner	Indiana	1972-75

Rolla Hill +	SUNY Upstate	1972-77
Jack Cole +	Yale	1973-76
Carmine Clemente	UCLA	1973-81
Leslie Webster	Case Western Reserve	1973-77
A. Jay Bollet +	SUNY Downstate	1973-78
D. Kay Clawson	U. of Washington	1973-75
F. Marian Bishop	Alabama	1974-80
Thomas K. Oliver	Pittsburgh	1974-80
Robert M. Berne +	U. of Virginia	1974-79
Philip R. Dodge	Washington University	1975-78
Daniel X. Freedman	Chicago - Pritzker	1975-82
Donald W. King	Columbia	1975-76
Roy C. Swan	Cornell	1976-77
Eugene Braunwald	Harvard	1976-77
Samuel O. Thier	Yale	1976-79
G. W. N. Eggers	U. of Missouri	1976-79
Frank E. Young	U. of Rochester	1977-79
David M. Brown	U. of Minnesota	1977-81
James B. Preston	SUNY Upstate	1977-80
Frank C. Wilson	U. of North Carolina	1977-82
T. R. Johns	U. of Virginia	1978-81
Virginia Weldon	Washington University	1978-81
Lowell M. Greenbaum	Med. Coll of Georgia	1979-82
Robert L. Hill	Duke	1979-80
Joseph E. Johnson, III	Bowman Gray	1979-82

\* Distinguished Service Member

+ Past Chairman

# Deceased



POSSIBLE ACTIONS:

1. Continue the moratorium on CAS nominations
2. Nominate all past members of the Board who are not Distinguished Service Members and are not currently representatives to the Association from their societies.
3. Nominate only past chairmen who are no longer CAS representatives
4. Nominate past CAS delegates to the Executive Council who are not CAS Representatives
5. Nominate individuals selectively on the basis of merit and service, whether they have or have not served on the Board as long as they are no longer representatives



# AMERICAN ACADEMY OF OTOLARYNGOLOGY

EXECUTIVE OFFICE  
15 SECOND STREET S.W.  
ROCHESTER, MINNESOTA 55901  
(507) 288-7444

WESLEY H. BRADLEY, MD  
Executive Vice-President

HAROLD VIG  
Deputy Executive Vice-President

February 13, 1980

Katherine L. Stevens  
Office Assistant  
Division of Business Affairs  
Association of American Medical Colleges  
Council of Academic Societies  
Suite 200  
One DuPont Circle  
Washington, DC 20036

Dear Ms Stevens:

Please be advised that due to budget restraints, the Academy has elected to drop its membership in the Council of Academic Societies for 1980.

Please be advised that a check for \$3,282 in dues which we owe for the 1979 period will be forthcoming.

Sincerely yours,

  
Harold Vig

HV/gr

1980 CAS NOMINATING COMMITTEE

Dr. Clemente has requested that the following individuals serve on this year's CAS Nominating Committee:

Clinical Science: Thomas K. Oliver, Jr., M.D.  
Daniel X. Freedman, M.D.  
Milton Edgerton, M.D.

Basic Science: George Aagaard, M.D.  
Mary Ellen Jones, Ph.D.  
Solomon Snyder, Ph.D.

It is hoped that by the time of the Board meeting, we will have received responses from these individuals and have a final list for the 1980 Nominating Committee.