

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

October 9, 1973

TO: CAS 1973 VOTING MEMBERS IN AAMC ASSEMBLY

FROM: Connie Choate, Secretary to August G. Swanson, M.D.

According to the AAMC Bylaws, the Council of Academic Societies has 35 votes in the AAMC Assembly. Your society (see attached page for this year's voting societies) is a voting member in this year's AAMC Assembly (Thursday, November 6, 1:30 p.m. - 5:00 p.m.). Please be prepared to inform me at the time of the CAS Business Meeting on Sunday, November 4, 10:00 a.m. - 12 Noon, which of your CAS representatives will vote on behalf of your society at the AAMC Assembly.

If your society will be unable to be represented at the meeting of the Assembly, please notify me immediately.

Connie Choate  
Secretary to August G. Swanson, M.D.  
Association of American Medical Colleges  
1 Dupont Circle, N.W., Suite 200  
Washington, DC 20036  
(202) 466-5194.

cc: Information to CAS Non-voting Members in AAMC Assembly.

COUNCIL OF ACADEMIC SOCIETIES

1973 VOTING MEMBERS

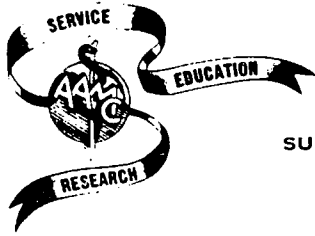
IN AAMC ASSEMBLY

1. American Gastroenterological Association
2. American Society for Clinical Investigation, Inc.
3. Association for Academic Surgery
4. Endocrine Society
5. Plastic Surgery Research Council
6. Society for Pediatric Research
7. American Federation for Clinical Research
8. Association of Medical School Microbiology Chairmen
9. Society of Teachers of Family Medicine
10. Southern Society for Clinical Investigation
11. Academic Clinical Laboratory Physicians and Scientists
12. American Association of Anatomists
13. American Association of Chairmen of Depts. of Psychiatry
14. American Association of Neurological Surgeons
15. American Association of Neuropathologists
16. American Association of Pathologists and Bacteriologists
17. American Association of Plastic Surgeons
18. Association of Pathology Chairmen, Inc.
19. American Neurological Association
20. American Pediatric Society
21. American Physiological Society
22. American Society of Biological Chemists, Inc.
23. American Surgical Association
24. Association for Medical School Pharmacology

Continued . . . .

1973 CAS Voting Members

25. Association of Academic Physiatrists
26. Association of American Physicians
27. Association of Anatomy Chairmen
28. Association of Chairmen of Depts. of Physiology
29. Association of Medical School Pediatric Dept. Chairmen, Inc.
30. Association of Professors of Dermatology
31. Association of Professors of Gynecology and Obstetrics
32. Association of Professors of Medicine
33. Association of Teachers of Preventive Medicine
34. Association of University Anesthetists
35. Association of University Professors of Neurology



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

NOVEMBER 21, 1973

CAS BRIEFS

NO. 21

MANY OF THE COUNCIL OF ACADEMIC SOCIETIES REPRESENTATIVES HAVE URGED THAT THE CHAIRMAN'S REPORT, PRESENTED BY ROBERT G. PETERSDORF, M.D., TO THE COUNCIL OF ACADEMIC SOCIETIES BUSINESS MEETING ON SUNDAY, NOVEMBER 4, 1973 BE WIDELY DISTRIBUTED. IN RESPONSE TO THESE REQUESTS WE ARE FORWARDING A COPY OF DR. PETERSDORF'S SPEECH TO THE OFFICERS AND REPRESENTATIVES OF EACH OF THE CAS CONSTITUENT SOCIETIES. SOME INDIVIDUALS HAVE SUGGESTED THAT THIS SPEECH MIGHT PROVIDE A FRAMEWORK UPON WHICH TO BUILD A REPORT TO THE SOCIETY WHICH THEY REPRESENT.

ATTACHMENT

COUNCIL OF ACADEMIC SOCIETIES

AAMC ANNUAL MEETING

COUNCIL OF ACADEMIC SOCIETIES CHAIRMAN'S REMARKS

ROBERT G. PETERSDORF, M.D.

BUSINESS MEETING - SUNDAY, NOVEMBER 4, 1973

Ladies and Gentlemen:

This is my last report as Chairman of the Council of Academic Societies. In it, I want to do three things: I want to highlight the areas of action that have dominated the scene of the Council's activity during the past year, and, in this connection, to cite progress or lack thereof, Secondly, I would like to give you some impressions where the CAS stands within the AAMC and nationally; and, thirdly, I would like to make some philosophical remarks about where the CAS should be going and what it should be doing.

It seems not inappropriate to look at the CAS in historical perspective. It is now completing the fourth year of its existence and is far and away the youngest of the several AAMC Councils. Few of us in this room were aware of it until February 1970 when we met in Chicago at the time of the Joint AAMC-CME meeting. As I recall it, this meeting was called because of the first training grant crisis when it became clear that the Administration was determined to cut training grants and fellowships. At this meeting, the Welt Committee was appointed. The charge to this committee was specifically to examine the amount of support that the Federal government should provide for research and research training. This committee also sent out a nationwide questionnaire that attempted to assess the benefit of fellowships and traineeships. Although retrospective and primitive, the results

of this questionnaire showed clearly that there would be a marked decline in biomedical research training if this support mechanism were abandoned. The Committee made an interim report to the CAS in the Fall of the year at which time it recommended to the AAMC the creation of a Biomedical Research Desk - a post now occupied by Mike Ball. In its final report, this Committee also recommended a cost-benefit analysis covering biomedical research. This part of the report was not adopted because such a cost-benefit study was deemed too expensive at the time.

When I was nominated as a candidate to be Chairman of the CAS two years ago, I called up the incumbent Chairman, Jim Warren, to determine how much work this job entailed. In his cheerful way, Jim indicated that it really wasn't much work at all but I doubt if he meant it and it certainly hasn't been true this year. At the same time, while the Chairman's job is quite time-consuming, I have found it to be exciting, interesting and above all, educational.

The year started calmly enough. At the December CAS Administrative Board meeting, for example, we discussed the role the CAS should play in accreditation, we debated the problem of grant versus contract research, we determined to do something about the apparent lack of information of the membership societies about the central activities of the CAS, we discussed primary care, we expressed an interest in a study dealing with ambulatory care in the academic setting, and we determined to make as one of our primary projects for the year the development and retention of faculty within medical schools.

These are all worthwhile projects, all are important, and to a certain extent, we became involved in all of them during the year. However, they were not typical of the action that took place during this otherwise hectic and, hopefully atypical, year.

It became clear on the afternoon of the first Administrative Board meeting in December, 1972 that this was not to be an ordinary year. At a meeting with Mr. Hoyer and Mr. Tierney of the Social Security Administration, the guidelines which would govern the payment for patient care to teaching hospitals under the new Social Security Amendments were unveiled. It became evident that teaching hospitals which had gone to a great deal of trouble to upgrade themselves so that they could render the type of care that was required in private hospitals, and which up to now have been reimbursed on a fee-for-service basis providing certain requirements for strict documentation of physicians' services were met, would henceforth be paid on a cost basis unless the teaching hospital could fulfill some very rigid criteria to qualify them as private settings. The cost reimbursement formula was very likely to sharply decrease revenues with which to pay members of the faculty in clinical departments. The gravity of the problem was soon realized because it seemed likely that it would threaten the financial integrity of many teaching hospitals and their parent medical schools. An AAMC committee was appointed to deal with the Social Security Administration and Drs. Relman representing the Professors of Medicine and Shires representing the Professors of Surgery were named to it. You heard last March

about some of the early negotiations and have been kept informed by communications from the AAMC. In addition, Dr. Relman will make a presentation about this issue this afternoon. Let me summarize it by saying only that the AAMC was instrumental in obtaining a delay for implementing these rather rigid regulations and, more recently, appears to have engineered a compromise which will enable many hospitals which were destined to be reimbursed on a cost basis to qualify as private settings. Thus, it appears that the hard work put in by so many on this issue will not go for naught.

The second blow hit immediately after New Year's when word leaked out from NIH that there would be a discontinuation of training grants, fellowships and research career development awards and a substantial cut in research grants. The AAMC Executive Committee, on which I sit as a member as Chairman of the CAS, met with Secretary Weinberger even before the budget was released. Subsequently, many meetings were held with Mr. Cavanaugh, who is the Domestic Advisor for Health on the President's staff and Mr. Edwards. The AAMC and its Executive Committee and Executive Council spent a great deal of time during January and February discussing this problem and came to the conclusion that it must first acquire data concerning the impact of the FY '73 and FY '74 budgets before acting. This resulted in the document which was released in March or April which pointed out quite clearly what the results of the budgetary cuts would be. This information was brought to the attention of the Congress and may have played a role in the omnibus bill which was passed in late



Spring. This legislation continued a number of programs which had been scheduled for phaseout by the Administration following expiration of legislation on June 30, 1973.

At the same time, the kind of information obtained was helpful in obtaining Congressional modification of the President's FY '74 budget. Whether the budget as amended by the House and Senate will survive the test of veto is difficult to tell.

There has also been a significant effort in behalf of resurrecting training grants. The AAMC played a major part in the formulation of the Rogers' bill which would restore training grants to their FY 1972 levels adding as a primary new feature payback time for those individuals who do not enter academic medicine. In the Kennedy bill, the problem of research training has been obfuscated by an emphasis on "ethics" and the bill that came out of the Kennedy committee was quite different from that of Mr. Rogers' committee. It is hoped that some compromise can be found and that we will have a training grant bill which represents a consensus of both the House and Senate committees in the near future. Much progress on this matter has been slowed by the other gyrations which have shaken this city in recent weeks.

Most recently, the AAMC has made a noteworthy effort in suing the government for impounded research grants, training grants and fellowships and special project grants. Late in September, a restraining order was obtained. This order forced the government to

keep the money from reverting to the Treasury. A recent court order has asked that the impounded money be released. The government presently has some time to appeal this ruling.

It can be argued that these accomplishments were those of the AAMC as a whole rather than of the CAS. My answer to this is that we played a major role and that we were consulted, as representatives of the CAS, on all major decisions. This certainly applied to me as a member of the Executive Committee and to Drs. Estabrook, Clark and Knobil as members of the Executive Council.

I suppose that the emphasis on overall AAMC activity rather than on the role of the CAS reflects my philosophy that the AAMC is an ecumenical organization and that on major issues such as financing of research and research training, the fiscal integrity of teaching hospitals, our attitude toward the philosophy of government on health care, and the question of impoundment, we cannot separate our interests from those of the Deans or the teaching hospital administrators.

Not only is the CAS part of an ecumenical organization, but it is itself one. It consists of at least three diverse groups of organizations - the chairman societies, the specialty societies and several large organizations such as the Colleges. It is not surprising that these diverse organizations have widely differing interests. This may be the reason that it is difficult to hit on a theme that is unique just to the CAS. It does not mean that we should abandon our search for such a theme. However, whatever such a theme might be, it

must not detract from the overall mission of the AAMC or from the academic establishment, in general.

We should also realize that the diversity of the CAS poses some unique problems. The first is the everchanging cast of characters. Not only do most of our organizations change officers every year, but they also have different times at which they elect these officers. This often makes it difficult for the CAS officers and staff of the AAMC to know with whom they are dealing. Some attempt at solving this problem has been the publication of a CAS Directory, a new feature this year, which is updated every two months. This may ameliorate this problem. The weekly activities report which is available at very low prices to CAS members and to faculties in general is another step toward attempting to communicate what is going on within the AAMC to its constituency. Other AAMC memoranda do the same. This year, for the first time, an open invitation has been extended to any member of an academic society to attend this meeting and in a further attempt to communicate with the officers of the constituency, we are having a breakfast with all of the Presidents of chairman societies tomorrow.

Despite this, the efforts to have the CAS speak for academic societies have not been completely successful. One of the problems, for example, has been the difficulty the staff has had in marshalling the community to testify before Congressional committees. Yet, it is some of the same people that refuse to testify who are the first to knock the AAMC or the CAS when a decision at the Federal level

goes against us. A second problem has been the failure of the academic societies to answer queries from the CAS. For example, an attempt to extend the impact studies of last Spring from the medical schools as a whole to six key academic departments was far from successful. Fewer than 50% of the departmental chairmen completed the questionnaires. The third problem is the repeated effort of certain groups to go it alone. While there should be no attempt to stifle free expression or an exchange of information, there is nothing more confusing to Congressional committees, their staffs or to other people in and out of government than to get input from multiple sources resulting, all too often, in a babble rather than a unified voice. It is often better not to speak at all than to speak at cross purposes.

In a bearish year, the AAMC has made a good deal of progress and the CAS has been part of this effort. I believe that this progress will continue although at a muted pace as long as the present governmental philosophy vis-a-vis the academic establishment prevails. However, just think of what our successors might be able to do in 1976! Moreover, I do feel that the CAS has reached the stage of visibility where it can resume the search for its own identity. Perhaps its best theme continues to be biomedical research and perhaps the cost-benefit analysis that was suggested by the Welt committee three years ago now is still a rational idea. The biomedical research conference that was held in Seattle recently under the sponsorship of the AAMC, and particularly the CAS, and about which you will hear later today, may have been a step in the right direction.

Finally, it should be clear that all of the work that Sam Clark, Ernie Knobil, Ron Estabrook and I have done would have gone for naught if it had not been for the staff at the AAMC. In a little over a year, Mike Ball has made the Biomedical Research Desk effective operationally and it is serving all of us well. Gus Swanson continues to be a strong voice on behalf of the academic societies and last, but not least, John Cooper is doing the political arm-twisting which many of us find so distasteful but which he does so well and for the benefit of all of us. It is worthwhile to remind all of us that the AAMC represents all of us. It has become a strong voice on the Washington scene, and it has as its major purpose the welfare of the medical schools and their teaching hospitals. I feel sure that with this kind of help and under the able leadership of your next Chairman, the CAS will continue to flourish.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

October 12, 1973

M E M O R A N D U M

TO: Membership of Societies Meeting in Conjunction with the  
AAMC Annual Meeting, November 4-8, 1973 at the Washington  
Hilton Hotel, Washington, D.C.

FROM: Robert G. Petersdorf, M.D., Chairman, Council of Academic  
Societies

SUBJECT: Council of Academic Societies Fall Program

The Council of Academic Societies wishes to invite you and your colleagues to attend two programs which will be sponsored by the Council during the AAMC Annual Meeting. On Sunday afternoon, November 4, we have scheduled a meeting to discuss some Federal legislative and administrative matters which should interest medical school faculty. During this program Dr. John A.D. Cooper, President of the AAMC, will also discuss with those in attendance current activities of the AAMC.

On Monday afternoon, November 5, a program on Certain Ethical Aspects of Biomedical Research will be presented. Considering legislation pending before Congress, recent newspaper articles on unethical medical research and the planned revisions of the NIH Guidelines on the Ethical Aspects of Biomedical Research, we believe this program will also be of interest to you.

A copy of the program of both meetings is enclosed for your information.

Enclosures

SOCIETIES MEETING IN CONJUNCTION WITH THE AAMC ANNUAL MEETING  
NOVEMBER 4-8, 1973  
WASHINGTON HILTON HOTEL  
WASHINGTON, D.C.

Association of Academic Psychiatrists  
Society of University Urologists  
Society of University Otolaryngologists  
Association of Professors of Medicine  
Society of Teachers of Family Medicine  
Association of Orthopaedic Chairmen  
Association of Chmn. of Depts. of Psychiatry  
Association of Anatomy Chairmen  
Association of Pathology Chairmen, Inc.  
Association of Chairmen of Depts. of Physiology  
Assn. of University Professors of Ophthalmology

**COUNCIL OF ACADEMIC SOCIETIES GENERAL SESSION\***

Sunday, November 4, 1973  
2:00 PM - 5:00 PM  
Ballroom East

- 2:00 p.m. Programs and Plans at the NIH  
Robert S. Stone, M.D.  
Director, National Institutes of Health
- 2:45 p.m. Health Care in the Teaching Setting:  
The Impact of HRI  
Arnold S. Relman, M.D.  
Chairman, Department of Medicine  
University of Pennsylvania
- 3:30 p.m. Implications of the Reorganization of HEW  
for the University Health Center  
Kenneth Endicott, M.D.  
Administrator, Health Resources Administration  
National Institutes of Health
- 4:15 p.m. A Discussion with John A.D. Cooper, M.D., Ph.D,  
President  
Association of American Medical Colleges

THE SOCIETY OF AMERICAN PHYSICIANS  
 520 N. DEPTER STREET, WASHINGTON, D.C. 20004  
 THE AMERICAN SOCIETY OF CLIMATE CONTROL ENGINEERS  
 1800 W. 15TH STREET, DENVER, CO. 80202  
 THE AMERICAN SOCIETY OF CLIMATE CONTROL ENGINEERS  
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 THE AMERICAN SOCIETY OF CLIMATE CONTROL ENGINEERS  
 1800 W. 15TH STREET, DENVER, CO. 80202

**COUNCIL OF ACADEMIC SOCIETIES PROGRAM\***

**CERTAIN ETHICAL ASPECTS OF BIOMEDICAL RESEARCH**

Monday, November 5, 1973  
2:00 PM - 5:00 PM  
Ballroom Center

**CHAIRMAN:** Robert G. Petersdorf, M.D.  
University of Washington  
School of Medicine

Evolution of Concepts of Ethical Standards  
James F. Toole, M.D.  
Bowman Gray School of Medicine

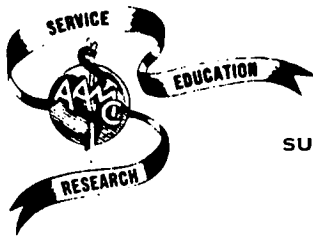
The Consequences of Over-Regulation of Clinical  
Research  
Thomas C. Chalmers, M.D.  
Mt. Sinai School of Medicine

Some Practical Problems of Peer Review  
Robert J. Levine, M.D.  
Yale University School of Medicine

Non-Therapeutic Research on Children, An Ethical  
Dilemma  
Charles U. Lowe, M.D.  
National Institutes of Health

\*All registrants of AAMC Annual Meeting Welcome





ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

OCTOBER 1, 1973

CAS BRIEFS

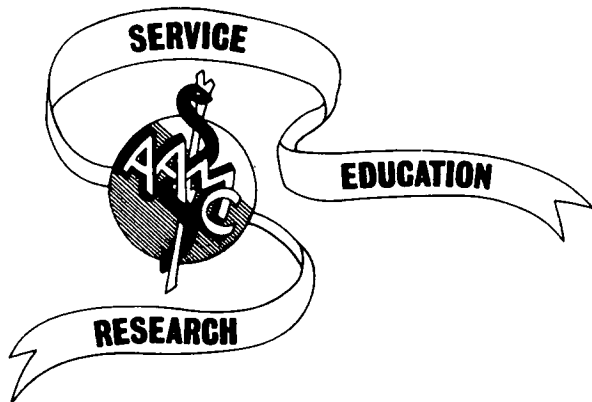
NO. 19

MANY OF OUR MEMBERS FIND THE AAMC WEEKLY ACTIVITIES REPORT AN EXTRAORDINARILY VALUABLE MECHANISM FOR KEEPING TRACK OF DEVELOPMENTS ON THE WASHINGTON SCENE. ON FRIDAY, SEPTEMBER 14, 1973, AT THE REQUEST OF THE ADMINISTRATIVE BOARD OF THE CAS, THE EXECUTIVE COUNCIL OF THE AAMC VOTED TO MAKE THE WAR AVAILABLE TO INTERESTED MEDICAL SCHOOL FACULTY AT AN ANNUAL INDIVIDUAL SUBSCRIPTION RATE OF \$10.00. TO FACILITATE DISTRIBUTION OF THIS INFORMATION TO THE MEMBERSHIP OF THE VARIOUS CAS SOCIETIES, WE WOULD BE PLEASED TO PROVIDE AN APPLICATION FORM FOR WAR AND TWO RECENT COPIES TO INCLUDE IN YOUR NEXT MEMBERSHIP MAILING. IF YOU WISH TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE ADVISE US OF THE DATE OF YOUR NEXT MAILING AND THE NUMBER OF COPIES YOU WILL REQUIRE. ADDRESS ALL CORRESPONDENCE TO:

MICHAEL F. BALL, M.D.  
DIVISION OF BIOMEDICAL RESEARCH  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
1 DUPONT CIRCLE, N.W., SUITE 200  
WASHINGTON, DC 20036

COUNCIL OF ACADEMIC SOCIETIES

AAMC ANNUAL MEETING  
NOVEMBER 4 - 8, 1973  
WASHINGTON HILTON HOTEL  
WASHINGTON, D.C.



**AGENDA**  
**FOR**  
**COUNCIL OF ACADEMIC SOCIETIES**

BUSINESS MEETING

Sunday, November 4, 1973

10:00 AM - 12 NOON

Ballroom East  
Washington Hilton  
Washington, D.C.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

One Dupont Circle

Washington, D. C.

AAMC Annual Meeting  
Washington Hilton Hotel  
Washington, D.C.

November 4 - 8, 1973

FUTURE CAS MEETINGS

CAS Business and General Sessions  
10:00 a.m. - 5:00 p.m.  
Washington Hilton Hotel  
Washington, D.C.

November 4, 1973

CAS Symposium on Ethics  
of Biomedical Research  
2:00 p.m. - 5:00 p.m.  
Washington Hilton Hotel  
Washington, D.C.

November 5, 1973

CAS Spring Meeting  
Mayflower Hotel  
Washington, D.C.

March 7, 8, 9, 1974

CAS Administrative Board Meetings  
Washington, D.C.

December 13, 1973  
March 21, 1974  
June 20, 1974  
September 19, 1974



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

COUNCIL OF ACADEMIC SOCIETIES  
BUSINESS MEETING

Sunday, November 4, 1973

10:00 AM - 12 NOON

Ballroom East

Washington Hilton

Washington, D. C.

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MINUTES

COUNCIL OF ACADEMIC SOCIETIES

BUSINESS MEETING

March 28, 1973

Mayflower Hotel  
Washington, D.C.

I. Call to Order

The meeting was called to order at 9:15 a.m. Dr. Robert G. Petersdorf, Chairman, presided. Thirty-three of the fifty-one constituent societies were represented. Societies not represented were:

American Academy of Allergy  
American Academy of Ophthalmology and Otolaryngology  
American Academy of Pediatrics  
American Association of Chairmen of Departments of Psychiatry  
American Association of Pathologists and Bacteriologists  
American College of Obstetricians and Gynecologists  
American Gastroenterological Association  
American Society for Clinical Investigation, Inc.

Association of Anatomy Chairmen  
Association of Medical School Pediatric Department Chairmen, Inc.  
Association of Professors of Dermatology  
Association of Professors of Medicine  
Association of Professors of Gynecology and Obstetrics  
Association of University Professors of Ophthalmology

Society of Chairmen of Academic Radiology Departments  
Society of Surgical Chairmen  
Society of University Surgeons  
Society of University Urologists

II. Approval of Minutes

The minutes of the meeting held November 3, 1972 were approved as circulated.

### III. Chairman's Report

Dr. Petersdorf gave a resume of CAS activities since the fall meeting:

1. CAS representatives participated in a Retreat of the AAMC Executive Committee in February for the purpose of charting the role of AAMC. Programs identified for major emphasis included the areas of primary care, biomedical research policy, and the effects of third-party systems on the academic setting. Committees have been appointed to support each effort.

2. The CAS Administrative Board has met with representatives of both the National Heart and Lung Institute and the National Cancer Institute in discussions of contract vs. grant research.

3. The AAMC Executive Committee decided that the Association should proceed deliberately, fully assessing on an institution-by-institution basis the impact of the budget proposals on its programs and activities. A comprehensive, extensive analysis of the way in which the budget proposals will be implemented was mailed to each school in late February with a survey to elicit the data. A supplementary questionnaire has been distributed to chairmen of departments of medicine, pediatrics, psychiatry, physiology, microbiology, and biochemistry to permit an estimate of the impact of the Administration's budget proposal on these specialties.

The Executive Committee met with Mr. Weinberger one week before the budget was announced. He reviewed a background paper on medical

education developed by AAMC. The Executive Committee also met with James Cavanaugh, health adviser to the President's Domestic Council. In addition, Dr. John Cooper has met with Senator Hubert Humphrey; Congressman George Mahon, Chairman of the House Appropriations Committee; Congressman Robert Michel, Ranking Minority Member of the House HEW Appropriations Subcommittee; and Harley Dirks of the Senate HEW Appropriations subcommittee staff. All have praised the AAMC's efforts to collect definitive information on the effects of the President's proposed budget cuts and have indicated great interest in reviewing the results of the AAMC's institutional questionnaire.

4. Congressman Paul Rogers held hearings last week on HR 5640, a bill which would establish a national program to continue health research fellowships and traineeships. Dr. John Cooper testified for the AAMC, in supporting the bill.

5. At its December meeting, the CAS Administrative Board devoted a good deal of time to the need for increased participation by the CAS in the accreditation procedure.

A CAS Brief subsequently solicited names of CAS members who would be available to participate in accreditation visits. Names of respondents have been added to the roster of visitors.

6. Concluding his report, Dr. Petersdorf cited the remarkable efforts of Drs. Swanson and Ball in facilitating the many activities briefly touched upon. He added that it is important that the AAMC-CAS speak with one voice for the academic establishment. Otherwise, those who are trying to change health policy find a diversity of viewpoints

confusing.

IV. Action Items

1. Programs in the Basic Medical Sciences.--The document, "Programs in the Basic Medical Sciences," adopted by the Liaison Committee on Medical Education on January 10, 1973 was discussed. This document will be presented to the Assembly of the Association and to the AMA House of Delegates for approval and will become the working basis for accreditation of schools of this type. The essence of this paper is that the two-year, free-standing medical school is no longer considered to be an appropriate enterprise.

It was suggested that a provision should stipulate limiting the number of four-year schools to which a two-year school can send students. Otherwise, the two-year school will get no supervision from the four-year schools.

ACTION: On motion, seconded and carried, the CAS unanimously approved in principle the document, "Programs in the Basic Medical Sciences."

2. AAMC Policy Statement on Professional Standards Review Organizations.--This statement had been approved by the Executive Council on March 16.

ACTION: On motion, seconded and carried, the CAS unanimously approved the AAMC policy statement that follows:

The AAMC believes that the development and implementation of norms and standards for assessing the quality of health care is a vital responsibility of the



medical schools and teaching hospitals. A major part of this responsibility is the incorporation of quality-of-care assessment into clinical educational programs to develop in medical students a life-long concern for quality in their practice.

The AAMC, therefore, strongly recommends that its member institutions become intimately involved in the development and operation of Professional Standards Review Organizations.

3. AAMC RMP-CHP Legislative Proposal.--Since the AAMC Executive Council had not approved this proposal, the CAS did not consider it.

4. Membership Applications.--Four membership applications were before the CAS.

ACTION: Upon motion, duly seconded, the CAS Membership voted unanimously to recommend to the AAMC Executive Council the following membership applications:

- a. American Academy of Orthopedic Surgeons
- b. American College of Chest Physicians
- c. American Society of Therapeutic Radiologists
- d. American Urological Association

V. Information Items

The CAS Membership heard progress reports on the following:

1. HR 1 Committee.--Dr. Arnold Relman reported on the status of the development of regulations for implementation of new Medicare-Medicaid legislation (HR 1). The AAMC ad hoc committee has met twice with representatives of the Social Security Administration. A third meeting is scheduled for March 29.

2. Primary Care Committee.--Dr. Thomas Piemme reported on the AAMC effort in furthering development of viable models for the provision of primary care and for facilitating their introduction into the educational programs of the institutions. To begin, the committee is addressing three questions: (a) What is primary care? (b) Who is involved in primary care? (c) By what means might AAMC be helpful? Dr. Piemme reviewed the composition of the committee. The timetable for the activity calls for recommendations to the assembly in November.

3. Graduate Medical Education (GME) Committee.--The GME report was accepted by the Executive Council with minor alterations, according to Dr. Swanson. A recommendation regarding financing from the CAS Administrative Board will appear in the final draft. This is designed as a guidelines document to be made available to institutions wishing to take responsibility for graduate medical education. Among the questions raised by the CAS were: Page 47, sentence one is stated incorrectly, i.e., graduate medical education depends on the will of the community; Page 48, paragraph 3(b); Page 55, paragraph 2, sentence one "intensity of their responsibility precludes their earning extra income," is not true; and Page 56, line 3, delete (for their) and substitute "as to provide adequate."

4. Coordinating Council on Medical Education (CCME) and the Liaison Committee on Graduate Medical Education (LCGME).--Dr. Swanson reviewed the functions and representation of these committees. The committees met on March 19 and 20. AAMC thought it was important that in spelling out the objectives and functions of the CCME that it be clear that in addition to supervising and coordinating the specific activities of the

Liaison Committees, that the CCME provide a forum for the agencies represented to discuss major issues and policies related to medical education and also that the CCME could organize, conduct, and supervise studies directed toward improvement in the standards for the organization and conduct of programs at all levels of medical education. The CCME affirmed its high interest in the concept of institutional responsibility for graduate medical education to ensure its continuity with undergraduate medical education. CCME recognized that the implementation of this concept raises problems and issues that require full discussion within the organizations concerned and called upon its parent organizations to address promptly these problems and issues as they arise to ensure that the basic concept will be realized.

At its meeting the LCGME reviewed its proposed operating guidelines which will be brought back for further review at the next meeting. The relationship of LCGME to the Residency Review Committees (RRCs) is quite complex. Considerable time was spent in reviewing the present practices and procedures of the RRCs to develop a thorough understanding of the similarities and differences among them.

Both committees will add public members and impressive candidates are under consideration for both of them. Both committees will meet again in May; their initial meetings portend a very positive impact on medical education broadly.

5. Task Force on Biomedical Research and Research Training.--  
Established as a subcommittee of the AAMC Committee on Financing Medical Education, this group was charged to attempt to evaluate research dollars

in terms of an institution's educational goals. After a number of meetings, it was apparent that one could not separate out these dollars without taking into consideration the total program of research as it relates to the medical school.

It was possible to identify three levels of research: (a) that required simply to establish an environment; (b) that required for investigator-initiated, independent research, simply to further biomedical knowledge; and (c) that required to go into nationally defined goals, such as cancer or heart.

The committee was reorganized, taking into consideration these three goals. Its first mandate is to define some dollar range whereby one can estimate how much research dollars go into education. This is necessary for a calculation of capitation. Other goals being considered, such as training, were described. Dr. Estabrook urged immediate support of the Rogers bill by the CAS constituency.

6. Committee on Financing Medical Education.--Dr. William Weil serves on the Task Force on the Cost of Medical Education of the AAMC Committee on Financing Medical Education. This task force is most directly involved with cost analysis, and it has focused almost entirely up until now on the cost of instruction. In addition to the Research Task Force Dr. Estabrook described, the Committee has a Task Force considering Service as a function of medical education in the broadest aspects. The Task Force on the Cost of Medical Education has examined in detail eight medical centers looking at the cost of instruction. The difficulty of attempting to interpret the data was described. A report has been approved by the

Task Force. When it is approved by the parent committee, it may be available for study and consideration. There is some concern about releasing this report, which is limited to instruction, without the other components.

7. National Board of Medical Examiners (NBME).--Dr. Jack Myers and Dr. Swanson reported on the NBME's Annual Meeting held on March 23-24. The major item on the agenda was acceptance of the report of the NBME Goals and Priorities Committee, which for the past two years has worked on developing a program plan for the National Board's role in evaluation of health professionals during the next decade. The committee, chaired by Dr. William Mayer of the University of Missouri, recommended that the NBME develop a stronger research and development program in the area of evaluation and testing, and that the existing Parts I, II, and III of the National Board be phased-out and replaced by a qualifying examination to assess the competence of graduating students to assume responsibility for patient care in a supervised, educational setting and that the NBME increase its interaction with the specialty boards in developing high quality, assessment instruments for specialty certification. The report also recommends that licensing bodies of the several states should consider granting full, independent practice licensure only after two or more years of graduate medical education and should use the certifying examinations of the specialities as one route to licensure.

8. Continuing Education Committee Report.--Dr. Swanson explained that the Continuing Education Committee Report was developed in response to the Committee's charge to advise the AAMC regarding the role the Association

and its constituents should play in continuing education in the future. At its March 16 meeting, the AAMC Executive Council did not approve this report but adopted five recommendations contained in the paper and directed the committee to use these recommendations as the basis for a new report regarding the role of the AAMC and its constituents in continuing education. The approved recommendations state that: (a) medical faculties have a responsibility to impress upon students that the process of self-education is continuous; (b) medical faculties must cooperate with practicing physicians to develop criteria of optimal clinical management of patient problems; (c) educational programs must be specifically directed toward improving detected deficiencies; (d) evaluation of the effect of educational programs should be planned from their inception; and (e) financing of continuing education must be based on a policy which recognizes its essential contribution to the progressive improvement of health care delivery.

9. Educational Resources Program.--Dr. William Cooper reviewed the AAMC activities under contract with the National Library of Medicine and commended to the Membership the AAMC reports based on the two latest studies in this area. The activities of the AAMC Educational Resources Program will begin based on the recommendations of these reports, e.g., soliciting the entire academic community as to nonprint media that are currently available and working toward developing peer review of this nonprint material in terms of its objectives, quality, and effectiveness. Current staffing for the program was described, and membership of the committee that is advisory to the program was named. Dr. Cooper indicated that the CAS will be critical to the success of this program.

10. Miscellaneous.--Dr. Swanson called attention to the Medical College Admission Assessment Program (MCAAP) report in the agenda. This is the major AAMC effort to revise the Medical College Admissions Test (MCAT).

The statement from the Association for Medical School Pharmacology in the agenda did not require elaboration.

V. Future Outlook for Federal Research in Medical Education Financing

The afternoon session was devoted to detailed reviews by Dr. John Cooper, AAMC President, and Dr. Tom Kennedy, N.I.H., of the Administration's budget proposals. Dr. Cooper also reported on AAMC activities to collect data related to the impact of the proposed budget cuts on these institutional programs.

VI. Spring Meeting

Dr. Petersdorf solicited CAS reactions as to the desirability of having the interim meeting and of having it in Washington, D.C., vs. some other location.

VII. Next Meeting

The next meeting of the CAS is Sunday, November 4, 1973, at the Washington Hilton Hotel, Washington, D.C. The theme for the meeting currently on the agenda is "The Ethics of Biomedical Experimentation." Dr. Petersdorf requested alternate suggestions from the Membership.

VIII. Adjournment

The meeting was adjourned at 4:00 p.m.

PROPOSED AAMC BYLAWS REVISIONS

1. Title I, Section 2, Paragraph B:

Delete the existing paragraph B and insert:

- B. Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.

2. Title I, Section 3:

Add Paragraph E:

- E. Distinguished Service Members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies or Council of Teaching Hospitals.

3. Title IV, Section 4:

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the Council of Deans and a number of members of the Organization of Student Representatives equivalent to 10 percent of the members of the Association having representatives in said Organization. Each of such representatives of Institutional Members and Provisional Institutional Members that have admitted their first class shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. The Council of Academic Societies and the Council of Teaching Hospitals each shall designate a number of their respective members as members of the Assembly, each of whom shall have one vote in the Assembly, the number from each Council not to exceed one-half the number of members of the Council of Deans entitled to vote. All other members shall have the privileges of the floor in all discussions but shall not be entitled to vote at any meeting.

4. Title VI, Section 2:

The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these bylaws, and the Chairman of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies, three shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.



ARTICLES OF INCORPORATION OF THE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its registered office in the State of Illinois is 135 South LaSalle Street, Chicago, Illinois. The name of its registered office in the District of Columbia is One Dupont Circle, Washington, D.C. The name of its registered agent at said address is James W. Quiggle.
4. [Names of initial Board of Directors omitted.]
5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.
6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.
7. The membership of the corporation shall consist of classes known as Institutional Members, Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members, and such other members as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.
8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies, or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.\*

\*This sentence has been inserted to avoid any question of compliance or noncompliance with certain Illinois legal requirements.

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

I. MEMBERSHIP

Section 1. There shall be the following classes of members, each of which that has the right to vote shall be (a) an organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any subsequent Federal tax laws), and (b) an organization described in Section 509 (a) (1) or (2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any subsequent Federal tax laws), and each of which shall also meet (c) the qualifications set forth in the Articles of Incorporation and these Bylaws, and (d) other criteria established by the Executive Council for each class of membership:

- A. Institutional Members - Institutional Members shall be medical schools and colleges of the United States.
- B. Affiliate Institutional Members - Affiliate Institutional Members shall be medical schools and colleges of Canada and other countries.
- C. Graduate Affiliate Institutional Members - Graduate Affiliate Institutional Members shall be those graduate schools in the United States and Canada closely related to one or more medical schools which are institutional members.
- D. Provisional Institutional Members - Provisional Institutional Members shall be newly developing medical schools and colleges of the United States.
- E. Provisional Affiliate Institutional Members - Provisional Affiliate Institutional Members shall be newly developing medical schools and colleges in Canada and other countries.
- F. Provisional Graduate Affiliate Institutional Members - Provisional Graduate Affiliate Institutional Members shall be newly developing graduate schools in the United States and Canada that are closely related to an accredited university that has a medical school.
- G. Academic Society Members - Academic Society Members shall be organizations active in the United States in the professional fields of medicine and biomedical sciences.
- H. Teaching Hospital Members - Teaching Hospital Members shall be teaching hospitals in the United States.

Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefore established by the Executive Council:

- A. Emeritus Members - Emeritus Members shall be those retired individuals who have been active in the affairs of the Association prior to retirement.
- B. Senior Members - Senior Members shall be persons who have been actively involved in the affairs of the Association and who have been appointed to university or institutional administrative positions with broad responsibilities related to academic health centers.
- C. Individual Members - Individual Members shall be persons who have demonstrated a serious interest in medical education.
- D. Sustaining and Contributing Members - Sustaining and Contributing Members shall be persons or corporation who have demonstrated over a period of years a serious interest in medical education.

Section 3. Election to membership:

- A. All classes of members shall be elected by the Assembly by a majority vote on recommendation of the Executive Council.
- B. All institutional members will be recommended by the Council of Deans to the Executive Council.
- C. Academic society members will be recommended by the Council of Academic Societies to the Executive Council.
- D. Teaching hospital members will be recommended by COTH to the Executive Council.

Section 4. Revocation of Membership - A member with any class of membership may have his membership revoked by a two-thirds affirmative vote of the Assembly on recommendation with justification by the Executive Council; provided that the Executive Council shall have given the members written notice of the proposed revocation prior to the Assembly at which such a vote is taken.

Section 5. Resignation - A member with any class of membership may resign upon notice given in writing to the Executive Council. However, any such resignation shall not be effective until the end of the fiscal year in which it is given.

## II. COUNCILS

Section 1. There shall be the following Councils of the Association each of which shall be governed by an Administrative Board and each of which shall be organized and operated in a manner consistent with rules and regulations approved by the Executive Council:

- A. Council of Deans - The Council of Deans shall consist of the Dean or the equivalent academic officer of each institutional member and each provisional institutional member that has admitted its first class of students.
- B. Council of Academic Societies - The Council of Academic Societies shall consist of two representatives from each academic society member who shall be designated by each such member for a term of two years.
- C. Council of Teaching Hospitals - The Council of Teaching Hospitals shall consist of one representative from each teaching hospital member who shall be designated annually by each such member.

### III. ORGANIZATION OF STUDENT REPRESENTATIVES

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairman and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

### IV. MEETINGS OF MEMBERS AND COUNCILS

Section 1. Meetings of members of the Association shall be known as the Assembly. An annual Assembly shall be held at such time in each October or November and at such place as the Executive Council may designate.

Section 2. Special meetings of the Assembly may be called for any purpose by the Chairman, by a majority of the voting members of the Executive Council, or by twenty voting members of the Association.

Section 3. All meetings of the Assembly shall be held at such place in Illinois, the District of Columbia or elsewhere as may be designated in the notice of the meeting. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than

## V. OFFICERS

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

Section 1. The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, and shall then be installed as Chairman for a one-year term in the course of the annual meeting of the Assembly the year after he has been elected. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

Section 2. The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, a Vice President, a Secretary and a Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint one or more additional officers on nomination by the President.

Section 3. The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council.

## VI. EXECUTIVE COUNCIL

Section 1. The Executive Council is the Board of Directors of the Association and shall manage its affairs. The Executive Council shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set educational standards and criteria as prerequisites for the election of members of the Association, it shall consider applications for membership and it shall report its findings and recommendations with respect thereto to the Assembly.

Section 2. The Executive Council shall consist of thirteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairman of the Organization of Student Representatives, all of whom shall be voting members. Of the thirteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies; two shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of

three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

Section 3. At least one elected member of the Executive Council shall be from each of the regions of the Association.

Section 4. The annual meeting of the Executive Council shall be held within eight (8) weeks after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

Section 5. Special meetings of the Council may be called by the Chairman or any two (2) Council members, and written notice of all Council meetings, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

Section 6. A quorum of the Council shall be a majority of the voting Council members.

Section 7. In the event of a vacancy on the Executive Council, the remaining members of the Council may appoint a successor to complete the unexpired term. appointed members may not serve more than two consecutive full terms on the Council following appointment to an unexpired term. The Council is authorized in its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly.

## VII. COMMITTEES

Section 1. The Chairman shall appoint from the Assembly a Resolutions Committee which shall be comprised of at least one representative from each Council of the Association and from the Organization of Student Representatives. The Resolutions Committee shall present resolutions to the Assembly for action by it. No resolution shall be considered for presentation by the Resolutions Committee unless it shall have been received at the principal office of the Association at least fourteen days prior to the meeting at which it is to be considered. Additional resolutions may be considered by the Assembly upon a two-thirds vote of the members of the Assembly present and voting.

Section 2. The Executive Council shall appoint the Chairman and a Nominating Committee of not less than four nor more than six additional members, including the Chairman of the Nominating Committee of each of the Councils provided in Paragraph II. The Nominating Committee so appointed will report to the Assembly at its annual meeting one nominee for each officer and member of the Executive Council to be elected. Additional nominees for any officer or member of the Executive Council may be made by the representative of any member of the Assembly. Election shall be by a majority of the Assembly members present and voting.

Section 3. The Executive Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting

of the Chairman, the Chairman-Elect, the Treasurer, the President, and three or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association. At all times the Executive Committee shall include at least one member of each of the Councils provided in Paragraph II hereof. The designation of such a committee and the delegation to it of authority shall not relieve the Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 4. The Executive Council may appoint and dissolve from time to time such standing or ad hoc committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control. The Chairman will appoint members of the committees with appropriate consultation with the Executive Council.

### VIII. GENERAL PROVISIONS

Section 1. Whenever any notice whatever is required to be given under the provisions of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 2. The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 3. The fiscal year of the Association shall be from each July 1 to June 30.

Section 4. The annual dues of each class of members shall be in such amounts as shall be recommended by the Executive Council and established by the Assembly. The Executive Council shall consult with the respective administrative boards of the Council of Deans, the Council of Academic Societies and the Council of Teaching Hospitals in arriving at its recommendations.

Section 5. Any action that may be taken at a meeting of members or of the Executive Council may be taken without a meeting if a consent in writing setting forth the action so taken is signed by all members of the Association entitled to vote with respect to the subject matter thereof, or by all members of the Executive Council as the case may be.

Section 6. No part of the net earnings of the Association shall inure to the benefit of or be distributable to its members or members of the Executive Council, officers, or private individuals, except that the Association may pay reasonable compensation for services rendered and make payment and distributions in furtherance of its purposes. No



substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Association shall not carry on any activities not permitted to be carried on (a) by an organization exempt from Federal income tax under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

Section 7. Upon dissolution of the corporation, the Executive Council shall, after paying or making provision for the payment of all of the liabilities of the Association (including provision of a reasonable separation pay for its employees), dispose of all of the assets of the Association among such non-profit organizations having similar aims and objects as shall qualify as exempt organizations described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law.)

Section 8. These Bylaws may be amended by a two-thirds vote of the voting members present and voting at any duly called meeting of the Assembly, provided that the substance of the proposed amendment is included with the notice of the meeting. Amendments to the Bylaws may be proposed by the Executive Council or by the written sponsorship of ten voting members, provided that the proposed amendment shall have been received by the Secretary at least forty-five days prior to the meeting at which it is to be considered.

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CAS RULES AND REGULATIONS

Section V. (1) Committees.  
(As adopted October 29, 1971)

1. There shall be a Nominating Committee of seven (7) members. Said Committee will be chosen by mail ballot. A ballot listing 14 representatives will be prepared by the Administrative Board and sent to all representatives to the Council. Seven (7) names shall be selected from the list by each representative and submitted to the Secretary. The seven (7) representatives receiving the largest number of votes will constitute the Nominating Committee, except that no member society shall have more than one (1) representative on the Nominating Committee.

The Committee shall meet in person and submit each year to the Secretary forty-five (45) days prior to the annual meeting of the Council of Academic Societies the names of two (2) candidates for each office to be filled. The chairman of the committee will verify in advance that the nominees are willing to serve. Election of officers shall be by majority vote at the annual meeting of the Council of Academic Societies.

\* \* \* \* \*

*Section V. (1) Committees.  
(As approved by CAS Administrative Board and approved by AAMC Executive Council pending vote by entire Council of Academic Societies)*

*The Nominating Committee shall be comprised of seven members of the Council. The Chairman of the Administrative Board shall be the non-voting Chairman of the Nominating Committee. The Nominating Committee will consist of six individuals (3 basic science and 3 clinical science) who shall be chosen from among the representatives present at the Annual Fall Meeting of the Council by a majority vote of the representatives present at that meeting. The Officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges are eligible to serve on the Nominating Committee with the exception of the Chairman-Elect. No Society may be represented on the Nominating Committee by more than one person. The Nominating Committee shall meet to select a slate of Officers prior to June 1st of the year of the election. In the event of a tie vote, the Chairman of the Nominating Committee shall break the tie with a vote.*

*The Nominating Committee shall nominate not more than two individuals for each office. The committee will also recommend to the AAMC Nominating Committee candidates for Council of Academic Societies vacancies on the Executive Council as well as Council of Academic Societies recommendation for Association of American Medical Colleges Chairman-Elect.*

B A L L O T

COUNCIL OF ACADEMIC SOCIETIES

1973-74

Administrative Board Positions

Administrative Board

For Chairman-Elect - VOTE FOR ONE:

COLE, Jack Westley, M.D.

COLE Jack Westley Cert S 53, b 20 Portland Ore MD Wash 44  
Intern 44-46 & 48 Jr Asst Res 48 Sr Asst Res 49-50 Res 50-51  
Res 51-52 Assoc Surg Dept Surg (all at U Hosp Cleveland) Assoc Prof  
Surg (West Res) Prof & Chair Dept Surg (H Had) Emory Univ & Clin  
Dept Surg (Yale) Capt MC US 45-47 Chief Surg Ser (120th Station  
Hosp) ACS(F)-AFCR-AAAS-SEBM-CSA-CSCR-ASA-NESS. 333  
Cedar St New Haven CT 06510

WEIL, William Bachrach, Jr., M.D.

WEIL William Bachrach Jr Cert Pd 53, b 24 Mpls. MD Minn 48  
Intern - Moiss Gen Hosp) 48-49 Res Pd 49-50 Asst Chief Res 50-51  
Chief Res 51 (both at Children's Hosp Phila) Fell Pd & Postdoctorate  
Fell U.S.PHS (both at Children's Med Center Boston) 51-52 Asst Pd  
(Rines & Children's Hosp Cleve) (City Hosp Cleve) 52-63. Asst Instr  
Pd Penna 51 Sr Instr Oglebay Fell Pd 52-57 Asst Prof Pd 57-63 (West  
Res) At duPont Prof Pd (I. Fla) 65-68 Prof & Chm Human Develop-  
ment (Pd) (Mich State U) 68-71. Capt MC USA. AOA-SIPR (sec-treas).  
Specializing metabolic & renal dis. Life Scis I Mich State U East  
Lansing Mi 48323

For Administrative Board, from the Basic Sciences,

VOTE FOR TWO:

□ CLEMENTE, Carmine D., Ph.D.

CLEMENTE, CARMINE DOMENIC, educator; b. Penns Grove, N.J., Apr. 29, 1923; s. Ermanno and Caroline (Frioizzi) C.; A.B., U. Pa., 1948, M.S., 1950, Ph.D., 1952; postdoctoral fellow U. London, 1953-54; m. Dorothy Warren, Dec. 19, 1955 (div.); m. 2d Juliette Vance, Sept. 19, 1968. Asst. instr. anatomy U. Pa., 1950-52; faculty U. Cal. at Los Angeles, 1952-53, prof., chmn. dept. anatomy, 1963-64. Hon. research asso. Univ. Coll., U. London, 1953-54; cons. Sepulveda VA Hosp., NIH. Mem. med. adv. panel Bank Am.-Giannini Found. Mem. Pavlovian Soc. N. Am. (Ann. award 1968, pres. 1972). Brain Research Inst., Am. Physiol. Soc., Am. Assn. Anatomists (v.p. 1970-72), Am. Acad. Neurology, Am. Acad. Cerebral Palsy, Biol. Stain Commn., Internat. Brain Research Orgn., Med. Research Assn. Cal., N.Y. Acad. Sci., Nat. Acad. Sci. (mem. com. neuropathology, BEAR coms.), Sigma Xi, Democrat. Methodist. Author: Aggression and Defense: Neurol Mechanisms and Social Patterns, 1967; Physiological Correlates of Dreaming, Asso. editor: Experimental Neurology, Anatomical Record, Conditional Reflex. Contor. articles to sci. journs. Home: 11737 Beilagio Rd Los Angeles CA 90049

□ JONES, Richard Theodore, M.D.

JONES, RICHARD THEODORE, educator; b. Portland, Ore., Nov. 9, 1929; s. Lester Tallman and Olene (Johnson) J.; student Cal. Inst. Tech., 1948-51, Ph.D., 1961; B.S., U. Ore., 1953, M.S., M.D., 1956; m. Marilyn Virginia Beain, June 20, 1953; children—Gary Richard, Alan Donald, Neil William. Student asst. dept. physiology U. Ore. Med. Sch., Portland, 1953-56, asst. prof., 1961-64, asso. prof. exptl. medicine and biochemistry, 1964-67, prof., chmn. dept. biochemistry, 1967-; interu Hosp. U. Pa., 1956-57; research asst. dept. chemistry Cal. Inst. Tech., 1959-60. Mem. biochemistry tng. com. Nat. Inst. Gen. Med. Scis., NIH, 1963-71; biochemistry test com. Nat. Bd. Med. Examiners, 1968-; Mem. Am. Soc. Biol. Chemists, Am. Chem. Soc., A.A.A.S., Sigma Xi, Alpha Omega Alpha, Tau Beta Pi, Republican. Contbr. articles prof. jcurs. House: 9615 SW Eagle Ct Beaverton OR 97005 Office: 3181 SW Sam Jackson Park Rd Portland OR 97201

□ REYNOLDS, Orr Esrey, M.D.

REYNOLDS, ORR ESREY, assn. exec.; b. Balt., Mar. 3, 1926; s. Floyd Wilson and Mildred Alma (Esrey) R.; student J. O. Wilson Tchrs. Coll., 1937-39; B.S. U. Md., 1941, M.S., 1943, Ph.D., 1946; m. Maxine Muriel Ott, June 13, 1942 (dec. July 1970); 1 dau., Caroline Orr. Asst. physiologist Nat. Insts. Health, 1943; head physiology br. Office Naval Research, 1946-49, dir. biol. scis. div. 1949-57; exec. dir. survey of physiology Am. Physiol. Soc., under contract Nat. Sci. Found., 1952-53; dir. Office of Sci., Office Asst. Sec. Def., research and engrng. Dept. Def., 1957-62; dir. biosciences programs Office of Space Sciences, NASA, Washington, 1962-70; edn. officer Am. Physiol. Soc., Bethesda, Md., 1970-; Served as lieutenant USNR, 1945-46. Fellow Aero Med. Assn.; mem. A.A.A.S., Am. Physiol. Soc., Internat. Assn. Dental Research, Am. Inst. Biol. Scis., Assn. Southeastern Biologists, Fedn. Am. Soc. for Exptl. Biology, N.Y. Acad. Sci., Wash. Acad. Scis., Internat. Acad. Astronautics, Theta Chi. Home: 2134 LeRoy Pl NW Washington DC 20006 Office: Am Physiol Soc 9650 Rockville Pike Bethesda MD

□ WEBSTER, Leslie T., Jr., M.D.

WEBSTER Leslie Tillotson Jr Cert M 58. b 26 NYC. MD Harvard 48. Intern 48-49 Jr Asst Res Med 49-50 Asst Phys 53-56 (all at City Hosp Cleve) Asst Res III Med Div (Bell) 50 & 52-53 Research Fell Med (Thorndike Meml Lab-Boston City Hosp) 53-55 (Harvard) 53-55 Asst Phys (U Hosps Cleve) (Benjamin Rose Inst) Asst Phys Med & Phys OPD (Cleve Met Gen Hosp). Demonstrator Med 55-56 Instr Med & Russell M Wilder Fell 56-59 Asst Prof Med & Biochem 60-65 Asst Prof Phar & Med (all at West Res) 65-67 Assoc Prof Phar & Asst Prof Med (Case-West Res) 67-70 Prof & Chm Dept Phar (Northwest) 70-; Lt USNR 50-52. AFCE-AM Assn Study Liver Dis-CSCR-ASCI-ACP-Am Soc Biological Chem-Assn Med Sch Phar. 303 E Chicago Ave Chicago IL 60611

For Administrative Board, from the Clinical Sciences,

VOTE FOR TWO:

□ BOLLET, A. Jay, M.D.

BOLLET Alfred Jay Cert M 56. b 26 NYC. MD NYU 48. Intern 48-49 Asst Res Med 51 Res Med 52-53 (all at Mt Sinai Hosp NYC) Asst Res Chest Med 50 Asst Res Med 6 mos 52 (both at Bell) Fell Rheumatology (USPHS-NIH) 53-55 Att Phys (U Va Hosp). Asst Prof Med (Wayne) 55-59 Prof Med & Prev Med (VA) 59-66 Prof & Chm Dept Med (MCGa) 66--. USPHS 49 & 53-55. Markle Scholar in Med Sci 56-61. AMA-ARA-AFCR-AAAS-CSCR-SEBM-ASCI-So Soc Clin Research-Am Physiol Soc-ACP(F)-AAP-ACCA-Assn Profs Med-Alpha Omega Alpha. Med Coll Ga Augusta GA 30902

□ BRUNNER, Edward A., M.D.

BRUNNER Edward A Cert Anes 66. b 29 Erie Pa. MD 29 Phila Phar 62 (both at Hahn). Intern (Hahn) 59-60 Res Anes 62-65 NIH Research Fell Dept Phar 65 (both at Penn) Att Anes (Passavant Meml Hosp) 66-- (Weaver Meml Hosp) 66-- (VA Research Hosp) 66-- (all Chgo). Asst Prof Anes 66-69 Assoc Prof 69-70 Prof & Chm Dept Anes 71-- (Northwest). Lt (jg) USNR 52-55. ASAnes-Assn U Anes. Dept Anes Northwest 303 E Chicago Ave Chicago IL 60611

□ CLAWSON, D. Kay, M.D.

CLAWSON D Kay Cert OrS 61. b 27 Salt Lake City. MD Harvard 52. Intern Surg 52-53 Res Or Surg 56-57 Asst Res 53-54 Asst Res Or Surg 54-55 (all at Stanf Hosp) Res Or Surg 55-56 (SF City-Co Hosp) Hon Sr Registrar (Royal Natl Or Hosp London) Clin Research Assoc (Inst Or U London) Fell Or 55-56 & 56-57 Fell Advanced Or 57-58 (all at Natl Found for Infantile Paralysis). Asst Prof Surg (CalifLA) 58 Asst Prof Surg & Head Div Or Surg 58-61 Assoc Prof & Head Div Or Surg 61-65 Prof & Chm Dept Or 65 (all at U Wash). USN 45-46. AOA-BOA (Traveling Fell 67)-AMA-WOA-AAOS-Assn Bone & Joint Surg-PPSA-Am Coll Sports Med. U Wash Sch Med Seattle WA 98105

□ HAWKINS, David R., M.D.

HAWKINS David Rollo Cert P&N (P) 56. b 23 Springfield Mass. MD Roch 46. Intern & Asst Res Path 46-47 Intern Med 47-48 Commonwealth Fund Fell Psy 50-52 (all at Strong Meml Hosp Rochester NY) Assoc Att Phys 52-62 Att Phys 62-67 (NC Meml Hosp) Psy-att Chief (U Va Hosp Charlottesville) 67--. Instr 52-53 Asst Prof 53--7 Assoc Prof 57-62 Prof Psy 62-67 (U NC) Prof & Chm Dept Psy 67-- Assoc Dean 69-70 (Va). Capt MC USA 48-50 Med Ward Officer (Station Hosp) Chief Med & Prof Sers (USA Field Hosp). ARA-APsychosomS-AMA-AAUP-Am Acad Psychus-APsychus-Group Advancement Psy-Alpha Omega Alpha. Dept Psy U Va Sch Med Charlottesville VA 22901

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM # 73-33

September 28, 1973

TO: The Assembly

FROM: John A. D. Cooper, M.D., President

SUBJECT: Status Report on Association Suits for Release of Impounded Funds

On September 14, 1973, the Executive Council authorized the Association's Counsel to file suit in the name of the AAMC on behalf of its member institutions against DHEW Secretary Weinberger and OMB Director Ash seeking a court order to release impounded FY 73 funds. Suits were filed September 20, seeking release of Bureau of Health Manpower Education special project grants and on September 26, seeking release of impounded NIH research grants, research training grants and fellowship funds. Because the laws may require appropriated but unobligated funds to be returned to the Treasury within 90 days after the end of the fiscal year, we requested a temporary restraining order which would preserve the status of our right to those funds. Yesterday, after a hearing on this motion, the U.S. District Court for the District of Columbia granted the order and directed the Secretary to obligate the funds pending a final determination of the suit.

Our estimates of the amount of the funds impounded relating to the NIH programs appears on the attached sheets, broken down by institute. The amount of the special project grant impoundment is \$28.6 million. Of this amount, the medical schools presumably would be entitled to \$15,631,609--the amount by which their approved continuation awards were reduced in fiscal year 1973--plus some portion of the \$8.6 million which would remain of the full appropriation had the continuation awards for all eligible disciplines been paid at the recommended level.

Determining the amount which the schools should ultimately receive from the impounded NIH funds is not possible, at this time. It will depend on the resolution of a number of issues before the court.

The effect of winning this first round is simply to keep us in court with all of our rights preserved. The next round, a hearing on our motion for a preliminary injunction will take place in mid-October. A final ruling by the District Court is unlikely before mid-December.

FISCAL YEAR 1973 APPROPRIATIONS  
(Thousands)

RESEARCH GRANTS

<u>INSTITUTE</u>	<u>ORIGINAL BUDGET ESTIMATE</u>	<u>HOUSE RECOMMENDATION</u>	<u>SENATE RECOMMENDATION</u>	<u>LESSER OF THE TWO</u>	<u>ESTIMATED SPENDING</u>	<u>IMPOUNDED</u>
Cancer	160,874	160,874	160,874	160,874	155,134	5,740
Eye	24,950	25,400		25,400	22,433	2,967
Heart & Lung	141,628	141,628		141,628	140,490	1,138
Allergy & Infectious Diseases	65,589	65,639		65,639	57,047	8,592
Arthritis, Metabolic & Digestive Diseases	105,903	113,011		113,011	91,312	21,699
Child Health	72,001	73,224		73,224	60,046	13,178
Dental	22,152	24,504		24,504	20,509	3,995
Environmental Health	14,404	15,270		15,270	12,124	3,146
General Medical	105,626	108,165		108,165	95,231	12,934
Neurological Diseases and Stroke	69,763	79,819		79,819	62,544	17,275
Research Resources	71,079	71,079		71,079	95,045	
Fogarty International Center	500	500	500	500	500	----
TOTAL NIH	854,469	879,113	944,134	879,113	812,415	66,698

FISCAL YEAR 1973 APPROPRIATIONS  
(Thousands)

TRAINING GRANTS

<u>INSTITUTE</u>	<u>ORIGINAL BUDGET ESTIMATE</u>	<u>HOUSE RECOMMENDATION</u>	<u>SENATE RECOMMENDATION</u>	<u>LESSER OF THE TWO</u>	<u>ESTIMATED SPENDING</u>	<u>IMPOUNDED</u>	<u>PRESIDENTIAL BUDGET 1974</u>
Cancer	15,750	15,750	15,750	15,750	13,448	2,302	10,546
Eye	2,998	3,398	5,049	3,398	2,444	954	2,174
Heart & Lung	17,643	17,643	17,643	17,643	17,500	143	11,489
Allergy & Infectious Diseases	8,922	8,982	12,437	8,982	8,062	920	7,640
Arthritis, Metabolic & Digestive Diseases	15,072	15,072	21,116	15,072	11,750	3,322	9,551
Child Health	10,142	11,598	13,124	11,598	7,708	3,890	6,200
Dental	5,270	5,270	7,352	5,270	4,144	1,126	4,191
Environmental Health	3,117	4,131	7,352	4,131	3,117	1,014	2,000
General Medical	43,746	47,511	61,478	47,511	33,000	14,511	31,903
Neurological Diseases and Stroke	14,300	16,324	20,199	16,324	12,000	4,324	11,000
Research Resources	352	416	427	416	235	181	235
Fogarty International Center	----	----	----	----	----	----	----
TOTAL NIH	137,312	146,095	181,927	146,095	113,408	32,687	96,929



FISCAL YEAR 1973 APPROPRIATIONS  
(Thousands)

FELLOWSHIPS

<u>INSTITUTE</u>	<u>ORIGINAL BUDGET ESTIMATE</u>	<u>HOUSE RECOMMENDATION</u>	<u>SENATE RECOMMENDATION</u>	<u>LESSER OF THE TWO</u>	<u>ESTIMATED SPENDING</u>	<u>IMPOUNDED</u>	<u>PRESIDENTIAL BUDGET 1974</u>
Cancer	4,750	4,750	4,750	4,750	2,460	2,290	1,650
Eye	1,676	1,802	1,802	1,802	1,177	625	742
Heart & Lung	7,371	7,371	7,371	7,371	5,900	1,471	5,650
Allergy & Infectious Diseases	3,579	3,579	5,718	3,579	2,589	990	1,730
Arthritis, Metabolic & Digestive Diseases	5,740	5,799	8,831	5,799	4,900	899	3,851
Child Health	3,786	3,786	5,496	3,786	2,900	886	2,500
Dental	1,601	1,692	2,641	1,692	1,116	576	1,100
Environmental Health	264	264	264	264	206	58	130
General Medical	15,609	15,609	19,473	15,609	12,509	3,100	10,970
Neurological Diseases and Stroke	2,782	2,790	4,155	2,790	1,800	990	1,500
Research Resources	126	126	267	126	72	54	72
Fogarty International Center	1,497	1,618	1,618	1,618	1,048	570	697
TOTAL NIH	48,781	49,186	62,386	49,186	36,677	12,509	30,592

**COUNCIL OF ACADEMIC SOCIETIES GENERAL SESSION\***

Sunday, November 4, 1973  
2:00 PM - 5:00 PM  
Ballroom East

- 2:00 p.m. Programs and Plans at the NIH  
Robert S. Stone, M.D.  
Director, National Institutes of Health
- 2:45 p.m. Health Care in the Teaching Setting:  
The Impact of HRI  
Arnold S. Reiman, M.D.  
Chairman, Department of Medicine  
University of Pennsylvania
- 3:30 p.m. Implications of the Reorganization of HEW  
for the University Health Center  
Kenneth Endicott, M.D.  
Administrator, Health Resources Administration  
National Institutes of Health
- 4:15 p.m. A Discussion with John A.D. Cooper, M.D., Ph.D.  
President  
Association of American Medical Colleges

**COUNCIL OF ACADEMIC SOCIETIES PROGRAM\***  
**CERTAIN ETHICAL ASPECTS OF BIOMEDICAL RESEARCH**

Monday, November 5, 1973  
2:00 PM - 5:00 PM  
Ballroom Center

**CHAIRMAN:** Robert G. Petersdorf, M.D.  
University of Washington  
School of Medicine

Evolution of Concepts of Ethical Standards  
James F. Toole, M.D.  
Bowman Gray School of Medicine

The Consequences of Over-Regulation of Clinical  
Research  
Thomas C. Chalmers, M.D.  
Mt. Sinai School of Medicine

Some Practical Problems of Peer Review  
Robert J. Levine, M.D.  
Yale University School of Medicine

Non-Therapeutic Research on Children, An Ethical  
Dilemma  
Charles U. Lowe, M.D.  
National Institutes of Health

\*All registrants of AAMC Annual Meeting Welcome



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

OCTOBER 1, 1973

CAS BRIEFS

NO. 19

MANY OF OUR MEMBERS FIND THE AAMC WEEKLY ACTIVITIES REPORT AN EXTRAORDINARILY VALUABLE MECHANISM FOR KEEPING TRACK OF DEVELOPMENTS ON THE WASHINGTON SCENE. ON FRIDAY, SEPTEMBER 14, 1973, AT THE REQUEST OF THE ADMINISTRATIVE BOARD OF THE CAS, THE EXECUTIVE COUNCIL OF THE AAMC VOTED TO MAKE THE WAR AVAILABLE TO INTERESTED MEDICAL SCHOOL FACULTY AT AN ANNUAL INDIVIDUAL SUBSCRIPTION RATE OF \$10.00. TO FACILITATE DISTRIBUTION OF THIS INFORMATION TO THE MEMBERSHIP OF THE VARIOUS CAS SOCIETIES, WE WOULD BE PLEASED TO PROVIDE AN APPLICATION FORM FOR WAR AND TWO RECENT COPIES TO INCLUDE IN YOUR NEXT MEMBERSHIP MAILING. IF YOU WISH TO TAKE ADVANTAGE OF THIS SERVICE, PLEASE ADVISE US OF THE DATE OF YOUR NEXT MAILING AND THE NUMBER OF COPIES YOU WILL REQUIRE. ADDRESS ALL CORRESPONDENCE TO:

MICHAEL F. BALL, M.D.  
DIVISION OF BIOMEDICAL RESEARCH  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
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WASHINGTON, DC 20036

COUNCIL OF ACADEMIC SOCIETIES

AAMC ANNUAL MEETING  
NOVEMBER 4 - 8, 1973  
WASHINGTON HILTON HOTEL  
WASHINGTON, D.C.