

AGENDA

COUNCIL OF DEANS

Friday, October 31, 1969

4:00 p.m. - 5:00 p.m.

Room 207 - Convention Center

1. Roll Call
2. Minutes of Meeting, May 9, 1969
3. Chairman's Report
4. Reports from Regional Groups
5. Proposed Bylaws for the Council of Deans
6. Consideration of Limitation of Federal Contributions to Faculty Salaries
7. Other Business
8. Report of Nominating Committee
9. Election of Officers
10. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
MINUTES  
COUNCIL OF DEANS MEETING

May 9, 1969

Georgetown West Room  
Washington Hilton Hotel  
Washington, D. C.

Present: Council Members:

William G. Anlyan, presiding	LeRoy P. Levitt
Randolph Batson	Glen R. Leymaster
Warren Bostick	William F. Maloney
Robert M. Bucher	John G. Masterson
M. K. Callison	Horace Marvin
Robert E. Carter	William D. Mayer
Kenneth B. Castleton	Clifton K. Meador
Ralph J. Cazort	Manson Meads
Kenneth R. Crispell	Richard L. Meiling
John E. Deitrick	Frank Moya
James L. Dennis	Kinloch Nelson
Joseph R. DiPalma	Harry B. O'Rear
J. Frederick Eagle	John Parks
Peter L. Eichman	George A. Perera
John Field	Rulon W. Rawson
Harry H. Gordon	Frederick C. Redlich
John Gronvall	Arthur P. Richardson
William J. Grove	John C. Rose
Robert C. Hardin	Clark K. Sleeth
Theodore H. Harwood	Donn L. Smith
David B. Hinshaw	Charles C. Sprague
John R. Hogness	Robert S. Stone
Joseph M. Holthaus	Emanuel Suter
Robert B. Howard	Isaac M. Taylor
Glenn W. Irwin, Jr.	Joseph M. White, Jr.
William S. Jordan, Jr.	Harold G. Wiggers
Gerald A. Kerrigan	George A. Wolf, Jr.
George W. Knabe, Jr.	Richard H. Young
Robert B. Kugel	

I. Introduction of Mr. Trevor Thomas

Dr. Cooper introduced Mr. Thomas who is joining the Association as Executive Officer of the Division of Business Affairs. Mr. Thomas will be with the Association full time starting June 1.

II. Report of Administrative Committee Meeting April 9-10, 1969

Dean Anlyan reported that the Committee did not feel that the proposed

by-laws were ready for action yet but rather that they should be circulated at this meeting for discussion; the by-laws and suggestions will then go back to the regional groups and then hopefully will be presented for action at the October-November Council of Deans meeting.

Dean Anlyan reported that there was concern about the appropriation for student loans and that it was agreed that Dr. Carlton Chapman and the Federal Liaison Committee should take this whole problem up as a high-priority item.

### III. National Service Plans for Medical Graduates

The Executive Committee of the Council of Deans brings to this meeting the suggestion that perhaps a national service approach to the allocation of students rather than a military service approach for required time, would be better. The "national service" would include work in the urban ghettos, the rural health vacuums, and possibly Peace Corps types of programs; this could be handled effectively in a manner, such as the National Intern Matching Program. A single agency in the Federal establishment could be developed (the "Health Manpower for National Service Agency") and in his senior year the student would list his choices with that agency, not only of the type of service but also at what time in his future career he would like to have this type of service. The computer program could be weighted in favor of the military needs, but at least the student would know exactly when and where his national service would be.

There was much discussion about the difficulties and advantages of such a proposal. Areas covered included: who would control such a program; whether having the war end or not makes a difference; the aspect of voluntary versus involuntary service; the inclusion of women medical students and other health professionals; whether military utilization of physician manpower is wasteful; and how the people receiving such service would interpret the motivation and interest of those rendering the service.

ACTION: The Council expressed a majority interest in further exploring this matter; the Executive Committee is to report back to the Council at each step.

### IV. Proposed By-Laws

One of the items proposed in the by-laws is the change of the name of the central committee of the Council of Deans from Executive Committee to Administrative Committee. This is in an attempt to distinguish this body from the Executive Committee of the AAMC. Another title change would be that related to membership by virtue of the title Dean; because there are various uses of that term, the by-laws have tried to designate in a descriptive manner the man who is in immediate charge of the administration of the educational program leading to the M. D. degree. There was further discussion of the items in the by-laws, but there were no specific actions taken.

## V. Medicare

Mr. McNulty reported on some background aspects of the problem, citing cases where reimbursement under Medicare was requested for certain days and then it was found that the physician in question was on those particular days away attending to other matters. The SSA had been urged, therefore, to produce more meaningful descriptive material interpreting the law, and thus developed intermediary letter No. 372. This document is being distributed over the country and has been presented to the deans in the Southern region in a joint meeting with the Council of Teaching Hospitals and the deans in the Great Plains and Midwest region at a meeting in that area called by Dr. Grulee. The letter is intended as a guideline, but has not been published in the Federal Register. Mr. McNulty pointed out that rules and regulations are issued in the Federal Register, but that guidelines need not be. Mr. McNulty reported that in an attempt to get at the key issues involved, the Committee on Financial Principles has been expanded to include four deans and that the intent is to add three members from the Council of Academic Societies as well.

Dean Richardson mentioned that his group is having trouble with the reimbursement for anesthesiology and radiology. The issue of the local carriers' liberties or interpretations was aired; Mr. McNulty stated that his group is trying to get SSA to hold regional meetings of their carriers with representation from the AAMC, specifically one representative each from the Councils of Teaching Hospitals, the Council of Deans, and the Council of Academic Societies.

There was a request that Mr. McNulty explain further the document in question, and Mr. McNulty commented as follows: "A committee of the Senate has interpreted the Medicare Program as being devised to provide an individual physician for each beneficiary who is receiving health care under a financial support under the Medicare program, that this physician should be identifiable, that there should be a distinctive arrangement of some sort of a relationship established between a patient and his physician similar to that that would be established for a private patient; and thus the emphasis in the law is on semi-private accommodations."

## VI. Report on Federal Programs

Dr. Marston, Director of NIH, made available to the members an outline of some of the organizational and budgetary considerations as of this time. Dr. Marston pointed out that the training grant area is of the greatest concern to his group, along with the problem of student loans; he stated that not only was he concerned about the (approximately) 10 percent proposed reduction in training grants for the year but also the need for some method of justifying the purposes of the training grants in a way that will be more effective than has been possible over the last four or five years.

Dr. Marston told of a proposal forwarded by his office in February of 1969, commenting on the social demands for greater medical services and the perception that the medical schools and other professional schools in the country were under considerable pressure to do something about the manpower



problem. This proposal suggested that the Federal government reexamine its role and proposed a program to assist schools to expand beyond their presently anticipated enrollment and stated that in round figures that cost would be about \$10,000,000 in the initial year and a steady state cost of \$20,000,000 per year for an increase of one thousand students.

It was pointed out that the program as suggested by Dr. Marston and his staff was drawn up in consultation with the Executive Council of the AAMC, the rationale being that if the only way we could aim for the \$20,000,000 that was authorized, but not appropriated, was to increase enrollment then we ought to aim for just that -- a substantial increase in enrollment. By the same token, however, this group was concerned about future project grants to stabilize this situation and felt that the program should not be based on a pure capitation basis but that it should be done on a project-grant basis with a year review.

Dr. Marston further outlined some of the financial considerations being suggested by his department. There was discussion of special aid for economically deprived students as well as the problems of medical schools presently in serious financial difficulty. There was much discussion between the audience and Drs. Marston and Fenninger, and Mr. McKee. The question of the Allied Health Professions Program was raised, and Dr. Fenninger responded that the report sent to Congress recommended another year's extension to make the law co-terminus with all of the other health legislation and training within the department.

VII. Report by Student Organizations

SAMA

Peter Andrus of the SAMA commented on the background of the Federal program for funding of student loans and discussed the availability of guaranteed student loans through the Office of Education. Mr. Andrus informed the Council that SAMA has circulated a letter to medical students, medical administrators, and faculty members advising them of the planned cut and requesting them to inform their congressmen and senators of the detrimental effects that such cuts would produce. Members of the SAMA have met with forty-three congressmen and senators, the Assistant Surgeon General, Drs. Marston and Fenninger, to further try and forestall this cut in funding. The group urges that funds not be taken from one essential program to feed another program. Mr. Andrus suggested that the SAMA and the AAMC begin to investigate concrete means of involving students, faculty, and administration together in planning and setting priorities at the local and national levels. The SAMA proposed the following three-point plan: 1) affirmation of high priority for student support and assistance, 2) continued, renewed and increased support in advising members of Congress of the importance of the program and the detrimental effects upon medical students and medical schools that would result from such a cutback and, 3) efforts on the part of the AAMC in cooperation with the SAMA to bring other organizations within the medical community into a coordinated program of joint effort to prevent such cutbacks and to urge an increasing emphasis on the whole area of health within the Federal budget.

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SNMA

Mr. Maurice Weise from the SNMA stated that he felt that it was the Council's responsibility to make all black medical students aware of the Student National Medical Association, which Mr. Weise said represents the bulk of black physicians in the country as well as the bulk of black medical students in the country. Mr. Weise also stated that it was the responsibility of the institution to deal with the important issues as they come up and not wait till "black pressure" results in community violence. It was Mr. Weise's feeling that one of the problems facing us now is an increasing breakdown in communications between blacks and whites and he felt that one of the concepts frequently dealt with, neo-colonialism, is understood by very few; it was his opinion that the Council should familiarize itself with this issue as well as the problems of the black people on the whole.

SHO

Mr. Lambert King of SHO questioned whether the goals of the two organizations (AAMC and SHO) are reconcilable and whether increased communications would really result in some convergence of views and goals. Mr. King itemized a few of the activities of the SHO, listing the Committee for Black Admissions in Philadelphia, and SHO's work in the Chicago area working with community organizations. Mr. King told of a bill recently introduced into the Illinois legislature, the research for and drafting of which were carried out by law, nursing, and medical students from the Chicago SHO over the past two years; the bill would provide for an expansion of eligibility for Medicaid and would provide for pre-registration for all persons eligible for Medicaid as well as categorical welfare. The bill would also cover all eligible persons under a comprehensive policy from a private insurance carrier, such as Blue Cross and would include many preventive and psychological services not presently covered. Opposition to the recent resolution of the American Nurses Association which called for the drafting of nurses in the event of a military conflict or civil disorders was listed as one of the activities of the Chicago SHO, as was the organization of independent service courses in social and community medicine by medical students at Northwestern University. Mr. King outlined somewhat the work being done on establishing the SHO National Service Center in Chicago, which will have full-time staff members who will be able to devote talent and energy to their endeavors. Mr. King said that the roots of the problems that are currently facing us all are buried deeply in the "often racist structures and policies of major government and health care institutions". Mr. King's definition of institutional racism: for a medical school this means low wages for hospital workers without providing educational programs that would promote vertical mobility. He also used this phrase to describe the selection of certain indigent patients who "provide good teaching material while sending other indigent patients to public hospital facilities".

The SHO makes two suggestions for consideration by the AAMC: 1) that the AAMC obtain consultants from such groups as the Drug and Hospital Workers Union 1199 in order to set some guidelines for medical labor policies for medical teaching hospitals and make enlightened labor policies an important part of the accreditation process. As an immediate action the suggestion

was that the AAMC make a strong stand that the demands for union recognition and pay increases of the Charleston hospital workers be met immediately; 2) that, with regard to comprehensive health planning, the medical schools refuse to participate in these planning efforts until poor consumers and minority groups are given a "legitimate degree of participation".

Mr. King extended an invitation to Council members to individually visit the SHO Service Center after it opens on July 1.

#### SAMA Commission on Medical Education

Mr. Bob Graham of the SAMA Commission on Medical Education said that shortly the deans would be receiving a letter from SAMA's president, Ed Martin, which will detail SAMA's activities now and as planned for the next year. Mr. Graham outlined two principles that he felt were of paramount importance: organizational renewal and the need for organizations to aggressively initiate meeting the developing issues in health care and education. Mr. Graham questioned whether the Council of Deans would include student representation and whether the Council of Academic Societies would represent the faculties. The question of community and consumer representation was also raised. Mr. Graham questioned whether by virtue of the "renewed" AAMC structural additions, the organization could offer more in the way of solutions to problems rather than critiques to the proposed programs of others. Issues to be dealt with cited by Mr. Graham were manpower, the process and content of medical education, the involvement of medical centers and educators in the ongoing process of the delivery of health care, and the responsibility of institutions of medical education for the postgraduate education of physicians.

Dean Hogness stated his concern with regard to the issue of student loans and made a motion to go on record on behalf of funding for this purpose. Different aspects of the student loan were discussed, including the idea that perhaps some members are unenthusiastic about student loan funds because this leaves a student saddled with debts upon graduation from medical school and possibly makes his attention turn primarily to the earning of dollars. The notion of abolishment of tuition was raised; whether or not it really constitutes a major handicap in going to a medical school.

ACTION: On motion, seconded and carried, the Council of Deans elected to go on record as:

1. Indicating that the Council does give high priority to the need for Federal student-assistance programs, both loans and scholarships.
2. Urging members of the Council and their faculties to support this need by writing to members of Congress stating clearly the problem presented by or which would be presented by a cutback in these programs.

3. Supporting the efforts of student organizations to obtain information and to develop position papers on this issue.
4. Attempting to enlist the support of other interested organizations and groups in a campaign to avoid a reduction in student aid funds.
5. Making the Council's position on this matter public record.

VIII. Report from the Health Services and Mental Health Administration

Mr. Irving Lewis, Deputy Administrator of the Health Services and Mental Health Administration, gave some background information on the establishment of the Administration and spoke of the "Center" as attempting to bridge the scientific world and the "real world". On questioning, Mr. Lewis said that the seven Health Services Research and Development Centers will continue to be funded. Money for new neighborhood health centers was discussed, and Mr. Lewis said that if his department budget was approved there would be twelve to fifteen million dollars in the Community Health Service budget that would cover neighborhood centers; not necessarily fully, however. Mr. Lewis said that John Cashman, director of the Community Health Service, would be in charge of the program which would make project grants under the Partnership for Health Program.

Dr. Stanley Olson, director of Regional Medical Programs, spoke to the question of the Center making awards to regional medical programs and said that the primary objective in making such awards was to stimulate the maximum degree of coordination and cooperation among the various elements in the health-care system.

IX. Relationship of Student Organizations to the AAMC

Dr. Cooper reported that there has been discussion of student affiliation, but no official position taken. The question is whether we need everything under one roof to establish dialogue between the organizations. Mr. King again raised the question of consumer representation on the comprehensive health-planning boards and was met with opinions both that this was indeed an area of concern and the other side of the coin that often there are many consumers and few physicians on some boards.

X. Report on the Federal Health Programs Committee

In Dr. Carlton Chapman's absence, Dr. John Cooper delivered the report. Dr. Cooper reported that the Committee has been active in preparing itself to testify before the Appropriations Committee, taking the tack of utilizing the opportunities available under existing legislation rather than try to instigate new legislation. Thus, one of the major points will be an attempt

to get full appropriation for authorizations now available in the current legislation. Included will be the entire scope of activities related to medical centers, such as student loan programs, health manpower support, and an attempt to at least retain the cost of living increases in research and research training. The testimony will be given on May 26.

John Knowles is heading a group with Bill Hubbard and Bill Jordan in the manpower area; Dan Tosteson and Jonathan Rhoads are working in the area of research and research facilities; and educational facilities will be discussed by Merlin DuVal.

There has been interaction with the Department on the activities of the health task force and various program teams which have been considering questions related to the development of the fiscal year '71 budget and the budget through fiscal year '75.

Dr. Cooper noted that a telegram had been sent to the Secretary pointing out the difficult situation in the manpower area. The Secretary's answer to the telegram is now being prepared in letter form, and we have been assured that we will have an opportunity to have input as an Association before any final decisions are made with regard to the budget. Dr. Cooper announced that plans are under way for a meeting with Secretary Finch. The question of peer review of grants and contracts was raised, and it seems that this is an area to keep an eye on.

#### XI. Report from the Executive Council

Dean Howard reported that on April 8, at the meeting of the Executive Committee of the Executive Council, there was discussion of the duties and responsibilities of the Office of President, and that Dr. Cooper made a presentation and discussed the financial status of the Association. A plan for severance pay for AAMC staff who will not be joining the Association in Washington was introduced by Dr. Cooper.

Dean Howard reported that after discussing the National Intern and Resident Matching Program, particularly with respect to its status in the light of the move of the Association to Washington, that the Executive Committee agreed for the Association to push for the NIRMP to move to Washington with their staff. The Executive Committee approved the establishment of a Liaison Committee with the American Hospital Association including representatives of both groups.

At the Executive Council meeting on April 9, there was discussion of the proposed Commission on Foreign Medical Graduates with fairly extensive discussion of the proposal. The Executive Council elected to approve the AAMC support and participation in such a commission, if it is established. It was announced that after discussion the Executive Council approved, authorized, and supported the president in moving forward in developing a formal program in the field of continuation education and to explore the possibility of outside funding for such a program.

It was reported that a discussion had taken place concerning the procedures

which the Federal Health Programs Committee should follow were it necessary to state a position on behalf of the Association in instances where there was no standing policy previously established: it was agreed that the President was authorized to deal with such issues and to present them to the Executive Committee of the Executive Council for approval.

At that same meeting Dr. Anlyan presented a report on behalf of the Council of Deans in which a great concern over the level of faculty salaries was expressed. The Executive Council referred this issue and the memorandum setting forth the recommendations concerning this to the Council of Academic Societies and to the Council of Deans with the recommendation that these be considered at regional meetings.

It was reported that the Council approved the AAMC's participation in the development of a commission on medical education urging that it include the Allied Health Professions as well. The proposal for a committee on committees was introduced, but it was felt that the Executive Council really ought to perform such a function. Dr. Smythe gave additional background information on the proposal for a commission on graduate medical education.

### XIII. Report on the Meeting of the Southern Deans

Dean Suter reported that the Southern Deans met on April 29-30, the afternoon of the first day being spent in a joint meeting with the Council of Teaching Hospitals. The topic of that meeting was the financing of teaching hospitals. Another item of discussion was a report by Art Richardson on the planning of the Regional Medical Library in the Southern Region. It appears that the Calhoun Library will be authorized to present a program to the National Library of Medicine for funding as a Regional Medical Library.

The major issue of concern was the discrepancy between pressures on medical schools to increase enrollment and the disappearance of funds to support medical schools. The resolution that unanimously passed reads: "In view of the problem of health manpower in the nation and the great demands placed on medical schools and in view of the marked reduction of research and training grants, support and faculty recruitment, and training and in view of the shortage of teachers for new and expanding medical schools, some ultimate mechanism should be developed promptly to support the training of medical educators in medical schools".

ACTION: On motion, seconded and carried, the Council of Deans elected to undertake consideration of some ultimate mechanisms for supporting the training of medical educators in medical schools.

Dean Suter also expressed a concern over legislation which might represent an infringement on institutional academic freedom. The Chairman suggested, and Dean Suter concurred, that the New York Deans relay to the Executive Council their impressions of the impact of the recently passed New York State Legislature.

Also reported on at the Southern Deans meeting was the Joint Conference Committee on Health Care. It was highly recommended as possibly a mechanism for other states to employ.

XIII. Reid-Brademus Bill

Dr. Cooper reported that the Federal Health Council, Programs Committee, made the recommendation that the part of the bill dealing with support for residents not be supported.

XIV. Report from the Midwestern Deans

Dean Grulec reported that the Great Plains and Midwestern Group has spent a lot of recent effort working on a reorganizational plan. Also discussed was the seven school cost study. Other areas covered were: Medicare, health manpower, and the functioning and internal structure of the Bureau of the Budget.

Dean Mayer introduced a resolution made by the Midwestern Group that the AAMC be encouraged to continue their efforts in the program cost analysis study.

Dr. Rice reported that the seven schools initially involved are continuing their study and are refining and improving the definitions. Also, negotiations are in the final stages to involve perhaps twelve other schools.

Dr. Rice commented on two new developments: 1) one school is proposing to have their medical economists study the relationship of one element of the system to other elements (e.g., undergraduate medical education to research or patient care); 2) another school proposes to let their social scientists analyze the validity of some of the responses in their school.

ACTION: On motion, seconded and carried, the Council of Deans resolved to encourage the AAMC to continue their efforts in the program cost analysis study.

XV. Mr. Matthew McNulty's Resignation

Dr. Cooper announced that Mr. McNulty is leaving the Association to become Vice President for Medical Affairs at Georgetown University.

XVI. Meeting Dates

There was a suggestion from the floor that the Council of Deans publish specific dates for their meetings so that regional groups could relate more effectively their meetings to the national one.

XVII. The meeting was adjourned at 4:30 p.m.

DRAFT\*

BYLAWS OF THE COUNCIL OF DEANS  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1 The Council of Deans was established with the adoption of amended Articles  
2 of Incorporation and Bylaws of the Association of American Medical Colleges by  
3 the Institutional Membership on November 4, 1968.

4 Section 1. Name

5 The name of the organization shall be the Council of Deans of the  
6 Association of American Medical Colleges.

7 Section 2. Purpose

8 As stated in the Bylaws of the Association of American Medical Colleges  
9 (Section 11), the purpose of this Council shall be (a) to provide for special  
10 activities in important areas of medical education; (b) with the approval of  
11 the Executive Council to appoint standing committees and staff to develop,  
12 implement, and sustain program activity; (c) for the purposes of particular  
13 emphasis, need, or timeliness, to appoint ad hoc committees and study  
14 groups; (d) to develop facts and information; (e) to call national, regional,  
15 and local meetings for the presentation of papers and studies, discussion  
16 of issues, or decision as to a position to recommend related to a particular  
17 area of activity; (f) to recommend action to the Executive Council on matters  
18 of interest to the whole Association and concerning which the Association  
19 should consider developing a position; and (g) to report at least annually  
20 to the Assembly and to the Executive Council.

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\*Discussed by Administrative Board on April 9-10, 1969.



1 Section 3. Membership

2 a) Members of the Council of Deans shall be the deans of those medical  
3 schools and colleges which are members of the Association of American Medical  
4 Colleges as defined in the AAMC Bylaws: Institutional Members and Provisional  
5 Institutional Members. For the purposes of these Bylaws the dean shall be  
6 that individual who is charged by the institution with the administration of  
7 the educational program leading to the M.D. degree.

8 b) Voting rights in the Council of Deans shall be as defined in the  
9 AAMC Bylaws: each dean of a medical school or college which is an Institutional  
10 Member or a Provisional Institutional Member which has admitted its first  
11 class shall be entitled to cast 1 vote in the Council of Deans.

12 c) If a dean who is entitled to vote in the Council of Deans is unable  
13 to be present at a meeting, that member of his staff whom he shall designate  
14 in writing to the Chairman shall exercise the privilege of voting for that  
15 dean at that specific meeting. A designation of a substitute shall require  
16 separate and written notification for each such meeting.

17 Section 4. Officers and Administrative Board

18 a) The officers of the Council of Deans shall be a Chairman and a  
19 Chairman-Elect. The Chairman shall be, ex-officio, a member of all committees  
20 of the Council of Deans.

21 b) The term of office of all officers shall be for one year. All  
22 officers shall serve until their successors are elected, provided, however,  
23 that the Chairman may not succeed himself until after at least one year has  
24 elapsed from the end of his term of office.

1 c) Officers will be elected annually at the time of the Annual Meeting  
2 of the Association of American Medical Colleges.

3 d) The Administrative Board shall be composed of the Chairman, the  
4 Chairman-Elect, and 1 other member elected from the Council of Deans at the  
5 time of the Annual Meeting. It shall also include those deans who are elected  
6 as members of the Executive Council of the Association of American Medical  
7 Colleges.

8 e) If the Chairman is absent or unable to serve, the Chairman-Elect of  
9 the Council of Deans shall serve in his place and assume his functions. If  
10 the Chairman-Elect succeeds the Chairman before the expiration of his term  
11 of office, such service shall not disqualify the Chairman-Elect from serving  
12 a full term as Chairman.

13 f) The Chairman of the Council of Deans shall appoint a Nominating  
14 Committee of not less than 5 voting members of the Council who shall be chosen  
15 with due regard for regional representation. This Committee will solicit  
16 nominations from the voting members for elective positions vacant on the  
17 Executive Council and Administrative Board. From these nominations a slate  
18 will be drawn, with due regard for regional representation, and will be  
19 presented to the voting members of the Council of Deans at least two weeks  
20 before the Annual Meeting at which the elections will be held.

21 g) The Administrative Board shall be the executive committee to manage  
22 the affairs of the Council of Deans, to perform duties prescribed in the  
23 Bylaws, to carry out the policies established by the Council of Deans at its  
24 meetings, and to take any necessary interim action on behalf of the Council  
25 that is required. The actions of the Administrative Board shall be subject  
26 to ratification by the Council at its next regular meeting.

1 Section 4. (cont.)

2 The Administrative Board shall also serve the Council of Deans as a  
3 Committee on Committees, with the Chairman-Elect serving as its Chairman when  
4 it so functions.

5 Section 5. Meetings, Quorums, and Parliamentary Procedure

6 a) Regular meetings of the Council of Deans shall be held in conjunction  
7 with the AAMC Annual Meeting and with the AMA Congress on Medical Education.

8 b) Special meetings may be called as set forth in the AAMC Bylaws.

9 c) Regional meetings will be held at least twice annually as set forth  
10 in the Bylaws of the AAMC.

11 d) A simple majority of the voting members shall constitute a quorum.

12 e) Formal actions may be taken only at meetings at which a quorum is  
13 present. At such meetings decisions will be made by a majority of those  
14 present and voting.

15 f) Where parliamentary procedure is at issue Robert's Rules of Order  
16 shall prevail.

17 Section 6. Operation and Relationships

18 a) The Council of Deans shall report to the Executive Council of the  
19 AAMC and shall be represented on the Executive Council of the AAMC by members  
20 nominated by voting members of the Council of Deans.

21 b) Creation of standing committees and any major actions shall be taken  
22 only after recommendation to and approval from the Executive Council of the  
23 AAMC.

1 Section 7. Amendments

2       These Bylaws may be altered, repealed, or amended, or new Bylaws  
3 adopted by a two-thirds vote of the voting members present and voting at any  
4 annual meeting of the membership of the Council of Deans for which thirty  
5 days' prior written notice of the Bylaws' change has been given, provided that  
6 the total number of the votes cast for the changes constitute a majority of  
7 the Council's membership.

RESPONSES  
TO  
PROPOSED BYLAWS  
COUNCIL OF DEANS

MIDWEST-GREAT PLAINS

Recommends approval

NORTHEASTERN

Page 2, line 7 - delete "leading to the M.D. Degree."

SOUTHERN

Page 2, lines 6-7 - change to "...that individual who is charged by the institution with the direct responsibility for the operation of the school of medicine."

Page 2, lines 8-11 - is the statement that a dean of an institution with provisional membership has a vote in the Council in conflict with AAMC Assembly Bylaws?

Page 3, line 3 - change to "There shall be an Administrative Board composed of the Chairmen..."

Page 4, line 20 - change to "... by members of the Council of Deans nominated by voting members of the Council of Deans."

Page 4, line 21 - change to "...standing committees and any major actions of the Council of Deans shall be taken only..."

WESTERN

hasn't considered yet.

MEMO TO: Council of Deans  
FROM: John A. D. Cooper, M.D., Ph.D., President  
SUBJECT: Recommendations on Limitation of Federal Contributions to Faculty Salaries, from an Ad Hoc Committee appointed by the Southern Deans and chaired by Manson Meads.

1 Background and Progress Report

2 You will remember that the committee was established because of  
3 serious concerns of medical school administrators and the N.I.H. on the  
4 impact of Federal Institutional Grants on faculty salaries, particularly  
5 at a time when the demand for well qualified faculty in a number of  
6 disciplines seems to far exceed supply. Through your excellent cooperation,  
7 baseline information on faculty salaries, total income, and fringe benefits  
8 was collected through a method of reporting which we feel is as accurate  
9 and practical as is possible at this time. Preliminary discussions were  
10 held with you at our last Atlanta meeting on possible approaches to a  
11 policy that would be acceptable to both the medical schools and the federal  
12 government which would give reasonable assurance that funds from federal  
13 institutional grants would not accentuate the present problem of academic  
14 inflation.

15 Your committee met on several occasions in Houston and three  
16 alternatives developed:

- 17 1. Using the precedent of the Career Award program, federal  
18 funds would participate only in salary support of strict  
19 full-time faculty in accord with institutional ranges and  
20 up to a maximum level which no institution could exceed.
- 21 2. Make complete salary information of an institution available  
22 to Review Committees and Councils and rely on the process  
23 of peer rating to determine whether the proposed use of  
24 federal funds would be inflationary.
- 25 3. Federal funds could participate in the salary support of  
26 any faculty member on the basis of the customary "percent  
27 of effort" of an individual up to nationally accepted  
28 levels by rank and discipline. Each school would retain  
29 the right to supplement above these levels if it so desired.

1 We had the opportunity to discuss these three approaches with  
2 Ernest Allen. He advised against the first alternative because of the  
3 problems encountered by many institutions with Career Awards, and objected  
4 to the second proposal on the basis that this is a responsibility that  
5 should not be assigned to Review Committees and Councils. He was very  
6 enthusiastic about the third alternative, felt it would be well received  
7 at the federal level and that "even Mr. Fountain should be satisfied."

8 Your committee recognizes that alternative 3 is not the total  
9 answer to faculty salary inflation which is in part governed by factors  
10 beyond our control. However, alternative 3 does give reasonable assurance  
11 that federal funds will not participate in stimulating further salary  
12 escalation.

13 Because of the urgency and importance of this matter we seek  
14 your comments and approval to refer the following recommended policy from  
15 the Southern Deans to the Council of the AAMC for prompt consideration and  
16 discussion with proper representatives of the federal government.

17 Recommended Policy

18 Funds from federal institutional grants may be used to support  
19 the salary of any faculty member on the basis of percentage of effort in  
20 the approved program up to nationally accepted levels for each academic  
21 rank and discipline. Such levels will represent the median salary level  
22 for strict full-time faculty in the medical schools of this country as  
23 determined by the AAMC Faculty Salary survey for the year in which this  
24 policy is adopted. These levels will be adjusted annually thereafter in  
25 accord with changes in the cost of living index. Faculty salaries  
26 established on this basis may be supplemented by an institution from non-  
27 federal funds if so desired. Federal funds may continue to be used to  
28 pay the prorata share of the cost of fringe benefits of each respective  
29 institution. This policy should be subject to review and possible  
30 revision after an adequate period of trial.

31 Action Requested

32 We recognize that, in the final analysis, minor modifications  
33 may be necessary in this policy statement. However, because of urgency,  
34 we would appreciate your immediate reply as to whether you approve or  
35 disapprove of sending this recommended policy forward to the Executive  
36 Council with the endorsement of the Southern Deans Group.

Please reply on the attached sheet as soon as possible.

RESPONSES

TO

RECOMMENDATIONS ON LIMITATION OF FEDERAL  
CONTRIBUTIONS TO FACULTY SALARIES

COUNCIL OF DEANS

MIDWEST-GREAT PLAINS

will be prepared to discuss issue at annual meeting.

NORTHEASTERN

no single policy really desirable, but if one should be necessary, they recommend alternative three (page 1, lines 25-29)

Page 2, line 20 - change to "...approved program up to levels which are accepted for the geographic locale for each..."

SOUTHERN

Page 2, line 18 - change to "... institutional grants and contracts for education and research may be used..."

Page 2, lines 26-27 - change to "... supplemented by an institution if so desired." (i.e., delete "...from non-federal funds..." )

Page 2, lines 29-30 - change to "this policy shall be reviewed by the AAMC and possibly revised after a period of trial of two years."

WESTERN

haven't considered as yet.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

80th ANNUAL MEETING

COUNCIL OF DEANS MEETING

Room 207,  
Convention Center,  
Cincinnati, Ohio,  
Friday, October 31, 1969

JEANNE HINES,  
2230 Massachusetts Avenue, N.W.,  
Washington, D. C. 20008  
Telephone HUDSON 3-6161

1                   ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
2                   80th ANNUAL MEETING  
3                   COUNCIL OF DEANS MEETING  
4

5   Room 207,

6   Convention Center,

7   Cincinnati, Ohio

8   Friday, October 31, 1969

9                   The meeting was convened at 3:08 o'clock, p.m.,  
10                  Dr. William G. Anlyan, Chairman, presiding.

11                  **PRESENT:**

12    **CHAIRMAN, COUNCIL OF DEANS:**

13    DR. WILLIAM G. ANLYAN,  
14   Duke University  
  School of Medicine

15    **PRESIDENT, A. A. M. C.**

16    DR. JOHN A. D. COOPER

17    **GUEST:**

18    DR. ERNEST ALLEN,  
19   Director of Grants Management Policy  
  for Secretary Finch's Office

20    **COUNCIL OF DEANS:**

21    DR. CLIFTON K. MEADOR,  
  Alabama

22    DR. HAROLD C. WIGGERS,  
23   Albany

24    DR. WINSTON K. SHOREY,  
25   Arkansas

1           **PRESENT: (Continued)**

2                   **COUNCIL OF DEANS: (Continued)**

3                   **DR. MANSON MEADS,**  
4                               **Bowman Gray**

5                   **DR. WARREN BOSTICK,**  
6                               **University of California, Irvine**  
7                               **California College of Medicine**

8                   **DR. SHERMAN M. MELLINKOFF,**  
9                               **University of California -**  
10                               **Los Angeles**

11                   **DR. STUART C. CULLEN,**  
12                               **University of California -**  
13                               **San Francisco**

14                   **DR. FREDERICK C. ROBBINS,**  
15                               **Case-Western Reserve**

16                   **DR. LE ROY P. LEVITT,**  
17                               **Chicago Medical School**

18                   **DR. CLIFFORD G. GRULEE, JR.,**  
19                               **University of Cincinnati**

20                   **DR. DAVID W. TALMAGE,**  
21                               **Colorado**

22                   **DR. H. HOUSTON MERRITT**  
23                               **Columbia**

24                   **DR. J. ROBERT BUCHANAN (Actg)**  
25                               **Cornell**

26                   **DR. RICHARD L. EGAN,**  
27                               **Creighton**

28                   **DR. CARLETON B. CHAPMAN,**  
29                               **Dartmouth**

30                   **DR. THOMAS D. KINNEY,**  
31                               **Duke**

32                   **DR. ARTHUR P. RICHARDSON**  
33                               **Emory**

1           **PRESENT: (Continued)**

2                   **COUNCIL OF DEANS: (Continued)**

3                   **DR. EMANUEL SUTER,**  
4                               **Florida**

5                   **DR. JOHN C. ROSE,**  
6                               **Georgetown**

7                   **DR. JOHN PARKS,**  
8                               **George Washington**

9                   **DR. CHRISTOPHER C. FORDHAM, III**  
10                               **Georgia**

11                   **DR. ROBERT H. EBERT,**  
12                               **Harvard**

13                   **DR. K. ALBERT HARDEN,**  
14                               **Howard**

15                   **DR. WILLIAM J. GROVE,**  
16                               **Illinois**

17                   **DR. GLENN W. IRWIN, JR.,**  
18                               **Indiana**

19                   **DR. WILLIAM F. KELLOW,**  
20                               **Jefferson**

21                   **DR. DAVID E. ROGERS,**  
22                               **Johns Hopkins**

23                   **DR. GEORGE A. WOLF, JR.,**  
24                               **Kansas**

25                   **DR. WILLIAM S. JORDAN, JR.,**  
                                  **Kentucky**

**DR. DAVID B. HINSHAW,**  
                                  **Loma Linda**

**DR. JOHN C. FINERTY,**  
                                  **Louisiana**

**DR. DOUGLAS M. HAYNES (Actg)**  
                                  **Louisville**

1                   **PRESENT: (Continued)**

2                   **DR. JOHN H. MOXLEY, III,**  
3                   **Maryland**

4                   **DR. RALPH J. CAZORT,**  
5                   **Meharry**

6                   **DR. WILLIAM N. HUBBARD, JR.,**  
7                   **Michigan**

8                   **DR. ROBERT B. HOWARD,**  
9                   **Minnesota**

10                  **DR. ROBERT E. CARTER,**  
11                  **Mississippi**

12                  **DR. WILLIAM D. MAYER,**  
13                  **Missouri**

14                  **DR. ROBERT B. KUGEL,**  
15                  **Nebraska**

16                  **DR. RULON W. RAWSON,**  
17                  **New Jersey**

18                  **DR. ROBERT S. STONE,**  
19                  **New Mexico**

20                  **DR. FREDERICK EAGLE,**  
21                  **New York Medical**

22                  **DR. LEWIS THOMAS,**  
23                  **New York University**

24                  **DR. ISAAC M. TAYLOR,**  
25                  **North Carolina**

**DR. THEODORE H. Harwood,**  
                  **North Dakota**

**DR. RICHARD H. YOUNG,**  
                  **Northwestern**

**DR. RICHARD L. MEILING,**  
                  **Ohio State**

**DR. JAMES L. DENNIS,**  
                  **Oklahoma**

1           **PRESENT: (Continued)**

2                   **COUNCIL OF DEANS: (Continued)**

3                   **DR. CHARLES N. HOLMAN,**  
4                               **Oregon**

5                   **DR. ALFRED A. GELLHORN,**  
6                               **Pennsylvania**

7                   **DR. DONALD N. MEDEARIS, JR.,**  
8                               **Pittsburgh**

9                   **DR. JOSE E. SIFONTES,**  
10                               **Puerto Rico**

11                   **DR. DE WITT STETTEN, JR.,**  
12                               **Rutgers**

13                   **DR. ROBERT H. FELIX,**  
14                               **Saint Louis**

15                   **DR. WILLIAM M. MC CORD (Actg)**  
16                               **South Carolina**

17                   **DR. ROBERT J. GLASER,**  
18                               **Stanford**

19                   **DR. LE ROY A. PESCH,**  
20                               **SUNY - Buffalo**

21                   **DR. WILLIAM P. BARBA, II (Actg),**  
22                               **Temple**

23                   **DR. M. K. CALLISON,**  
24                               **Tennessee**

25                   **DR. CHARLES C. SPRAGUE,**  
                             **Texas - Southwestern**

**DR. WILLIAM F. MALONEY,**  
                             **Tufts**

**DR. JOHN J. WALSH,**  
                             **Tulane**

**DR. FRANKLIN G. EBAUGH, JR.,**  
                             **Utah**

1           **PRESENT: (Continued)**

2                   **COUNCIL OF DEANS: (Continued)**

3                   **DR. RANDOLPH BATSON,**  
4                               **Vanderbilt**

5                   **DR. KINLOCH NELSON,**  
6                               **Health Sciences Division of**  
7                               **Virginia Commonwealth University**

8                   **DR. KENNETH R. CRISPELL,**  
9                               **University of Virginia**

10                  **DR. AUGUST SWANSON (Interia)**  
11                               **University of Washington (Seattle)**

12                  **DR. ERNEST D. GARDNER,**  
13                               **Wayne State**

14                  **DR. BERNARD SIGEL,**  
15                               **Woman's Medical**

16                  **DR. FREDERICK C. REDLICH,**  
17                               **Yale**

18                   **GRADUATE SCHOOLS:**

19                  **DR. RAYMOND D. PRUITT,**  
20                               **Mayo Graduate School of Medicine**

21                  **DR. ALFRED A. GELLHORN,**  
22                               **University of Pennsylvania,**  
23                               **Division of Graduate Medicine**

24                   **PROVISIONAL MEMBERS:**

25                  **DR. MERLIN K. DU VAL, JR.,**  
                              **University of Arizona**

**DR. PIERRE M. GALLETTI,**  
                              **Brown University**

**DR. CHARLES J. TUPPER,**  
                              **University of California - Davis**

**DR. CLIFFORD GROBSTEIN,**  
                              **University of California - San Diego**

**PRESENT: (Continued)**

**PROVISIONAL MEMBERS: (Continued)**

**DR. JOHN W. PATTERSON,  
Connecticut**

**DR. LAMAR SOUTTER,  
Massachusetts**

**DR. ANDREW D. HUNT, JR.,  
Michigan State**

**DR. GEORGE JAMES,  
Mount Sinai**

**DR. GEORGE T. HARRELL,  
Pennsylvania State,  
Hershey Medical Center**

**AFFILIATE INSTITUTIONAL MEMBERS:**

**DR. EUGENE ROBILLARD,  
Montreal**

**NON-MEMBER INSTITUTIONS IN DEVELOPMENT HAVING**

**APPOINTED DEANS:**

**DR. EDGAR HULL,  
Louisiana State at Shreveport**

**DR. ROBERT C. PAGE,  
Ohio Medical College at Toledo**

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P R O C E E D I N G S

1  
2 THE CHAIRMAN: Ladies and gentlemen, may we call  
3 the meeting of the Council of Deans to order?

4 I regret very much that we have to go through an-  
5 other roll call, but we have an alternate roll caller in one  
6 of his final performances here with this group!

7 (Laughter.)

8 And we wanted to take the opportunity to give him  
9 the center of the stage!

10 As you know, we will have to take orders from our  
11 Executive Vice President to the University, and it is only  
12 appropriate to call on John Hogness for the roll call.

13 John.

14 DR. HOGNESS: Alabama?

15 DR. MEADOR: Here.

16 DR. HOGNESS: Albany?

17 (No response.)

18 (Note: Dr. Wiggers apparently came later, as his  
19 name was checked on the official roll.)

20 DR. HOGNESS: Arkansas?

21 DR. SHOREY: Here.

22 DR. HOGNESS: Baylor?

23 (No response.)

24 Beirut?

25 (No response.)

1 Boston?  
2 (No response.)  
3 Bowman Gray?  
4 DR. MEADS: Here.  
5 DR. HOGNESS: California, Irvine?  
6 DR. BOSTICK: Here.  
7 DR. HOGNESS: California at Los Angeles?  
8 DR. MELLINKOFF: Here.  
9 DR. HOGNESS: California at San Francisco?  
10 DR. CULLEN: Here.  
11 DR. HOGNESS: California -- U. S. C.?  
12 (No response.)  
13 Case-Western Reserve?  
14 (No response.)  
15 (Note: Dr. Robbins apparently came later, as his  
16 name was checked on the official roll.)  
17 Chicago Medical School?  
18 DR. LEVITT: Here.  
19 DR. HOGNESS: Chicago - Pritzker?  
20 (No response.)  
21 University of Cincinnati?  
22 (No response.)  
23 (Note: Dr. Grulee apparently came later, as his  
24 name was checked on the official roll.)  
25 Colorado?

1 DR. TALMAGE: Here.

2 DR. HOGNESS: Columbia?

3 (No response.)

4 (Note: Dr. Merritt apparently came later, as his  
5 name was checked on the official roll.)

6 Cornell?

7 DR. BUCHANAN: Here.

8 DR. HOGNESS: Creighton?

9 DR. EGAN: Here.

10 DR. HOGNESS: Dartmouth? Was there a "here"?

11 (No response.)

12 (Note: Dr. Chapman apparently came later, as his  
13 name was checked on the official roll.)

14 DR. HOGNESS: Duke?

15 DR. ANLYAN: Here.

16 (Note: Dr. Thomas D. Kinney's name was checked on  
17 the official role from Duke, so I have shown him as present  
18 on the cover sheets.)

19 DR. HOGNESS: Einstein?

20 (No response.)

21 Emory?

22 DR. RICHARDSON: Here.

23 DR. HOGNESS: Florida?

24 DR. SUTER: Here.

25 DR. HOGNESS: Georgetown?

1 DR. ROSE: Here.

2 DR. HOGNESS: George Washington?

3 DR. PARKS: Here.

4 DR. HOGNESS: Georgia?

5 DR. FORDHAM: Here.

6 DR. HOGNESS: Hahnemann?

7 (No response.)

8 Harvard?

9 DR. EBERT: Here.

10 DR. HOGNESS: Howard?

11 DR. HARDEN: Here.

12 DR. HOGNESS: Illinois?

13 DR. GROVE: Here.

14 DR. HOGNESS: Indiana?

15 DR. IRWIN: Here.

16 DR. HOGNESS: Iowa?

17 (No response.)

18 Jefferson?

19 DR. KELLOW: Here.

20 DR. HOGNESS: Johns Hopkins?

21 (No response.)

22 (Note: Dr. Rogers apparently came later as his name

23 was checked on the official roll.)

24 DR. HOGNESS: Kansas?

25 DR. WOLF: Here.

- 1 DR. HOGNESS: Kentucky?
- 2 DR. JORDAN: Here.
- 3 DR. HOGNESS: Loma Linda?
- 4 DR. HINSHAW: Here.
- 5 DR. HOGNESS: Louisiana?
- 6 DR. FINERTY: Here.
- 7 DR. HOGNESS: Louisville?
- 8 DR. HAYNES: Here.
- 9 DR. HOGNESS: Marquette?
- 10 (No response.)
- 11 Maryland?
- 12 DR. MOXLEY: Here.
- 13 DR. HOGNESS: Meharry?
- 14 DR. CAZORT: Here.
- 15 DR. HOGNESS: Miami?
- 16 (No response.)
- 17 DR. HOGNESS: Michigan?
- 18 DR. HUBBARD: Here.
- 19 DR. HOGNESS: Minnesota?
- 20 DR. HOWARD: Here.
- 21 DR. HOGNESS: Mississippi?
- 22 DR. CARTER: Here.
- 23 DR. HOGNESS: Missouri?
- 24 DR. MAYER: Here.
- 25 DR. HOGNESS: Nebraska?

1 DR. KUGEL: Here.

2 DR. HOGNESS: New Jersey?

3 DR. RAWSON: Here.

4 DR. HOGNESS: New Mexico?

5 DR. STONE: Here.

6 DR. HOGNESS: New York Medical?

7 (No response.)

8 (Note: Dr. Eagle apparently came later, as his  
9 name was checked on the official roll.)

10 New York University?

11 (No response.)

12 (Note: Dr. Thomas apparently came later, as his  
13 name was checked on the official roll.)

14 DR. HOGNESS: North Carolina?

15 DR. TAYLOR: Here.

16 DR. HOGNESS: North Dakota?

17 DR. HARWOOD: Here.

18 DR. HOGNESS: Northwestern?

19 DR. YOUNG: Here.

20 DR. HOGNESS: Ohio State?

21 (No response.)

22 (Note: Dr. Meiling apparently came later, as his  
23 name is checked on the official roll.)

24 DR. HOGNESS: Oklahoma?

25 DR. DENNIS: Here.



1 DR. HOGNESS: Oregon?

2 DR. HOLMAN: Here.

3 DR. HOGNESS: Pennsylvania?

4 DR. GELLHORN: Here.

5 DR. HOGNESS: Pittsburgh?

6 (No response.)

7 (Note: Dr. Medearis apparently came later as his  
8 name was checked on the official roll.)

9 Puerto Rico?

10 (No response.)

11 (Note: Dr. Sifontes apparently came later as his  
12 name was checked on the official roll.)

13 Rochester?

14 (No response.)

15 Rutgers?

16 DR. STETTEN: Here.

17 DR. HOGNESS: Saint Louis?

18 DR. FELIX: Here.

19 DR. HOGNESS: South Carolina?

20 DR. MC CORD: Here.

21 DR. HOGNESS: South Dakota?

22 (No response.)

23 Stanford?

24 DR. GLASER: Here.

25 DR. HOGNESS: SUNY - Brooklyn Downstate?

1 (No response.)

2 SUNY - Buffalo?

3 (No response.)

4 (Note: Dr. Pesch apparently came later as his  
5 name is checked on the official roll.)

6 SUNY - Upstate?

7 (No response.)

8 Stritch/Loyola?

9 (No response.)

10 Temple?

11 DR. BARBA: Here.

12 DR. HOGNESS: Tennessee?

13 DR. CALLISON: Here.

14 DR. HOGNESS: Texas - Galveston?

15 (No response.)

16 DR. HOGNESS: Texas - Southwestern?

17 DR. SPRAGUE: Here.

18 DR. HOGNESS: Tufts?

19 (No response.)

20 (Dr. Maloney apparently came later as his name is  
21 checked on the official roll.)

22 DR. HOGNESS: Tulane?

23 DR. WALSH: Here.

24 DR. HOGNESS: Utah?

25 DR. EBAUGH: Yes -- here.

1 (Laughter.)

2 DR. HOGNESS: Did somebody forget?

3 (Laughter.)

4 DR. HOGNESS: Vanderbilt?

5 (No response.)

6 (Note: Dr. Batson apparently came later as his  
7 name is checked on the official roll.)

8 DR. HOGNESS: Vermont?

9 (No response.)

10 DR. HOGNESS: Virginia Commonwealth University?

11 DR. NELSON: Here.

12 DR. HOGNESS: Virginia?

13 DR. CRISPELL: Here.

14 DR. HOGNESS: Washington? University of Washing-  
15 ton (Seattle)?

16 DR. SWANSON: Here.

17 DR. HOGNESS: Washington University (St. Louis)?

18 (No response.)

19 DR. HOGNESS: Wayne State?

20 DR. GARDNER: Here.

21 DR. HOGNESS: West Virginia?

22 (No response.)

23 DR. HOGNESS: Wisconsin?

24 (No response.)

25 DR. HOGNESS: Woman's?

1 DR. SIGEL: Here.

2 DR. HOGNESS: Yale?

3 (No response.)

4 (Note: Dr. Redlich must have come in later as his  
5 name is checked on the official roll.)

6 DR. HOGNESS: Mayo Graduate School?

7 (No response.)

8 (Note: Dr. Pruitt apparently came in later as his  
9 name is checked on the official roll.)

10 DR. HOGNESS: Pennsylvania Graduate Division?

11 (No response.)

12 (Note: Dr. Gellhorn apparently came in later as his  
13 name is checked on the official roll.)

14 DR. HOGNESS: Arizona?

15 DR. DU VAL: Here.

16 DR. HOGNESS: Brown?

17 DR. GALLETTI: Here.

18 DR. HOGNESS: California - Davis?

19 (No response.)

20 (Note: Dr. Tupper must have arrived later, as his  
21 name is checked on the official roll.)

22 DR. HOGNESS: California - San Diego?

23 (No response.)

24 (Note: Dr. Grobstein apparently arrived later, as  
25 his name is checked on the official roll.)

1 DR. HOGNESS: Connecticut?  
2 DR. PATTERSON: Here.  
3 DR. HOGNESS: Hawaii?  
4 (No response.)  
5 Massachusetts?  
6 DR. SOUTTER: Here.  
7 DR. HOGNESS: Michigan State?  
8 DR. HUNT: Here.  
9 DR. HOGNESS: Mount Sinai?  
10 DR. JAMES: Here.  
11 DR. HOGNESS: Pennsylvania State - Hershey?  
12 DR. HARRELL: Here.  
13 DR. HOGNESS: Texas - San Antonio?  
14 (No response.)  
15 Alberta?  
16 (No response.)  
17 British Columbia?  
18 (No response.)  
19 Dalhousie?  
20 (No response.)  
21 Laval?  
22 (No response.)  
23 Manitoba?  
24 (No response.)  
25 McGill?

1 (No response.)

2 Montreal?

3 (No response.)

4 (Note: Apparently Dr. Robillard arrived later as  
5 his name is checked on the official roll.)

6 DR. HOGNESS: Ottawa?

7 (No response.)

8 Queens?

9 (No response.)

10 Saskatchewan?

11 (No response.)

12 Toronto?

13 (No response.)

14 Western Ontario?

15 (No response.)

16 Philippines?

17 (No response.)

18 Louisiana State at Shreveport?

19 DR. HULL: Here.

20 DR. HOGNESS: Missouri - Kansas City?

21 (No response.)

22 Nevada?

23 (No response.)

24 Ohio Medical College at Toledo?

25 DR. PAGE: Here.

1 DR. HOGNESS: South Florida - Tampa?

2 (No response.)

3 Southern Illinois?

4 (No response.)

5 SUNY - Stony Brook?

6 (No response.)

7 Calgary?

8 (No response.)

9 Memorial - Newfoundland?

10 (No response.)

11 McMaster?

12 (No response.)

13 Sherbrooke?

14 (No response.)

15 There is a quorum.

16 THE CHAIRMAN: Thank you, John.

17 Has anybody -- would any member of the Council of  
18 Deans who has come in late, who has missed the roll call, would  
19 you please speak up?

20 DR. SIFONTES: Puerto Rico.

21 THE CHAIRMAN: Dr. Sifontes.

22 We go on to the second item of business, the minutes  
23 of the meeting of May 9th. They were distributed by mail.  
24 Are there any changes or corrections that you wish to bring  
25 up at this time?

If not, may we have a motion for adoption of

1 the minutes, for approval?

2 FROM THE FLOOR: So move.

3 SECOND VOICE: So move.

4 FROM THE FLOOR: Second.

5 THE CHAIRMAN: Is there any further discussion?

6 If not, all those in favor, say "aye".

7 (A chorus of "ayes".)

8 Opposed?

9 (No response.)

10 We are going on then to the reports from the Re-  
11 gional meetings. Dr. Carl Chapman -- is he here? The North-  
12 east Group? Has any substitute been delegated to speak for  
13 the Northeast group?

14 (No response.)

15 If not, perhaps one of you at the end of the Re-  
16 gional Reports may wish to take it upon you to give us a report  
17 from that meeting.

18 John Cooper, maybe you can point the finger.

19 DR. COOPER: Well, unfortunately, Bill, the meeting  
20 was held on the -- I think it was on Wednesday or Tuesday,  
21 which I wasn't able to attend because of commitments here, so  
22 I did not attend.

23 FROM THE FLOOR: There wasn't.

24 DR. COOPER: What?

25 FROM THE FLOOR: Are you talking about the North-



1 east group?

2 There was no meeting. They cancelled it.

3 THE CHAIRMAN: They cancelled it? Well, that  
4 settles that then, George!

5 (Laughter.)

6 FROM THE FLOOR: I was just wondering how long you  
7 were going to --

8 THE CHAIRMAN: I like this prolonged torture!

9 (Laughter.)

10 May we hear from the Southern Deans' group, and  
11 Manny Suter, would you report?

12 DR. SUTER: Mr. Chairman, since it is a long, his-  
13 toric fact that the South has always been leading in social  
14 change, we decided that we should have a social affair!

15 (Laughter.)

16 And the last meeting was held on October 6th and  
17 7th at Puerto Rico, visiting our most southernmost outpost  
18 of membership.

19 We met, from invitation by Dr. Sifontes, and had  
20 two portions of the meeting:

21 One was a visit to the Puerto Rico Medical Center,  
22 and general discussion of the involvement of medical schools  
23 in community affairs. Two presentations were given at this  
24 occasion:

25 One by Dr. Anson Peck from Albert Einstein, and

1 and Dr. Joseph Eastland on the program in Indiana.

2 The business meeting, I would like to report a few  
3 things:

4 The first was that the group reaffirmed its vote  
5 for the statement regarding salary regulations with federal  
6 support, with a few changes which, I think, are vented in the  
7 addenda.

8 The second, we reviewed bylaws and also suggested  
9 a few changes which are also printed with the addenda.

10 Dr. James reported to us from the Council of Teach-  
11 ing Hospitals and for the staff of the A. A. M. C. on the  
12 activity of the Council of Teaching Hospitals, regarding ne-  
13 gotiations with the Social Security Administration. I believe --  
14 is there any report on this coming to this group? So maybe  
15 we don't have to say anything regarding it.

16 We were also concerned with the question or the  
17 problem relating to the introduction of the Saylor bill in  
18 Congress, and I am told that we will have a report also in  
19 this meeting.

20 I believe this is about all.

21 THE CHAIRMAN: Thank you, Manny.

22 The Midwestern group is represented by Bud Grulee,  
23 and Bud, could you give us a report of the deliberations of  
24 that group?

25 I guess Bud is not -- Bill, would you please use

1 this microphone?

2 Bill Mayer.

3 DR. MAYER: I think Bud is down preparing the re-  
4 solution which we suggested that he submit at the last meeting  
5 of the Assembly.

6 We met on October 6 and 7, like the Southern group,  
7 but instead of Puerto Rico, we managed the Sheraton Motor  
8 Hotel in Chicago!

9 We had, on the 6th, a joint meeting which included  
10 not only the Deans, but the business officers, the Council of  
11 Teaching Hospitals representatives, and that anomaly in the  
12 Great Plains-Midwest Region, the Council of Faculties, meet-  
13 ing together during the first day of the meeting on the 6th.  
14 Now during that day we had a presentation by Marjorie Wilson  
15 on the N. I. H. relative to various issues in health manpower,  
16 and Walter Rice in a discussion of a very pertinent issue  
17 to all of us, the issue of faculty salaries, and in the even-  
18 ing had a discussion by Harvey Estes, Chairman of the De-  
19 partment of Community Health Sciences at Duke, relative to  
20 the physician's assistant's program.

21 The following morning we broke up into our separate  
22 sub-groups, and in the Council of Deans' group, there was one  
23 item which came up for lengthy discussion, and this related  
24 to the matter of relationships to the Social Security Admin-  
25 istration.

1           And in essence, we arrived at the following con-  
2           sensus, which was simply that:

3           The Council of Deans of the Association of American  
4           Medical Colleges should encourage the Assembly of the A. A.  
5           M. C. to pursue as rapidly as possible the development of a  
6           position paper on the Medicare issue, as it affects the  
7           schools of medicine and teaching hospitals represented by  
8           the A. A. M. C.

9           And we even went on, being administrators, to sug-  
10          gest an approach that might be taken:

11          Number one, that this item should be discussed  
12          and a report of the Medicare Committee of the A. A. M. C. at this  
13          particular meeting -- and I understand that that is going to  
14          be accomplished and incorporated, perhaps, in the President's  
15          Report.

16          Secondly, that immediately following this Annual  
17          Meeting that a draft of a position paper -- and we were dis-  
18          cussing a long-range position paper, rather than just the  
19          problems of the immediacy, and the draft should be developed  
20          and that position paper should have -- should be developed in  
21          such time as to be circulated to the membership prior to the  
22          next round of Regional meetings, and that at the next meeting  
23          of the entire group in February that we should be prepared to  
24          take some action in establishing the activity.

25          THE CHAIRMAN: Thank you very much, Bill.

          Is there any discussion of Bill's report? I should

1 have opened the floor for discussion of Manny's report, for  
2 questions and comments as well. Any questions that you would  
3 like to direct to them?

4 If not, I will move on to the Western Deans, and  
5 Monte DuVal, would you report, please?

6 DR. DU VAL: The Western Deans met on the 22nd of  
7 October with all schools represented except for one.

8 The first item of business was a consideration of  
9 the proposed bylaws for the Council of Deans, and there were  
10 some very specific recommendations, which I will read. They  
11 are brief. And then I will leave with the Secretary a copy  
12 here:

13 Sections one and two were approved as written,  
14 but by unanimous vote, the Western Deans agreed that the  
15 last paragraph of Section 3(a) should read as follows -- should  
16 be changed to read as follows:

17 "For the purposes of these Bylaws the Dean shall  
18 be interpreted to be that individual who is charged by  
19 the institution with the administration of the educa-  
20 tional program leading to the M. D. degree".

21 By also a unanimous vote, it was agreed that the  
22 first paragraph of Section 3(c) should read as follows:

23 "If a dean who is entitled to vote in the Council  
24 of Deans is unable to be present at a meeting, that  
25 individual whom he shall designate in writing to the

1 Chairman shall exercise the privilege of voting for the  
2 dean at that specific meeting".

3 The Western Deans voted to recommend that wording  
4 should be included in Section 4(f) to permit nominations from  
5 the floor.

6 And Section 5 was approved as written.

7 It was suggested by the Western Deans that Section  
8 6(b) be deleted from the Bylaws.

9 The second agenda item was a discussion of the  
10 faculty salary escalation question, and the Western Deans had  
11 a very thorough discussion of this subject, but took no of-  
12 ficial position. They came prepared to discuss that today.

13 Third was a discussion of the National Health In-  
14 surance position of the Executive Council, and the Western  
15 Deans voted unanimously to encourage the A. A. M. C. to endorse  
16 some form of National Health Insurance and to develop prin-  
17 ciples for inclusion in either the A. A. M. C.'s own legis-  
18 lation, or in some other acceptable legislation, which is yet  
19 to be developed.

20 We discussed Part B of Medicare.

21 We discussed the H. E. W. security clearance pro-  
22 cedure problem, and it was suggested that each individual  
23 school could determine whether or not it wished to communi-  
24 cate with the Veneman Committee on this subject.

25 And on closing we elected Dr. Sherman Mellinkoff  
of U. C. L. A. to be the new Chairman of the Western Deans.

1 THE CHAIRMAN: Thank you, Monte.

2 Are there any other members of the Western Deans  
3 who would like to comment? Are there any other questions or  
4 comments from the rest of the membership?

5 FROM THE FLOOR: "B" of what provision, Monte, in  
6 the Bylaws?

7 DR. DU VAL: 3(a), Bill, was one suggestion, 3(c)  
8 and 4(f), and 6(b) was the one we suggested deleting.

9 The principle behind the recommendation that it be  
10 deleted is that it is, in effect, redundant, because it is in  
11 the bylaws of the Association, which preempts.

12 THE CHAIRMAN: We will be coming to a specific  
13 discussion of the bylaws in a moment. Are there any other  
14 questions for clarification?

15 DR. COOPER: May I ask one, please?

16 THE CHAIRMAN: Yes, please.

17 DR. COOPER: You said "National Health Insurance."  
18 Did you mean "National" or "Universal"? I think this is a  
19 nuance, but one that we should make clear.

20 DR. DU VAL: The language written down that day, Mr.  
21 President, was "National", but we were talking about Universal  
22 Health Insurance.

23 (Laughter.)

24 DR. COOPER: What does that mean?

25 THE CHAIRMAN: Any other questions or comments?

1           If not, we will move on to Item No. 5, the "Proposed  
2 Bylaws for the Council of Deans". Bob Felix is Chairman of  
3 the Ad Hoc Committee that originated these bylaws.

4           Are there any comments that you would like to make?  
5 These have been distributed, and I think the staff has done  
6 a marvelous job of having the pages and the sections numbered  
7 and the lines numbered. It simplifies looking at it.

8           Bob.

9           DR. FELIX: I have nothing more than what was sub-  
10 mitted to you, Mr. Chairman.

11           We went over this.

12           THE CHAIRMAN: Warren Bostick, you were on the Com-  
13 mittee. Any additional comments that you have?

14           DR. BOSTICK: The only comment that I have is that  
15 several of the sections of the Deans have come in with re-  
16 commended changes, every one of which, except one -- the one  
17 that was suggesting the removal of the wording -- and I don't  
18 have it before me -- of the school that produces an M. D.  
19 degree.

20           And I would like to hear some discussion, as the  
21 Section that wanted that deleted -- if my memory is right;  
22 except for that, my only question is, how were we, Mr. Chair-  
23 man, to technically feed into the bylaws as before you the  
24 suggestions of the various areas?

25           Now the one that I was particularly interested in



1 when I spoke before the Western Deans, and they concurred,  
2 was the desirability of having an appropriate mechanism for  
3 nominations from the floor.

4 Our feeling was that this was probably an infre-  
5 quently used device, but when desirable was often very, very  
6 essential as a safety valve, and on balance, we concurred that  
7 it was appropriate.

8 So my main question is, in the list of the material  
9 that was sent out to all of us, how are you planning to in-  
10 troduce into the bylaws the various corrections of the various  
11 sections?

12 THE CHAIRMAN: I thought, Warren, that we could  
13 take section by section and move approval, and consider the  
14 changes necessary.

15 But we may reach an impasse where a particular sec-  
16 tion has to go back for some more renegotiation, but I hope  
17 that in short order we can reach some conclusion here.

18 Manny, did you have your hand up?

19 FROM THE FLOOR: No, no, I am sorry.

20 THE CHAIRMAN: Monte, could we have the changes  
21 that you have in writing on the table, if you have them avail-  
22 able? It will be easier for us.

23 DR. DU VAL: (Handing papers.)

24 THE CHAIRMAN: I gather that there is no controversy  
25 about page one, Section 1 and Section 2? May I have a motion

1 for approval of Section 1 and 2?

2 DR. FELIX: So move.

3 FROM THE FLOOR: Second.

4 THE CHAIRMAN: Any discussion?

5 (No response.)

6 All those in favor say "aye".

7 (A chorus of "ayes".)

8 Opposed?

9 (No response.)

10 Next on page 2, the suggestions made:

11 The Southern Deans would like to have lines 6 and 7  
12 and 8 and 11 changed; line 6 and 7 changed to "that individual  
13 who is charged by the institution with a direct responsibility  
14 for the operation of the school of medicine."

15 The Western Deans have changed it to:

16 "For the purposes of these Bylaws the Dean shall  
17 be interpreted to be that individual who is charged by  
18 the institution with the administration of the educa-  
19 tional program leading to the M. D. degree".

20 Manny.

21 DR. SUTER: Mr. Chairman, is the motion for an  
22 amendment or an amendment in order?

23 THE CHAIRMAN: There is no motion before the floor  
24 at all.

25 DR. SUTER: Oh.

1 THE CHAIRMAN: So you can start de novo, if you  
2 want.

3 DR. SUTER: Well, I would like to move, if there  
4 is no motion to amend, to adopt the --

5 THE CHAIRMAN: Not yet.

6 DR. SUTER: Well, how do you want to introduce an  
7 amendment?

8 THE CHAIRMAN: If you have a specific motion to  
9 make for change, please do.

10 DR. SUTER: All right, I would like to move that  
11 this proposed change of line 6 and 7 on page 2 be approved --  
12 be introduced.

13 THE CHAIRMAN: I will read the specific change  
14 suggested by the Southern Deans.

15 And Monte, I don't see that there is any difference  
16 subsequently from what the Western Deans asked for:

17 "That 6 and 7, lines 6 and 7, be changed to:

18 "That individual who is charged by the institution  
19 with a direct responsibility for the operation of a school  
20 of medicine."

21 FROM THE FLOOR: Second.

22 THE CHAIRMAN: Seconded. Is there any further dis-  
23 cussion of this change?

24 DR. SUTER: I would like to point out that I think  
25 that the definition as it is presently in the bylaws, I think,

1 is too narrow, and deals only with the educational program,  
2 whereas our definition, I think, or the proposed definition,  
3 would include the activities of administration, as well as,  
4 let us say, space and appointments.

5 FROM THE FLOOR: Projects.

6 DR. SUTER: Projects. And I think that is really  
7 what may be the difference.

8 THE CHAIRMAN: I will consider the motion as being  
9 for approval as changed by the action of the Southern Deans  
10 for Section 3(a).

11 Sherm. Dr. Mellinkoff.

12 DR. MELLINKOFF: May I ask a question?

13 THE CHAIRMAN: Please.

14 DR. MELLINKOFF: Does this change the status of the  
15 postgraduate schools?

16 They are not --

17 DR. COOPER: They are not members of the Council  
18 of Deans.

19 DR. MELLINKOFF: They are not members, I see, so  
20 it would not change that at all.

21 DR. COOPER: They are affiliated graduate members.

22 THE CHAIRMAN: Any other questions? All those in  
23 favor, say "aye".

24 (A chorus of "ayes".)

25 Opposed?

1 (No response.)

2 Next on Section 3(b), the Southern Deans suggested  
3 a change of lines 8 to 11, to say, "Is the statement that -- "  
4 excuse me; their question is:

5 "Is the statement that a dean of an institution  
6 with provisional membership has a vote in the Council  
7 in conflict with the A. A. M. C. Assembly bylaws?"

8 John, may I call on you for that one?

9 DR. COOPER: The definition here of the Council's,  
10 of the -- what are really called -- there is some confusion  
11 in the bylaws, Mr. Chairman,

12 It says:

13 "The Institutional Members shall be such medical  
14 schools and colleges of the United States, operated ex-  
15 clusively for educational, scientific, and charitable  
16 purposes, as shall from time to time be recommended by  
17 the Council of Deans and be elected by the Assembly by a  
18 majority vote. The Council of Deans shall consist of the  
19 dean of each Institutional Member and of each Provisional  
20 Institutional Member which has admitted its first class."

21 THE CHAIRMAN: What is your recommendation here, Mr.  
22 President?

23 DR. COOPER: Well, with regard to the -- of course,  
24 the provisional members are defined in the bylaws of the As-  
25 sociation to include provisional institutional members.

DR. SUTER: Then the answer is no then to this?

1 DR. COOPER: Yes.

2 DR. BUTER: O.K., thank you.

3 THE CHAIRMAN: So that we can approve 3(b) as is,  
4 is that right, John?

5 DR. COOPER: That's right.

6 THE CHAIRMAN: Is there a motion for the approval  
7 of 3(b)?

8 FROM THE FLOOR: So move.

9 FROM THE FLOOR: Second.

10 THE CHAIRMAN: Seconded. Any further discussion?  
11 All those in favor, say "aye".

12 (A chorus of "ayes".)

13 Opposed?

14 (No response.)

15 Next we will move to 3(c), and here the Western  
16 Deans have suggested the following changes:

17 "If a dean who is entitled to vote in the Council  
18 of Deans is unable to be present at a meeting, that in-  
19 dividual whom he shall designate in writing to the Chair-  
20 man shall exercise the privilege of voting for the dean  
21 at that specific meeting".

22 Is there any disagreement before we ask for a for-  
23 mal motion?

24 In that case, may we consider the Western Deans'  
25 suggestion as a substitute for Section 3(c)? I will read it

1 again:

2 "If a dean who is entitled to vote in the Council  
3 of Deans is unable to be present at a meeting, that  
4 individual whom he shall designate in writing to the  
5 Chairman shall exercise the privilege of voting for  
6 the dean at that specific meeting."

7 Is there a motion for approval?

8 FROM THE FLOOR: So move.

9 THE CHAIRMAN: Is there a second?

10 FROM THE FLOOR: Second.

11 SECOND VOICE: Second.

12 THE CHAIRMAN: Any further discussion? All those  
13 in favor say "aye".

14 (A chorus of "ayes".)

15 Opposed?

16 (No response.)

17 Let's see now, we go on to --

18 FROM THE FLOOR: Mr. Chairman, does that designa-  
19 tion of a substitute, that last sentence, stay in, to the  
20 revision?

21 DR. COOPER: Yes.

22 FROM THE FLOOR: It does?

23 THE CHAIRMAN: Yes.

24 FROM THE FLOOR: O. K.

25 THE CHAIRMAN: Section 4, the Western Deans have

1 asked that -- let me see; I apologize, but since the Western  
2 Deans just recently had a meeting, we were not able to do  
3 the homework as well as we might have with the background and  
4 material that was available from the other sections.

5 Let's see, the Southern Deans, page 3, line 3,  
6 have suggested that it be changed to read as follows:

7 "There shall be an administrative board composed  
8 of the Chairman" -- the rest of it to stay the same.

9 DR. SUTER: I so move that it be changed.

10 THE CHAIRMAN: There is a motion to make that change  
11 here.

12 Is there a second?

13 FROM THE FLOOR: Second.

14 SECOND VOICE: Second.

15 THE CHAIRMAN: All those in favor of that change,  
16 say "aye".

17 (A chorus of "ayes".)

18 Opposed?

19 (No response.)

20 Now there is no other controversy that I see here  
21 until we get to Section 4(f) before we approve the whole of  
22 Section 4, and that is that nominations from the floor will  
23 be permitted.

24 Monte, would you move that that be inserted?

25 DR. DU VAL: Yes, I will move that language to



1 that effect be inserted.

2 THE CHAIRMAN: Is there a second?

3 FROM THE FLOOR: Second.

4 THE CHAIRMAN: All those in favor, say "aye".

5 (A chorus of "ayes".)

6 Opposed?

7 (No response.)

8 Now may we then take en bloc section 4? Motion for  
9 approval?

10 FROM THE FLOOR: So move.

11 FROM THE FLOOR: Second.

12 THE CHAIRMAN: Any further discussion? All those  
13 in favor say "aye".

14 (A chorus of "ayes".)

15 Opposed?

16 (No response.)

17 It is carried.

18 The next change is page 4, line 20, and Section 6.  
19 The Southern Deans suggested to change line 20 to read as  
20 follows:

21 "By members of the Council of Deans nominated by  
22 voting members of the Council of Deans."

23 DR. COOPER: May I read the A. A. M. C. Bylaws, Mr.  
24 Chairman?

25 THE CHAIRMAN: Right. Please.

1 DR. COOPER; It says:

2 "a) The Executive Council is the board of dir-  
3 ectors of the Association and shall manage its affairs.  
4 It shall have charge of the property and financial af-  
5 fairs of the Association and shall perform such duties as  
6 are prescribed by law and the Bylaws. It shall carry  
7 out the policies established at the meetings of the  
8 Assembly and take necessary interim action for the As-  
9 sociation and carry out duties and functions delegated  
10 to it by the Assembly. It shall set high educational  
11 standards as prerequisites for the election of members  
12 of the Association.

13 "b) The Executive Council shall consist of 16  
14 elected members and, ex officio, the Chairman and Chair-  
15 man-Elect, all of whom shall be voting members. The  
16 President shall be an ex officio member without vote.

17 "c) Of the 16 elected members of the Executive  
18 Council, 1 shall be the Chairman of the Council of  
19 Academic societies and 3 others shall be members of that  
20 Council; one shall be Chairman of the Council of Teach-  
21 ing Hospitals and 2 others shall be members of that  
22 Council; one shall be Chairman of the Council of Deans  
23 and 8 shall be other members of that Council."

24 It goes on for some other points, but the Bylaws  
25 of the Association specifically designate the Chairman of

1 each of the Councils as a member of the Executive Committee.  
2 And the additional members, the eight voting members, it says  
3 shall be members of the Council of Deans.

4 Now there is no provision in the Bylaws at any  
5 place, except for one Nominating Committee, which is appointed  
6 by the Executive Council. This Nominating Committee is to  
7 make recommendations, as it says in the bylaws:

8 "A nominating committee composed of 5 persons,  
9 each from a different region of the Association, shall  
10 be appointed by the Executive Council. After soliciting  
11 suggestions from the members of the Assembly, the com-  
12 mittee will report to the Assembly at the annual meeting,  
13 nominating individuals to be elected as officers and  
14 members of the Executive Council. Additional nominations  
15 may be made by the representative of any member of the  
16 Assembly at the annual meeting. Election shall be by  
17 a majority of the Assembly members present and voting."

18 According to the Bylaws of the Association, the  
19 recommendations for the membership of the Executive -- the  
20 nominations for the membership of the Executive Council, the  
21 officers and the Executive Council are to be made by the  
22 Nominating Committee, which is appointed by the Executive  
23 Council.

24 I am only relating to you what the Bylaw situation  
25 is. It has, obviously, produced a great deal of confusion,

1 in that I think everyone agrees that the individual Councils  
2 should have the opportunity for presenting the slate of their  
3 membership to represent them on the Executive Council. How-  
4 ever, it is only by the agreement of the Nominating Committee  
5 according to the Bylaws, and by the Assembly, that this can  
6 indeed come to pass.

7 So the problem here is even in these Bylaws, I  
8 don't -- I am not enough of a legal man to determine whether  
9 this is contradictory, but in any event, according to the  
10 Bylaws of the Association, there is no formal way for this  
11 Council, except by the election of its Chairman, to present  
12 the candidates for the Executive Council formally, legally.

13 THE CHAIRMAN: Are you suggesting, therefore, Mr.  
14 President, that we leave 6(a) as is, subject to further ne-  
15 gotiation with the Bylaw Committee of the Assembly?

16 Excuse me, Ike.

17 DR. COOPER: Well, I think the problem, Bill, will  
18 be considerable.

19 There are many areas, there are many problems in  
20 these Bylaws which we are going to have to get at one of these  
21 days, to make them more consistent with the Association. It  
22 seemed to me that I just wanted to point this out to this  
23 group before they acted upon this motion.

24 They are recommending that it be nominated by voting  
25 members of the Council of Deans. However, the Bylaws of the

1 Association do not apparently have to recognize that; the  
2 Nominating Committee does not have to recognize that.

3 THE CHAIRMAN: Ike Taylor.

4 DR. TAYLOR: Mr. Chairman, I was the guy who noted  
5 this discrepancy, and I don't think I would insist on noting  
6 it as a problem, but I think that we could get ourselves  
7 enmeshed in an undesirable parliamentary and internally com-  
8 bative situation, if we pursue this at this time, and I suppose  
9 the more orderly thing to do would be to try to get the Bylaws  
10 of the Association.

11 I move the adoption of this Section as circulated.

12 THE CHAIRMAN: Ike, would you be willing to amend  
13 that to include Section 5 as well?

14 DR. TAYLOR: Sure.

15 THE CHAIRMAN: In one package?

16 DR. TAYLOR: Yes.

17 THE CHAIRMAN: So that Section 5 and Section 6(a) would  
18 be approved as is.

19 Is there a second?

20 FROM THE FLOOR: Second?

21 SECOND VOICE: Second.

22 THE CHAIRMAN: Any further discussion? All those in  
23 favor say "aye".

24 (A chorus of "ayes".)

25 Opposed?

1 (No response.)

2 Now the last remaining controversy is about 6(b),  
3 and the Western Deans have suggested that we scratch it, and  
4 the Southern Deans have suggested that it be changed to:

5 "Standing Committees and any major actions of  
6 the Council of Deans shall be taken only".

7 DR. COOPER: May I read the Bylaws again?

8 THE CHAIRMAN: Yes.

9 DR. COOPER: Section 11 of the Bylaws of the As-  
10 sociation in part states that:

11 "Such councils with" (the) "approval of the Ex-  
12 ecutive Council may appoint standing committees and staff  
13 to develop, implement, and sustain program activity.  
14 For" (the) "purposes of particular emphasis, need, or  
15 timeliness, such councils are expected to appoint ad  
16 hoc committees and study groups; develop facts and in-  
17 formation; and also to call national, regional, and local  
18 meetings for the presentation of papers and studies",  
19 et cetera, et cetera.

20 So the Bylaws of the Association, and I think,  
21 from discussions that we have had with those that were in-  
22 volved with them, to make certain that any activity that was  
23 the responsibility of a Standing Committee, should be considered  
24 by the Executive Council to make certain that there was not  
25 duplication of action among the Councils, and so that the

1 overall, in such areas where there was interest of other  
2 groups in the Association, that coordination of efforts in  
3 this regard could be undertaken, and I believe that is the  
4 reason for it.

5 THE CHAIRMAN: So that the Section 6(b) as in the  
6 original mailing is again compatible with the Assembly and  
7 Association Bylaws.

8 And can we invoke the Taylor doctrine here to con-  
9 sider accepting it and bringing in modifications on subsequent  
10 meetings after consideration by the Association and the As-  
11 sembly?

12 Is there a motion for approval of 6(b)?

13 DR. SUTER: I move approval.

14 THE CHAIRMAN: Is there a second?

15 FROM THE FLOOR: Second.

16 THE CHAIRMAN: Is there any further discussion?

17 All those in favor say "aye".

18 (A chorus of "ayes".)

19 Opposed?

20 (No response.)

21 Section Bo. 7, there doesn't seem to be any con-  
22 troversy.

23 DR. SUTER: I move that it be approved.

24 THE CHAIRMAN: Is there a second?

25 FROM THE FLOOR: Second.

1 THE CHAIRMAN: Is there any further discussion?

2 All those in favor say "aye".

3 (A chorus of "ayes".)

4 Opposed?

5 (No response.)

6 We are now legal for the first time in three

7 meetings!

8 DR. COOPER: Would you now have a motion to amend  
9 the entire bylaws?

10 THE CHAIRMAN: Yes.

11 DR. COOPER: As amended?

12 THE CHAIRMAN: Yes.

13 FROM THE FLOOR: I was confused when we voted on  
14 the Taylor Amendment, and I may still be confused, but it seems  
15 to me that what was originally in the Bylaws is just as much  
16 in conflict with the Assembly Bylaws as the correction.

17 THE CHAIRMAN: You are referring to 6(a)?

18 FROM THE FLOOR: 6(a), yes, sir.

19 THE CHAIRMAN: In that one?

20 FROM THE FLOOR: It seems to me that if you want to  
21 stay within the A. A. M. C. Bylaws, it might be well to amend  
22 that to say that it shall be recommended by the Executive  
23 Council, in accordance with the A. A. M. C. Bylaws, and then  
24 proceed to change it.

25 FROM THE FLOOR: I think the point is, Wyn, that



1 it is our desire to put these in, and let the A. A. M. C.  
2 Bylaws get updated to be consistent with what we think more  
3 appropriate.

4 FROM THE FLOOR: Then I was confused. I thought  
5 we wanted to be in accordance with them.

6 THE CHAIRMAN: Thank you, Wyn.

7 DR. COOPER: May I?

8 THE CHAIRMAN: Mr. President.

9 DR. COOPER: Now we want to make certain which,  
10 whether you adopt the Southern Deans' change or the original,  
11 as circulated, Section 6(a).

12 FROM THE FLOOR: As circulated.

13 DR. SUTER: Yes.

14 THE CHAIRMAN: The original, as circulated.

15 DR. SUTER: But I am a little bit confused too.  
16 I understood that it would avoid conflict if we adopted as  
17 circulated, which is not true apparently. And if it is not  
18 the case --

19 THE CHAIRMAN: It is the case.

20 DR. SUTER: Then I would personally prefer what we  
21 have proposed.

22 THE CHAIRMAN: My own understanding is, of John's  
23 remarks and Ike Taylor's remarks, Manny, that it would be the  
24 case, that it would be compatible as is, as circulated.

25 DR. SUTER: No, no.

1 DR. COOPER: No, no, I am sorry, Bill, it would  
2 not.

3 It provides for the election, for the nomination  
4 of the Executive Council, which is not countenanced by the By-  
5 laws of the Association.

6 FROM THE FLOOR: It is compatible though, Manny,  
7 with the recommendation that the Southern Deans wanted to make,  
8 which was, as I gather, simply to make sure that they were  
9 members --

10 DR. SUTER: That's right.

11 FROM THE FLOOR: Of the Council of Deans.

12 DR. SUTER: Right.

13 FROM THE FLOOR: And the Bylaws of the Association  
14 make that sine qua non.

15 DR. COOPER: That's right.

16 THE CHAIRMAN: Well, John, did we adopt the cir-  
17 culated --

18 DR. COOPER: Well, why I was confused was you said  
19 the Taylor amendment, and I wanted to be sure that I didn't  
20 misunderstand.

21 THE CHAIRMAN: Yes.

22 DR. COOPER: That there was no amendment.

23 THE CHAIRMAN: No, I said the Taylor doctrine.

24 (Laughter.)

25 If I said "amendment", I made a mistake.

1 Now may we have approval of the set of Bylaws, the  
2 entire set with the amendments that we have agreed on?

3 DR. SUTER: I move that they be approved, as am-  
4 ended.

5 FROM THE FLOOR: Second.

6 THE CHAIRMAN: Any further discussion? All those  
7 in favor say "aye".

8 (A chorus of "ayes".)

9 Opposed?

10 (No response.)

11 Thank you. I wasn't quite sure how long this was  
12 going to take!

13 (Laughter.)

14 Next, if we may move to Item No. 6, the "Consider-  
15 ation of Limitation of Federal Contributions to Faculty Sal-  
16 aries".

17 And I have asked Manson Meads to start this dis-  
18 cussion. And we have with us as our guest, Ernest Allen, Dir-  
19 ector of Grants Management Policy for Secretary Finch's office,  
20 who can add some additional remarks to this.

21 I might remind the membership of the Council of  
22 Deans of a little bit of the history of how this evolved.  
23 About a year and a half ago in the February, 1968, meeting,  
24 the Southern Deans were very concerned about the use of fed-  
25 eral moneys for academic inflation. In fact, they were very

1 much concerned about academic inflation, as a complete prob-  
2 lem.

3 And with that in mind, they appointed a Committee,  
4 an Ad Hoc group, Chaired by Manson Meads, to look into the  
5 problem and come back and report to the Southern Deans' group.  
6 And Manson's report then went to the Executive Council. The  
7 Executive Council suggested that it go to the Regional Com-  
8 mittees, the Regional groups for further discussion, and come  
9 back to the Council of Deans.

10 Manson.

11 DR. MEADS: I don't have very much to say, except  
12 that this suggested policy was -- that you had before you --  
13 was developed over a year ago, and by an Ad Hoc Committee  
14 that included Bill Anlyan and Charlie Sprague and Manny Suter.  
15 The Southern Deans, in response to national and regional  
16 concern over not only the rate of faculty salary inflation,  
17 which has been going on at about eight per cent a year for  
18 the past five years, but also the potential impact of a sig-  
19 nificant infusion of federal funds on this rate or, as Bill  
20 Hubbard put it, I think, in 1967 -- and you can correct me, Bill--  
21 when you said that the greatest single threat, you felt, to  
22 major support for medical education, was the effect of adding  
23 increased purchasing power to a closed supply system.

24 I would like to stress that there has been some  
25 misunderstanding of this policy, I think, and would like to

1 stress that it is not a policy that is aimed at control of sal-  
2 ary inflation. There are too many factors that are beyond our  
3 control.

4 I would like to stress that what the purpose of this  
5 is, is to give assurance that federal funds will not accen-  
6 tuate the present problem.

7 Now this is the best policy we could come up with.  
8 And all of us have said that if anybody has a better proposal,  
9 we will be delighted to hear about it.

10 The Southern Deans did review this, after they had  
11 endorsed it over a year ago, in view of the present circum-  
12 stances, and have made three recommendations for change that  
13 you see in your minutes that have been sent out to you.

14 I think the main one really states that because  
15 there have been additional types of federal funds that have  
16 come on the scene, particularly Title 18 and 19, that we wish  
17 to restrict this to federal institutional grants and contracts  
18 for educational research, believing that we shouldn't have all-  
19 inclusive federal funds, because Title 18 and 19 funds are,  
20 in fact, given for services rendered, and unless the family  
21 doctor in West Virginia or a community hospital were subject  
22 to how he shall use the funds that he receives from 18 and 19,  
23 we don't feel we should be either.

24 And so we wish to exclude that.

25 Also, other areas, like O. E. O. and the like, which

1 are essentially service-type grants, we believe, should be  
2 excluded from this policy.

3 The Southern Deans also made another suggestion on  
4 lines 26 and 27, excluding from non-federal funds from the  
5 policy we recommend, to make it consistent with the first re-  
6 commendation, and then finally, with some trepidation over the  
7 whole policy, said that this policy shall be reviewed by the  
8 A. A. M. C., and possibly revised after a period of trial of  
9 two years.

10 I think today the situation that was so strongly  
11 brought to us by Bill Hubbard a year and a half ago is still  
12 prevalent.

13 I did call Ernest Allen, and he said I could quote  
14 him, but I would rather have him quote himself, and I am glad  
15 he is here today and he may speak to this.

16 THE CHAIRMAN: Thank you, Manson.

17 Ernest, it is good to have you with us, and could  
18 you express to us the concern of the Executive Branch of the  
19 Federal Government?

20 DR. ALLEN: I think I will have to say that we do  
21 not have an official position to report to you, and that when  
22 I talked to Manson Meads -- as I think he understood -- that  
23 I was expressing a personal opinion.

24 And my personal opinion is that too rapid escala-  
25 tion is likely to put the entire grants program -- research

1 grants program -- particularly, in jeopardy.

2 I have seen our policy and the National Institutes  
3 of Health's, in particular, change over the years. At first  
4 there was considerable concern about picking up faculty tenure  
5 salaries, certainly, out of research grants.

6 And we had a policy in the very early days, some of  
7 you will remember, which said that we could not pay a salary  
8 out of the federal grant unless we were picking up a portion  
9 of a salary, or a salary that had previously been paid from  
10 non-institutional, or non-medical school, in that case, funds.  
11 And then that was changed -- and several times -- and even-  
12 tually to the policy that we have now, which is that we leave  
13 it entirely to you to set your own salary. We ask you to pay  
14 the salaries in a consistent manner.

15 And that, I think that I would have to say, is our  
16 official position still today.

17 My personal concern though is that in the meantime,  
18 the percentage of the total grants program, speaking of re-  
19 search grants, which is almost a billion dollars -- sixty-seven  
20 per cent of that total goes into salaries; half of that goes  
21 into professional salaries. Of course, most of those would  
22 be the faculty salaries that we are talking about.

23 But with the plateau then of appropriations, and the  
24 increasing, growing concern of the program directors about  
25 how to use their money, that contrary to official policy, they  
are beginning to look at such things -- even though they

1 are told not to -- as cost sharing percentages, indirect cost  
2 percentages, and in my opinion could very well look at -- and  
3 may be doing it now, without your knowing it or my knowing  
4 it -- at the amount of salaries that are being provided in  
5 one institution as contrasted to another.

6  
7 And we have assured the Congress that we will not  
8 let cost sharing interfere, and we have an official H. E. W.  
9 position that indirect costs, that the percentage rate should  
10 not affect the approval or disapproval of a grant.

11 However, I have been told by Institute Directors  
12 that if they are told officially that they can't do that, then  
13 they would find other reasons, other ways to turn down a  
14 grant, when they come down the priority list, and they see  
15 two grants -- one with a thirty-five per cent approval rate,  
16 and the next one with a ninety per cent approval rate. They  
17 think they get more for their money.

18 Now I don't think what I am saying now is unrelated  
19 to what you are talking about, because I am talking about the  
20 general principle of concern of program directors. And, there-  
21 fore, this is one of the things that would bother me about the  
22 rapid escalation.

23 The other thing I hate continually to bring to  
24 you an expression of concern about, the Subcommittee on Inter-  
25 governmental Relations -- but they have looked at salaries  
of career awardees. They have expressed considerable concern



1 about the high salaries that we were paying some of the post  
2 doctorals, fellowships, and traineeships.

3 They are looking right now, with a study underway,  
4 at the training grant program, where they are going to uncover  
5 things that are much worse than they knew about when they ex-  
6 pressed that concern, in so far as the size of the salaries is  
7 concerned.

8 I just feel that if Dr. Goldberg, of that Committee --  
9 who is the senior staff member of that Committee -- were able  
10 to, and he is likely to do it, were able to show an escalation  
11 of salaries in the medical schools that exceeded escalation in  
12 other places, that he would be concerned enough to bring this  
13 to the attention of the full Committee, and that we would have  
14 a major hearing on the subject.

15 THE CHAIRMAN: Thank you, Ernest.

16 I might add -- I don't think that it is privileged  
17 information -- that at a meeting with Bob Marston in August,  
18 that he expressed to me the same concern, and asked if the  
19 time had come for action from the Executive Branch.

20 And I pleaded for a little more time to see if, on  
21 a voluntary basis, we could re-examine the problem. And at  
22 that time we promptly made sure that this was an agenda item  
23 for discussion on all of the Regional group discussions.

24 I think it might be appropriate for a general dis-  
25 cussion at this point, before seeing if there is enough agree-

1 ment to focus down on the specific recommendation and action  
2 requested.

3 So I would consider the floor open for discussion  
4 in general.

5 Nelson.

6 DR. NELSON: Could you give us a sort of a "for  
7 instance"?

8 Could you take some individual faculty member and  
9 tell us exactly what you are talking about?

10 THE CHAIRMAN: Manson, would you like to respond to  
11 that?

12 DR. MEADS: Well, an Assistant Professor of Medi-  
13 cine, \$18,000 is, I think the present last full-time, strict  
14 full-time level that came up approximately at that. This  
15 would mean that if fifty per cent of his time were spent on  
16 a project, or was involved in something like a project grant,  
17 or a special improvement grant, or a general research support  
18 grant, that he would receive no more than nine thousand dollars  
19 from federal sources, but the school could then go ahead and  
20 supplement that to any extent he wanted -- they wanted.

21 It is purely the control of the use of the federal  
22 funds in the salary, is what we are talking about. Does that  
23 answer you?

24 THE CHAIRMAN: Dave Rogers.

25 DR. ROGERS: Bill, I wanted to make sure that I

1 understood Ernest Allen correctly.

2 Ernest, are you saying that if a school is asking  
3 its faculty to cost share only to the extent necessary, putting  
4 in a grant proposal, that this is looked on dimly, in other  
5 words, if the grant -- one shares only to the extent neces-  
6 sary?

7 DR. ALLEN: I may have misled you on that, because  
8 actually that was one of the dangers, and we saw signs of this  
9 and we took steps to remove this, but I was expressing the  
10 opinion, however, that the program directors right now, in  
11 trying to get the most for their dollars, could consider the  
12 review of cost sharing from the records point of view, in the  
13 Study Sections, although that could happen -- I have seen it.

14 DR. ROGERS: I was kind of wondering if we were  
15 getting it both ways here.

16 I think many institutions, in an attempt to stretch  
17 their dollars as far as possible, are now cost sharing, and if  
18 I hear you correctly, you are saying that your chances of  
19 getting that are --

20 DR. ALLEN: Well --

21 THE CHAIRMAN: Bill Hubbard is first. Excuse me,  
22 Ernest.

23 DR. ALLEN: In this instance, the gentleman who  
24 is the Assistant Secretary of Control, is on record before  
25 two Congressional Committees that he would see to it that the

1 cost sharing did not influence the action on this, on the re-  
2 search grant applications.

3 I was expressing a concern lest, in spite of that  
4 official position, it could happen.

5 THE CHAIRMAN: Bill Hubbard.

6 This concern started during your Presidency of the  
7 A. A. M. C.; would you like to?

8 DR. HUBBARD: Well, I just want to see if I under-  
9 stood clearly Manson's general question, response to the general  
10 question.

11 Let me take the case of the faculty salary which,  
12 by our faculty study, has a national median of \$18,000 a year,  
13 but at your institution, however, those salaries are twenty-  
14 four.

15 Now as I understand it, on federal funds, you would  
16 be agreeing, by this resolution, to have, on a fifty per cent  
17 base, no more than nine thousand dollars from federal funds  
18 on that fifty per cent because that is the national median,  
19 but being a well-to-do school, you would go ahead yourself  
20 and make up the rest of it from institutional funds; is this  
21 true?

22 DR. MEADS: Correct.

23 THE CHAIRMAN: I think Bob Felix is first, then  
24 Ralph, and then Bob Page.

25 Bob Felix.

1 DR. FELIX: Bill Hubbard asked one of the two ques-  
2 tions that I was going to ask.

3 And if your place as to the professor of medicine  
4 salary was twenty-four thousand, and the median was eighteen,  
5 that we would have a dim chance if we went above nine.

6 My other question was that I also understand that  
7 if we would go in for seven thousand instead of nine, for  
8 fifty per cent of time, and pick up the other, we would again  
9 have a better chance unofficially.

10 In other words, is there a squeeze on which is  
11 forcing down --

12 FROM THE FLOOR: The two, mixed up.

13 DR. FELIX: That will be paid by the grant, which  
14 is less than the percentage of time devoted to the project.

15 THE CHAIRMAN: I don't think you meant anything  
16 like that?

17 FROM THE FLOOR: No.

18 THE CHAIRMAN: Did you?

19 DR. MEADS: I think we are mixing a little two is-  
20 sues there, Bob.

21 DR. FELIX: Are we?

22 DR. MEADS: I think we are mixing two issues.

23 DR. FELIX: Well --

24 DR. MEADS: Cost sharing and the other; I am not  
25 talking about cost sharing.

1 THE CHAIRMAN: Ralph.

2 FROM THE FLOOR: Well, what I wanted to ask then  
3 was did you say that the O. E. O. federal contribution is ex-  
4 cused from this recommendation?

5 DR. MEADS: This is what our Southern Deans' group  
6 recommended.

7 FROM THE FLOOR: Yes.

8 DR. MEADS: That these types of grants, service  
9 grants, demonstration grants, Medicare and Medicaid funds be  
10 excluded.

11 We are strictly to institutional grants and to re-  
12 search and education.

13 THE CHAIRMAN: I think Bill Jordan and then Bill  
14 Hubbard, and then Bob Page, I think.

15 DR. JORDAN: As luck would have it, I missed the  
16 Southern Deans' trip to Puerto Rico, and didn't have a chance  
17 to ask this question.

18 It is easy to follow you, Manson, when you talk  
19 about specific research grants. I have a little more trouble  
20 when you talk about institutional funds. How do you then  
21 allot percentage time so clearly as you might allot percentage  
22 effort on a research grant?

23 DR. MEADS: Well, we still have to do that in Bowman  
24 Gray, in order to get this money. And I suspect you have to  
25 do it the same way.

1 Don't you have percentage effort that you calcu-  
2 late how much basic improvement and special projects grant  
3 are going in the salaries?

4 DR. JORDAN: Well, it is a little -- I think, a  
5 little more fluid when it is a teacher that is --

6 THE CHAIRMAN: Bob Page and then Bill Hubbard. Bob.

7 DR. PAGE: Well, I just have one question, which  
8 is perhaps a detailed one, which I look for in the future as,  
9 perhaps, causing some difficulty.

10 And that is that on lines 24 and 5, it talks about  
11 the annual adjustment. I am a little concerned about this on  
12 two counts:

13 I am not sure what cost of living index we are  
14 talking about, because if we go across the country, this is  
15 quite variable. Is this a national cost of living increase? Or  
16 what is it?

17 In other words, who calculates that particular cost  
18 of living index?

19 And I guess that you can't say that this should  
20 be surveyed every year and use the A. A. M. C. figures, but  
21 it would seem to me that that would be a more rational approach  
22 to it than trying to hook it up with some cost of living index  
23 increase.

24 THE CHAIRMAN: To you. (Indicating Dr. Meads.)

25 DR. MEADS: This has been raised before, and I

1 think we, the group, would accept anything, if the group felt  
2 a regional index or local index was a better approach to this  
3 thing.

4 But I would point out that the Southern Deans, with  
5 some of these concerns that are coming here, have suggested  
6 that this policy shall be reviewed by the Association of Amer-  
7 ican Medical Colleges, and possibly revised after a period of  
8 trial of two years.

9 In other words, let's get in and start swimming,  
10 and have a chance ourselves to review it.

11 THE CHAIRMAN: Bill Hubbard.

12 DR. HUBBARD: I feel that really we must consider  
13 this resolution in a positive way. The reasons have already  
14 been discussed many times.

15 I think now that it is important though for us to  
16 understand whether we are talking about a resolution which each  
17 individual institution with rules for student applications will  
18 then be expected to implement on their own?

19 Or are we talking about a recommended policy which  
20 might wind up on Ernest Allen's desk as a proposal for a new  
21 administrative interpretation of salary management at the  
22 federal level?

23 I think, in all probability, to be effective, it  
24 will have to be the latter. And then I would suggest that  
25 once we move to that point, it is highly probable in my own



1 personal opinion that this will be federal funds pure and sim-  
2 ple , and the restrictions that we would like to see put on  
3 them will be recognized as our desire, but partly implemented  
4 as a separate policy.

5 That is to say that I am not at all confident that  
6 Dr. Fountain -- or Dr. Goldberg of the Fountain Committee  
7 would not recognize this as a generally meritorious idea, ap-  
8 plicable to all forms of federal funding.

9 DR. MEADS: Don't you think we could put up a pretty  
10 good fight on Title 18 and 19 anyway?

11 As I say, unless -- my personal feeling, unless  
12 this is a requirement of a doctor in West Virginia in a clinic  
13 or in a community hospital, that the government said you must  
14 tell us how you are going to spend those funds we give you  
15 for Medicaid -- I wonder, when we are delivering a unit of  
16 medical care, why we should be asked to account for what we  
17 do with them.

18 DR. HUBBARD: Well, I can only respond on a purely  
19 personal level, Manson -- and you have heard me say this many  
20 times before:

21 I think we are very close to the point where our  
22 annual net incomes of our faculties will become known to the  
23 legislatures. And when that happens, unless we have controls  
24 that we can display, our position as petitioners for incre-  
25 mental institutional funds will go up in a thin blue flame.

1 FROM THE FLOOR: That is the purpose of the reso-  
2 lution.

3 DR. HUBBARD: So that I would hope that we would  
4 accept this as something that will, in all probability, involve  
5 all federal funds, even though we may make whatever request  
6 we wish at the outset.

7 THE CHAIRMAN: Are there any other further general  
8 comments about this?

9 In order not to -- yes, Warren?

10 DR. BOSTICK: I think that, by and large, this is  
11 rational. I must admit it cuts in many directions.

12 But I am quite persuaded, however, that on line 20  
13 on page 2 that the levels should be regionally accepted levels  
14 rather than national. I am aware that one might have a little  
15 trouble specifically identifying regions, but we have lots of  
16 precedents as we have done our own -- that is, as the Asso-  
17 ciation of American Medical Colleges has analyzed its own  
18 current salary distributions throughout the United States.  
19 I am a great believer that the United States may be united  
20 in many concepts, but it is a very diverse and enormous area  
21 actually.

22 And I would feel that it would be much more sound  
23 to work it on regions, because there are real and valid reasons,  
24 and that as soon as this proposal is before us officially, I  
25 intend to get up and move that it be amended to insert the

1 word "regional".

2 THE CHAIRMAN: Thank you, Warren.

3 Bill.

4 FROM THE FLOOR: Is it my understanding that the  
5 Association of American Medical Colleges has thought that the  
6 regional distribution and breakout of these funds?

7 THE CHAIRMAN: I don't understand.

8 FROM THE FLOOR: It is my understanding that in  
9 the current survey, the Association of American Medical Col-  
10 leges has discontinued using the regional approach for the  
11 allocation of the reports and the figures.

12 DR. COOPER: Well, Dr. Rice is here, but I think we  
13 can answer.

14 We have the information, of course, on the income  
15 on every medical school, not -- I am sorry; we have information  
16 on a considerable number of medical schools.

17 (Laughter.)

18 And we can allocate an average, we can allocate  
19 schools an average on any basis that we want to -- by the  
20 states, by whether it is East of the Alleghenies or West, or  
21 any other mechanism that one wants to institute, that can be  
22 done from the information available.

23 This, if I might speak just for another moment,  
24 I would like to express just a mild concern of the Association  
25 with regard to the misuse of salary data from the Association,

1 with regard to what effect using this salary data, which has  
2 only now been informational to the medical schools, for what-  
3 ever purposes they wished to use it, now becomes a method of  
4 establishing a policy with regard to salary support.

5           Whether this will -- it may not and this, of course,  
6 would depend upon the gentlemen in this room, whether they  
7 would -- whether we would get the same kinds of information  
8 which we have gotten in the past, and because this was not  
9 an original concept of the use of the salary data. Now whe-  
10 ther that happens or not, we can only speculate on here, of  
11 course.

12           The second point that I would like to raise, to  
13 make, is that the salary data, of course, is the salary paid  
14 by the medical school through its regular budgetting procedures  
15 to the individual faculty members.

16           Surrounding this, in individual schools, there are  
17 a lot of benefits which vary from school to school, and in  
18 some cases may be substantial. The real question is whether --  
19 it is just the fairness of the overall data. It may all come  
20 out in the wash and in the averaging.

21           But the salary data itself these days, especially  
22 with tax laws and other kinds of things, does not represent  
23 the entire benefit to the faculty member from the medical school  
24 other than -- even other than his service income from the care  
25 of patients.

1           These are just two areas. I am only pointing them  
2 out so that the group here understands the situation, and  
3 I am glad that Manson did point out -- and I think that this  
4 is clear in the title of the report, which his Committee  
5 made, that this really is related to the control of the sal-  
6 ary contribution from federal funds to faculty, that it is  
7 not intended to be a control for faculty, the inflation that  
8 we are experiencing in faculty salaries, because our salary  
9 data also suggests very clearly that more and more each year  
10 the proportion of the salaries which come from other than  
11 the funds budgetted regularly in the institution for the pay-  
12 ment of the faculty, are rising at a much, much faster rate  
13 than are the salaries which are paid from the institution's own  
14 funds, and that these, in many cases, to our view, are the  
15 major sources of inflationary trends in salaries. I just  
16 want to put that out.

17           But I think that you should understand then that  
18 this is a mechanism for the control of federal grant, of fed-  
19 eral contributions to salaries, and will have some effect on  
20 inflationary practices, but will not have the effects that  
21 other measures which you could take and which we have con-  
22 sidered at great length.

23           What can you do to control inflation?

24           In the society in which we live, with the traditions  
25 which we have, the control of salaries is a very -- it should

1 be undertaken only after very serious reflection, because it  
2 does have, it does represent a real change in the attitudes  
3 of society with regard to this particular thing. I just wanted  
4 to make those two points.

5 THE CHAIRMAN: Thank you, John. I think those are  
6 very helpful remarks.

7 Bob Howard.

8 DR. HOWARD: Yes, there is one aspect of this that  
9 does concern me, or at least I must ask a question about it  
10 so that I am sure that I understand the operation of what is  
11 proposed.

12 The basis is given as the strict full-time median  
13 salary level for a strict full-time faculty member, as it prop-  
14 erly should. Yet this basis then may be used by institutions  
15 that are on a strict full-time system or by those that are on  
16 a geographic full-time system, either one, and it doesn't  
17 specify.

18 It seems to me then that the institution under the  
19 geographic full-time system can make use of the basis, pre-  
20 sumably higher, of the strict full-time system, and that in  
21 the long run, this will work to return institutions to the  
22 geographic full-time basis, those that may be on the strict  
23 full-time system;

24 I don't see a provision in here that prevents that,  
25 unless I have misunderstood something about how this oper-

1     ates, though.

2             THE CHAIRMAN: Sherm, did you have a comment?

3             DR. MELLINKOFF: No, sir, I had just wanted to ask  
4     that same question that Bob had.

5             THE CHAIRMAN: Manson, did you have any?

6             DR. MEADS: There is no provision in here for that.

7             THE CHAIRMAN: Before spending time on the refine-  
8     ments of the recommended policy, I would like to find out how  
9     many of you are prepared to adopt a policy on this today, with  
10    a straw vote:

11            How many of you would favor continuing this dis-  
12    cussion to refine a position on it today? May I have a show  
13    of hands for those in favor?

14            FROM THE FLOOR: Of continuing?

15            THE CHAIRMAN: Of continuing this discussion.

16            (A showing of hands.)

17            FROM THE FLOOR: Not voting today?

18            FROM THE FLOOR: Not voting today, but continuing  
19    this.

20            THE CHAIRMAN: How many would be opposed to con-  
21    tinuing the discussion?

22            (No response.)

23            DR. FELIX: Bill, what is our time schedule? Do  
24    we have time? Are we going to have the roof fall in?

25            THE CHAIRMAN: I am afraid that the chances of the

1 roof falling in are greater day by day, and actually in my  
2 conversation with Bob Marston, it was please let us get to  
3 the Annual Meeting one more time.

4 Manson.

5 DR. MEADS: Bill, originally this generated, was  
6 to go to the Executive Council and then to the general group,  
7 as we have done today, and our recommendation originally it  
8 was to be used then by the Association of American Medical  
9 Colleges in discussions with appropriate federal people on  
10 this whole subject, having had this input, and I wonder if that  
11 could be done.

12 We could, at least, start discussions with the  
13 appropriate federal officials regarding this matter, not com-  
14 mitting ourselves, but, at least, using this as a background  
15 approach to the discussion.

16 THE CHAIRMAN: Bob, you had another comment.

17 DR. FELIX: Mr. Chairman, you know I have had a  
18 little experience with this group too -- not as much as Ernest,  
19 but twenty years' experience.

20 But I am worried, very worried if we postpone this  
21 again. This looks like backing and filling and stalling, and  
22 I think that time is running out.

23 I would rather see us adopt something both workable  
24 and livable, which we could modify then, than to go home with  
25 nothing at all. I think that if we go home with nothing at



1 all, we are going to have something imposed upon us, and we  
2 will have no defense whatsoever.

3 Because Bob Marston has sort of held back the  
4 wolves, saying, "Give them time. The meeting hasn't been held  
5 yet, and after that, O. K." I don't believe that we are  
6 helping Bob Marston this way, or helping ourselves either,  
7 which is the most important thing, I guess, if we stall too  
8 long.

9 THE CHAIRMAN: Yes.

10 FROM THE FLOOR: Mr. Chairman, isn't the real trap  
11 in this the thing that Dr. Hubbard pointed out, that if it  
12 gets to be interpreted beyond the limits of the recommenda-  
13 tion, wouldn't we be, at least, perhaps, in a reasonable  
14 position to adopt, essentially, what has been recommended,  
15 but throw into this the proviso that if other types of federal  
16 funding, such as Medicare, et cetera, were to become involved  
17 in the discussion at this or a subsequent time, that indeed  
18 it would have to be rediscussed and, also, that a whole dif-  
19 ferent set of salary data collections would have to be ob-  
20 tained before that could then be made reasonable.

21 It would mean that we would have to somehow find  
22 out ways in our geographic full-time system to interpret  
23 indeed what is important -- what people really got -- and put  
24 in a whole new set of salary figures for a basis to be cal-  
25 culated from.

1 THE CHAIRMAN: I believe this is why the Southern  
2 Deans suggested the revision of line 18 to be more specifically  
3 institutional grants and contracts for educational research,  
4 although the fear that Bill expressed will be a fear that we  
5 will have to watch on the radar screen all along.

6 Bill.

7 DR. HUBBARD: I think it may be misleading to call  
8 this a fear.

9 I think that we are in a position where the federal  
10 government more and more is looking upon moneys from the fed-  
11 eral treasury moving into medical centers as one package of  
12 money.

13 Now it is not out of fear, I think, but out of re-  
14 cognition that, as the Bureau of the Budget perceives it, one  
15 dollar of federal money moving into a medical center under  
16 one authorization and being delivered in salaries to faculties  
17 is not in time different from another dollar from another federal  
18 source.

19 I did not mean to suggest that we would restrain  
20 ourselves from urging that it be applied only in a limited  
21 way, but simply to point out that the view of the federal  
22 government about money moving into medical centers is a little  
23 different from that, and that in all probability, we will see  
24 this generally applied.

25 THE CHAIRMAN: Arthur, did you have a comment?

1 FROM THE FLOOR: There is just one point that I  
2 think should be clarified:

3 I think there is some confusion, and that is the  
4 term "institutional grant" -- I think we should be very specific  
5 when we are talking about institutional -- because I know there  
6 was confusion in Puerto Rico.

7 My own recollection of the discussion was that this  
8 did not apply to a research grant, the project grant, but on  
9 the other hand, as it is now listed, by someone who has not  
10 heard that discussion, would interpret any research grant  
11 that goes to a medical school as an institutional grant. The  
12 grant is not to an individual.

13 But I think it would be wise to amplify what was  
14 meant by "institutional grant", and be fairly specific in what  
15 we are talking about.

16 THE CHAIRMAN: Manson.

17 DR. MEADS: Yes, you are right, Art.

18 There was a suggestion that we spell out all of the  
19 different kinds of grants that we would accept as included  
20 in this policy, and then spell out those that we didn't think  
21 ought to be in it.

22 That can be done.

23 FROM THE FLOOR: I think we had better know what  
24 we are talking about, because I think there is a lot of con-  
25 fusion on this point.

1 THE CHAIRMAN: Manson, specifically, are project  
2 grants, faculty salaries -- are project grants included in  
3 this or not?

4 DR. MEADS: Yes, sir.

5 THE CHAIRMAN: That is what I thought.

6 DR. MEADS: I understand that it was project grants,  
7 training grants, special project grants, basic improvement,  
8 general research support -- I interpret all of these grants  
9 that come to an institution first -- at least, we try to tell  
10 your faculty that.

11 THE CHAIRMAN: Win Shorey and then Sherm.

12 DR. SHOREY: Certainly these special project grants,  
13 I understood, were included.

14 The only grants, the only federal funds --

15 DR. MEADS: The service though.

16 DR. SHOREY: Are those that would come to an insti-  
17 tution through fee for service, or contract for service.

18 DR. MEADS: Right.

19 THE CHAIRMAN: Sherm.

20 DR. MELLINKOFF: Well, I think that we ought to  
21 make it very clear, that point ought to be made very clear,  
22 because while Bill Hubbard may be correct that the insurance  
23 funds are going to be scrutinized in the way that Mr. Saylor,  
24 for example, has proposed with respect to the V. A., which,  
25 in my view, would be ruinous to the V. A., and therefore, to

1 an extent, to the medical schools, I think we ought not to  
2 leap into that fire before we are forced into it.

3 So that if we could make Item 3 -- Item 3 is, I  
4 think, less restrictive, with that one exception, than the  
5 larger paragraph, that has -- that doesn't have the inconsisten-  
6 cies in it that were pointed out by Bob Howard, for instance,  
7 and also what appears to be a conflict, in that in one part  
8 of the paragraph under "Recommended Policy" on page 2, it  
9 refers to the A. A. M. C. median salaries, but then it refers  
10 to the annually adjusted cost of living index, which might or  
11 might not change together.

12 I wonder if something like some modification of  
13 the paragraph 3 which the Southern Deans recommended, and I  
14 gather, Dr. Allen thought would be preferable, could be adopted  
15 in such a way as to define, however, federal funds there in  
16 such a way that it would not include money for professional  
17 services.

18 Would that get us out of the dilemma, is what I am  
19 asking?

20 THE CHAIRMAN: Manson?

21 DR. MEADS: No.

22 THE CHAIRMAN: The only problem I can see here is  
23 that number three does not have any -- does not have enough  
24 specificity with regard to what the level of the national  
25 scale, the nationally accepted levels by rank and discipline;

1 there is no mention of the national mean.

2 DR. MELLINKOFF: Well, could we change it to that  
3 extent?

4 THE CHAIRMAN: Manson, this is your report. What  
5 is your wish here?

6 DR. MEADS: Well, Sherm, maybe you misunderstood  
7 this.

8 But this is a single shot. In the year that this  
9 policy is adopted we take those means -- period. Then we don't  
10 do it the next year and the next year. The only adjustments  
11 in subsequent year are according to cost of living index.  
12 Otherwise you haven't got anything.

13 But we have got this provision in there "shall be  
14 reviewed after two years".

15 THE CHAIRMAN: May I suggest for simplification  
16 of our parliamentary procedure and proceedings that we con-  
17 sider the recommended policy on page two as the beginning of  
18 our specific debate with and including the changes suggested  
19 by the Southern Deans.

20 And if anybody doesn't have this piece of paper,  
21 I will be glad to read them out. Does anybody not have the  
22 previously circulated material?

23 (A showing of hands.)

24 All right. Do you have the page without the cor-  
25 rection to the recommended policy?

1           Manson, could you come and please read the recom-  
2 mended policy with the changes by the Southern Deans? And  
3 then we will make a motion for its approval, and we can have  
4 modifications.

5           Here we are. (Handing.)

6           DR. MEADS: Yes, first --

7           THE CHAIRMAN: Ladies and gentlemen, the recom-  
8 mended policy reads as follows:

9           "Funds from federal institutional grants and con-  
10 tracts for education and research may be used to support  
11 the salary of any faculty member on the basis of per-  
12 centage of effort in the approved program up to nation-  
13 ally accepted levels for each academic rank and discip-  
14 line. Such levels will represent the median salary level  
15 for strict full-time faculty in the medical schools of  
16 this country as determined by the A. A. M. C. Faculty  
17 Salary survey for the year in which this policy is adopted.  
18 These levels will be adjusted annually thereafter in  
19 accord with changes in the cost of living index. Faculty  
20 salaries established on this basis may be supplemented  
21 by an institution if so desired. Federal funds may  
22 continue to be used to pay the prorata share of the cost  
23 of fringe benefits of each respective institution. This  
24 policy shall be reviewed by the A. A. M. C., and possibly  
25 revised, after a period of trial of two years."

1 Do I hear a motion for approval?

2 DR. SUTER: I so move.

3 FROM THE FLOOR: So move.

4 THE CHAIRMAN: Is there a second?

5 FROM THE FLOOR: Second.

6 THE CHAIRMAN: Is there any further discussion?

7 Monte.

8 DR. DU VAL: Would the Chair recognize a sugges-  
9 tion or a modification rather, in the opening sentence?

10 Instead of saying "Funds from federal institutional grants",  
11 would it be clarified were we to say "Federal grants to in-  
12 stitutions"?

13 DR. MEADS: That's good; that's good.

14 THE CHAIRMAN: Would the person who moved and the  
15 seconder accept this?

16 DR. ALLEN: Mr. Chairman, may I?

17 THE CHAIRMAN: Ernest.

18 DR. ALLEN: May I suggest something to you?

19 THE CHAIRMAN: Yes, please.

20 DR. ALLEN: Use the language "discretionary grants",  
21 which means those where we made a decision on it, and that  
22 would automatically exclude, for instance, Part B of Medi-  
23 care, and use the word "discretionary".

24 DR. SUTER: Very good.

25 FROM THE FLOOR: Ah, very good.



1 THE CHAIRMAN: All right, now where does the word  
2 "discretionary" fit in?

3 DR. ALLEN: "Funds from federal discretionary grants  
4 to institutions for" -- and I use the word in contrast, and  
5 then you don't even have to get into the business of --

6 THE CHAIRMAN: From federal discretionary grants  
7 and contracts to institutions for education and research.

8 DR. ALLEN: It might be all right.

9 DR. MEADS: Will that also include O. E. O., regional  
10 medical program?

11 DR. ALLEN: Well, I didn't want to muddy this, but  
12 I am going to tell you.

13 (Laughter.)

14 The Bureau of the Budget has identified salaries  
15 as a subject for immediate discussion, and a study by an  
16 A. E. C. man, and going back to several items on these sal-  
17 aries, they agree that the federal government agencies shall  
18 have a uniform policy right now.

19 So that they are going to have to develop one, and  
20 whether you included O. E. O. or not, I think, is almost ac-  
21 ademic.

22 DR. MEADS: O. K.

23 DR. ALLEN: And I think that this sort of thing,  
24 if it comes in, will immediately be picked up and be applied  
25 across the full scale.

1 DR. ALLEN: But the words that I used -- and this  
2 might help you though, if you said for research and training,  
3 yes, it might.

4 THE CHAIRMAN: Thank you, Ernest. You are very kind  
5 not to use that as a threat.

6 Before we go to Sherm's point, is this change ac-  
7 ceptable?

8 DR. SUTER: Yes.

9 THE CHAIRMAN: To the person who moved and the  
10 seconder?

11 DR. SUTER: Yes.

12 FROM THE FLOOR: Yes.

13 THE CHAIRMAN: Sherm. It is open for discussion  
14 now.

15 DR. MELLINKOFF: Could I ask a question, Mr. Chair-  
16 man, because I guess I am a little slow here but I still don't  
17 have the answer to Bob Howard's question.

18 Now, for example, supposing that the median salary,  
19 for instance, nationally, for a particular rank, on a strict  
20 full-time sale, is \$20,000, and the man is spending fifty per  
21 cent of his time in that particular endeavor, then as I un-  
22 derstand it, he would be then entitled to receive \$10,000  
23 from the grant, even though that institution, let us say, had  
24 a strict full-time salary at that level of, say, \$30,000.

25 Now supposing he isn't strict full-time, supposing

1 he is not on strict full-time, he is on geographical full-time,  
2 and is getting a salary of, let us say, twelve thousand dollars  
3 instead of twenty.

4 Now can you pay that man -- and he is spending  
5 fifty per cent of his time on that endeavor -- could you pay  
6 him ten thousand dollars or six thousand dollars? Or is that  
7 made clear in this wording?

8 THE CHAIRMAN: Manson, do you want to?

9 DR. MEADS: I think that is correct, Sherm.

10 FROM THE FLOOR: What is correct?

11 FROM THE FLOOR: Yes, what is correct?

12 DR. MEADS: And I think the wording is obtuse.

13 (Laughter.)

14 Yes, you could pay that man ten thousand dollars,  
15 if his base he was receiving as a geographical full-time was  
16 only twelve, the national median is twenty, and you can pay  
17 him ten.

18 THE CHAIRMAN: You can pay him up to the national  
19 median?

20 DR. MEADS: That's right.

21 THE CHAIRMAN: On the full-time scale?

22 DR. MEADS: On the --

23 DR. MELLINKOFF: Regardless of what --

24 DR. MEADS: What is basic.

25 DR. MELLINKOFF: Whether he is on strict full-time

1 or not?

2 DR. MEADS: Yes.

3 THE CHAIRMAN: Whether the rest of him is full-time  
4 or not.

5 DR. MEADS: That's right.

6 THE CHAIRMAN: Bill Hubbard.

7 DR. HUBBARD: Mr. Chairman, I think there may be  
8 an audit disallowance on that particular gambit -- the over-  
9 riding policy, I believe, that one has to manage federal funds  
10 in the same manner as he manages institutional funds. And I  
11 think that policy would preempt your decision to raise him.

12 THE CHAIRMAN: Bob Howard.

13 DR. HOWARD: There is a little different concern  
14 to me:

15 The push that this indeed will give to departments  
16 who may currently be on a strict full-time basis to use this  
17 somewhat now higher scale to appropriate that into geographic  
18 full-time basis; at least, I have that particular concern,  
19 where there is an option or a basis, they would use the higher  
20 available scale under a strict full-time system as a basis  
21 against which they now apply the geographic full-time system.  
22 In other words, our particular institution, this will consti-  
23 tute a return to a geographic basis.

24 THE CHAIRMAN: Well, I am sure that there are in-  
25 dividual problems, and what we are seeking here is a common

1 denominator point of agreement. But I don't think we can really  
2 solve all of the individual problems.

3 Monte, you were first and then Warren, and then we  
4 have two others in the back.

5 DR. DU VAL: It occurs to me that an opposite ques-  
6 tion is being posed that we should look at:

7 The question really would be, what would happen  
8 when the federal auditor looks at the situation of the school  
9 which is paying a strict full-time salary of eighteen, where  
10 the national median is twenty -- you sell fifty per cent of  
11 the man, you would be able to claim ten, eligible to claim  
12 ten.

13 DR. MEADS: No.

14 DR. DU VAL: When, in fact, you would locally only  
15 put up nine, as fifty per cent. How would this come out in the  
16 audit?

17 FROM THE FLOOR: It won't.

18 DR. MEADS: You still haven't --

19 FROM THE FLOOR: It won't.

20 (Laughter.)

21 THE CHAIRMAN: Ernest, do you have any words of wis-  
22 dom on that?

23 DR. ALLEN: I will use Bill Hubbard's statement  
24 that while there is an overriding policy, regardless of what  
25 you do, you have to prorate the salary according to --

1 THE CHAIRMAN: Warren.

2 FROM THE FLOOR: I can't clarify the situation,  
3 but I am here somewhat nervous.

4 (Laughter.)

5 Just a simple matter of strict, you know -- strict,  
6 or strict, strict full-time, or absolutely strict full-time,  
7 and we have all been through this one.

8 I can tell you almost certainly on the West Coast  
9 that strict full-time, in the sense of strict, strict full-time,  
10 is nowhere near eighteen thousand. You had better multiply it  
11 by two.

12 That is, if you have been on government review  
13 committees and health professions programs, you are appalled  
14 indeed -- and that is my relative concern -- you are appalled  
15 indeed by the vast variation in salaries. Of course, that is  
16 part of the problem. That is why we are trying to do this.

17 I would like to suggest, and I think I will make  
18 the motion that what we -- that the motion that we make today  
19 will be a sense motion and be referred to our Council for study  
20 and implementation.

21 I have a feeling that this group is very large,  
22 and that we are, obviously, as the longer we talk, we are dig-  
23 ging up more and more difficult things.

24 I personally get a real sense of urgency about this.  
25 I feel the hot breath on my neck, as I think lots of you do,

1 over concerns of Budget Bureau, if nothing else.

2 But I wouldn't want to leave this room feeling that  
3 with these floating back and forth of discretionary dollars,  
4 and questions have reached me, is it institutional grants or  
5 grants for institutions -- I really wouldn't want to pour this  
6 in concrete.

7 And I would like to make a motion now that --

8 THE CHAIRMAN: Warren, there is a motion now.

9 FROM THE FLOOR: Well, I would like to amend it.

10 THE CHAIRMAN: Fine.

11 FROM THE FLOOR: I would like to amend it then,  
12 to amend the motion then, to delete the word "recommended  
13 policy" and have this considered as a sense motion to be re-  
14 ferred to the Council.

15 THE CHAIRMAN: Is there a second to the amend-  
16 ment?

17 (No response.)

18 Since there is no second, the amendment then dies.  
19 I think there are two other comments in the back.

20 Yes?

21 DR. EGAN: Dick Egan of Creighton.

22 I would like to make a general comment and a spec-  
23 ific comment:

24 The general comment is to go beyond what Dr. Cooper  
25 and Dr. Howard mentioned about the philosophy and this approach

1 and we go back to the fact that once you do this, and ignore  
2 the fact that we are in this spot because of curtailment of  
3 training grants to support the production of faculty manpower,  
4 you then move to this kind of -- with all of this kind of an  
5 approach, the backwards approach, and I realize the reality  
6 of Congress, and the fact that they may not always see this  
7 logically the way I do.

8 (Laughter.)

9 But, at least, there are other things too:

10 I can imagine the pressure on the Rank and Tenure  
11 Committee to boost faculty rank in a school that attempts to  
12 do this by merit, rather than by time in service. And I can  
13 see a big grab for fringe benefits. And these are things that  
14 we don't like to see.

15 And I would certainly add this to the concern, as  
16 some schools, at least, have tried to go to the strict full-time,  
17 feeling it is preferable and better than geographical. And  
18 then we have this pressure and it throws us off again.

19 Now specifically, I would bring up the legislative  
20 history of what was the special improvement -- now the special  
21 project grant business, which recognized, I believe, that  
22 there were, among the medical schools in this country some  
23 that were less affluent.

24 And I think, if you put this in at the median level,  
25 you can give us permission, sure, to supplement, the supple-



1 mental funds, but this is not going to get the job done, because  
2 I think that there are pretty well sustained rules of thumb  
3 that if you are going to go out and recruit faculty from other  
4 institutions, you offer not the fiftieth percentile but the  
5 seventieth percentile, and I would urge that whether this be  
6 enacted here or referred as a sense motion, that some con-  
7 sideration be given to this reality, to those schools that  
8 are attempting to develop a limited pool of manpower.

9           And second, I think, to this group in salary manage-  
10 ment is to consider a range rather than a median, and I think  
11 that one range that is fairly well used in business is the  
12 eightieth to the hundred and twentieth percentile, and I would  
13 urge that thought be given to that, and this is the range that  
14 operates in a normal labor market, where one oftentimes, as  
15 a footnote to this, that you don't employ above 140 percentile,  
16 but in any favorable areas, that the man go beyond this -- at  
17 least as a loophole.

18           I would summarize by urging that thought be given  
19 to giving some loophole in this for the extraordinary circum-  
20 stances that are inevitable when you apply this to the variety  
21 of institutions that comprise our body of medical schools.

22           THE CHAIRMAN: Thank you, Dick.

23           There was another comment there in the back -- two  
24 more.

25           FROM THE FLOOR: With regard to the word "median"

1 in line 21, and the words "strict full-time" in 22, I would  
2 like to propose that you seriously consider deleting these  
3 because I happen to be from a state where politics plays quite  
4 an important role in salary levels.

5 And for various reasons, if this were to be estab-  
6 lished as a policy of the Association of American Medical  
7 Colleges, it would result in lowering the income of our fac-  
8 ulty considerably. And the necessary result would be a wander-  
9 ing of our faculty to other states.

10 So that we have no strict and no full-time faculty  
11 in our institution, and it would be impossible for us to es-  
12 tablish one in the community in which we happen to exist.  
13 The median salary that you speak of, when you compare the  
14 economy of this entire country, and the 101 medical schools,  
15 makes it impossible for us to stay in competition, in an ec-  
16 nomically better area, perhaps, than some areas of the fifty  
17 states.

18 So that I think there must be some better wording  
19 that could be used than median and strict full-time salary.  
20 And with that regard, Warren's motion, if you send it back,  
21 I think if this were considered in the content that it would  
22 be then evaluated as to how it could apply to all of our fifty  
23 states, instead of having this used as a mechanism by perhaps  
24 well-meaning but poorly advised bureaucrats that come to in-  
25 vestigate us from either the Bureau of the Budget or the Gen-

1 eral Accounting Office, or H. E. W.

2 Auditors try to force the program of another area  
3 of the United States on the given area that they are inspecting.  
4 And I don't think that this is the role that the deans should be  
5 playing.

6 THE CHAIRMAN: Thank you, Dick. I think there was  
7 one more hand in the back.

8 Andy Hunt.

9 DR. HUNT: Mr. Chairman -- excuse me; Andy Hunt.

10 I don't know whether my comments are appropriate  
11 or not, but I certainly urge passage of this motion, even with  
12 the imperfections, which are quite clear, and to straighten  
13 those out would take a great deal of effort and time.

14 I think that we sort of possibly sell ourselves  
15 short as leaders in American medicine, if we don't admit that  
16 we are motivated, at least somewhat, by social conscience at  
17 this point, that the bureaucrats and the legislators, after  
18 all, reflect public opinion.

19 And public opinion in this country is getting very  
20 strong that doctors make too damn much money. And for all  
21 of the closed systems, I think that society does know how to  
22 restrict the incomes of groups that are in the minority. It  
23 has done it before, and it can do it again.

24 And I think that some expression of concern, the  
25 beginning of some kind of action to limit salary increases in

1 the medical schools is highly important.

2 I find it extremely difficult in a medical school  
3 which is right in the middle of the university, to have to  
4 each year increase my faculty salaries about double the in-  
5 crement which is being given the rest of the university just  
6 to stay inside the medians of the Association of American  
7 Medical College's scales. And this is a dangerous position to  
8 be in indefinitely.

9 And I think that we ought to be expressing concern.  
10 I think that is what this motion does, and perhaps a strong  
11 preamble of some kind to this effect would be useful.

12 My question is, I think, should this motion be  
13 passed, does this now go to the major meeting on Monday for  
14 discussion?

15 THE CHAIRMAN: My understanding, John, is that this  
16 is an action of the Council of Deans that would then go to the  
17 Executive Council, and thereafter appropriately to the As-  
18 sembly.

19 Is this right, John?

20 DR. COOPER: Well, it was to be considered and re-  
21 ferred, I think, by the three Councils. Did it go to the C. O.  
22 T. H. meeting?

23 FROM THE FLOOR: No.

24 DR. COOPER: I think the Executive Council referred  
25 it to the three Councils.

1 DR. HUNT: Well, will this come up on Monday?

2 THE CHAIRMAN: My own feeling is that this is an  
3 expression of the Council of Deans, and it would go to the  
4 Executive Council for coordination with the actions of the  
5 other two councils.

6 DR. COOPER: Right.

7 THE CHAIRMAN: Is this right?

8 DR. COOPER: Right, it could be considered at the  
9 Assembly meeting if -- and we assume one will be held in Feb-  
10 ruary.

11 DR. HUNT: Will this be referred to the Council of  
12 Academic Societies for discussion?

13 THE CHAIRMAN: It has already.

14 DR. COOPER: It has already.

15 DR. HUNT: What is happening there, do you know?

16 DR. COOPER: We have not had a report.

17 THE CHAIRMAN: George. George James.

18 DR. JAMES: Bill, I think -- I want to be sure that  
19 I understand this.

20 Are you really saying that, in view of the fact  
21 that when we get our list of spread of salaries around the  
22 country from the Association of American Medical Colleges,  
23 there is, obviously, quite a spread between high and low --  
24 are you saying that our policy would deliberately penalize  
25 the schools from the high-salaried areas and help the schools

1 from the low-salaried areas?

2 And is this the proper function of a policy of  
3 this nature?

4 THE CHAIRMAN: Well, George, I think one has to  
5 find some solution to the use of federal money to assuage the  
6 total system.

7 DR. JAMES: Well, I didn't -- I think the salaries  
8 exist already.

9 THE CHAIRMAN: Right.

10 And the question before the Manson Meads' Committee,  
11 and he may want to speak to this himself, is how do we do this  
12 in a way that is fair to all of the 101 schools, so that we  
13 come up with a voluntary system of the use of federal money  
14 for faculty salaries, rather than to have it imposed on us  
15 without our consideration.

16 Now, Manson, would you like to add to that?

17 DR. MEADS: No.

18 THE CHAIRMAN: So that, inevitably, it is going to  
19 give a plus factor to some schools and a minus factor to  
20 others.

21 But we are, as a Council of Deans, trying to see  
22 what is fair for the middle man.

23 DR. JAMES: Well, let me say one other thing:

24 We have been very disturbed, and we have let our  
25 voices be heard, about the recent cuts in federal funds, the

1 recent curtailment in resources for our schools.

2  
3 What you are doing now with this policy is further  
4 reducing the federal funds to our schools, and we have yet  
5 to pass any resolution to suggest that we would like back  
6 what they have already taken away from us. We are voluntarily  
7 telling them to take more away.

8 Frankly, I find it a little difficult to under-  
9 stand.

10 THE CHAIRMAN: Manson.

11 DR. MEADS: Well, George, you can take the other  
12 point of view too.

13 We are also urging for more support for our insti-  
14 tutions.

15 DR. JAMES: Not in this recommendation.

16 DR. MEADS: And in doing this, we are reflecting a  
17 sense of responsibility, I think, which may make it more con-  
18 sistent with asking for more funds. I think you can look at  
19 it from that standpoint.

20 THE CHAIRMAN: Are you ready for the question?

21 FROM THE FLOOR: Yes.

22 FROM THE FLOOR: Question.

23 THE CHAIRMAN: All those in favor of adopting this  
24 as the policy of the Council of Deans, say "aye".

25 (A chorus of "ayes".)

Opposed?

1 (A chorus of "noes".)

2 The "ayes" have it, I think I can say, with a clear  
3 majority.

4 DR. COOPER: May I ask for some instructions, Mr.  
5 Chairman, now with regard to the role of the Association on  
6 this particular, on the policy that was adopted?

7 THE CHAIRMAN: You mean, what we do with it now?

8 DR. COOPER: Yes.

9 THE CHAIRMAN: I think that as soon as we find  
10 out that there was any action by the Council of Academic  
11 Societies and the Council of Teaching Hospitals that the Ex-  
12 ecutive Committee should consider bringing it to the As-  
13 ssembly.

14 If this can be done on Monday -- great. If it  
15 can't be done until February, then that is the best that we  
16 can do.

17 At least, the Council of Deans is now clearly on  
18 record with regard to its policy.

19 I would like to then move to some of the other  
20 items on the agenda.

21 The President and John Danielson were going to  
22 comment on Titles 18 and 19, and their negotiations. And at  
23 this point, John, may I turn it over to you and John? John  
24 and John!

25 DR. COOPER: Bill, before we start that, I think



1 that we should make a very brief resume of the appropriations  
2 situation as we see it.

3 As you know, the House passed, essentially, the  
4 Nixon Budget, as recommended by the Administration, with some  
5 small variations which amounted really to very little.

6 The Senate has been -- The Senate Appropriations  
7 Subcommittee under Senator Magnuson -- has been holding hearings  
8 on this, and at the present has only heard from spokesmen from  
9 the Department of H. E. W. It would appear as though the  
10 questions being asked by the Subcommittee are not very pene-  
11 trating questions to the Department witnesses. They are not  
12 asking, for instance, is the money, is the request of the  
13 Administration, is the bill passed by the House, adequate to  
14 cover the needs of medical education, of medical research,  
15 construction, and so on.

16 We are very disturbed about this because there was  
17 great hope that in the Senate there would be a correction to  
18 the bill which was passed by the House.

19 We have had a lot of contact with the Committee  
20 staff. We have been working with other members of the Com-  
21 mittee and with Senators generally.

22 I think that it is terribly important that the deans  
23 respond to the suggestion that I made with regard to contact  
24 with their Senators, and not only those Senators that are on  
25 the Appropriations Committee, but the general -- the Senate

1 generally, because it may well come to the point of us having  
2 to try and overturn the Appropriations Subcommittee recommenda-  
3 tions on the floor, which, as you know, is a tremendously dif-  
4 ficult task, and is not often accomplished.

5 I think that the report on the coalitions, we have  
6 entered into discussions and agreements with a number of groups  
7 to push the point of view which was expressed in the recent  
8 bulletin, our recommendations as presented in the recent  
9 bulletin, and in my previous communications to you.

10 The Association of American Universities has ad-  
11 opted our position and has come out with a clear resolution  
12 that the support of medical education has top priority for the  
13 support of higher education, and a Committee under Bill Friday  
14 has been working to make this point of view known in the Congress  
15 and in the federal agencies.

16 We have, also, of course, had a joint statement  
17 with the American Medical Association. I met very recently  
18 with their staff in Washington and have been told by Bert  
19 Howard that next to the problems that they are having with  
20 non-related income, which is of considerable importance to  
21 them in their Journal revenue, that this has the second priority  
22 with regard to the activities of that particular staff.

23 We have also entered into an agreement with the --  
24 or the Federation, rather, of Schools, of Associations of  
25 Schools of the Health Professions, has adopted the same posi-

1 tion.

2 They are also, the other schools in the health  
3 professions, the other associations are making this point with  
4 the Congress.

5 The Organization of University Health Center Ad-  
6 ministrators, at their meeting in Vermont, also adopted this  
7 particular position, and they are working on getting it before  
8 the Congress.

9 And then the Ad Hoc Committee on Full Funding --  
10 and I see John Groupenhoff here, who has been working with  
11 that group, has adopted those aspects, has agreement with those  
12 aspects of our position dealing with health manpower develop-  
13 ment, research training, research in the general area of  
14 N. I. H., and the Mental Health group, and we have some co-  
15 ordinated activity there.

16 So we have something of a coalition going, and we  
17 are working very hard on it.

18 We are disturbed by the reports that we have of  
19 the real lack of interest in the Subcommittee, apparently,  
20 in making any substantial changes in the House bill. So I  
21 would urge you again, please, to use your education -- please  
22 educate your Senators with regard to what this level of fund-  
23 ing means to your own institution, and which those of you  
24 who have members on the full Appropriations Committee, or on  
25 the Subcommittee, I would urge that you try, if possible, to

1 meet with them personally either when they return home or in  
2 Washington, or at least by telephone, to bring forth, to bring  
3 out your view on the bill.

4 Are there any questions about that, that I could  
5 answer first?

6 FROM THE FLOOR: I know that we have, that each  
7 school has an approach to the information that they would like  
8 to give to the Senator or Representatives, but are there any  
9 guidelines from headquarters here, from the A. A. M. C., which  
10 might be useful to state?

11 DR. COOPER: Well, we have sent out a bulletin on  
12 a position.

13 We think that all of these groups that have been  
14 involved in these efforts are in agreement that it is very  
15 important that we present the same story from every -- that the  
16 Senator hear the same story every time. And we think that  
17 the guidelines that you should use are those that have been  
18 presented in the bulletin.

19 Yes?

20 FROM THE FLOOR: I got the impression that perhaps  
21 the lack of interest in the Subcommittee on Senate Appropria-  
22 tions is due to a sense that the Bureau of the Budget has es-  
23 tablished its position, and this is it. And how can one reach  
24 the Bureau of the Budget?

25 That, to me, is the crucial question.

1 DR. COOPER: Well, there is one point that is  
2 certain, that the agencies cannot spend money that has not  
3 been appropriated.

4 Now whether we can get them to spend the money that  
5 is appropriated is the next step in the battle. But it is  
6 perfectly clear that if they don't appropriate it, it cannot  
7 be spent, whether they wish to or not. So we must win this  
8 battle and then move on to the next battle, which will relate  
9 to the freeing up and the expenditure of the funds that have  
10 been appropriated.

11 If there is no more, then I would like to ask John  
12 Danielson to report on our activities with the Social Security  
13 Administration on Medicare.

14 MR. DANIELSON: Well, as you know, I think the  
15 critical nature of the problem of the stopping of payments to  
16 a number of our medical centers and institutions caused the  
17 President to appoint an Ad Hoc Committee on Medicare on Fin-  
18 ancial Principles.

19 And this Committee did meet once, and it became  
20 very apparent that what we were doing and in the process of  
21 doing was reacting, we were reacting to what the Social Sec-  
22 urity Administration had written or was about to write. And  
23 the Committee suggested that we establish a position of the  
24 Association on the question of Part B payments to physicians  
25 in the teaching setting, and allowed the staff the opportunity

1 to sort of take it from there.

2 We felt that we needed to do a good deal of home-  
3 work, and rather than continually react to what S. S. A. was  
4 establishing as policy in the field, that if we could develop  
5 a rapport with the Social Security Administration, and work  
6 with them before they sent out any kind of interpretations  
7 of the regulations, that this might seem appropriate. And  
8 this we did over a period of three or four weeks.

9 When it became apparent that we had made some  
10 progress -- and I will say this, at this point, that I think  
11 that our progress with the Social Security Administration  
12 was unique from the point of view that they did accept the  
13 idea that we could have some input in what was to be sent to  
14 the carriers and out to the field.

15 This we did not, as you know, have when the Inter-  
16 mediary Letter of 372 went out that stopped the payments.  
17 When it became apparent that we were at the stage where we  
18 could really negotiate a position with them, and affect what  
19 might be sent to the field, a meeting was called of the Ad Hoc  
20 Committee, and it was changed a bit at the request of the  
21 Social Security Administration, so that we would have two  
22 Deans -- Dr. Mayer and Dr. Sprague -- two financial officers,  
23 two hospital administrators, and two faculty members -- the  
24 two faculty members being Dr. Chase, who was the Chairman of  
25 the Committee, from Stanford, and Dr. Warren, Chief of the

1 Department of Medicine at Ohio State. The two hospital ad-  
2 ministrators were the man from Yale, Chuck Womer, and Stan  
3 Ferguson from Western Reserve.

4 The Committee met with the Social Security Admin-  
5 istration people, and those besides the ones that I have just  
6 indicated, who were there -- the two financial officers, by  
7 the way, were Hugh Hilliard from Amory, and Larry Martin from  
8 Massachusetts General.

9 And then from our staff there were Dr. Cooper and  
10 Dr. Smyth and myself, and Dr. Howard was also present for part  
11 of the meeting.

12 We recognized that the intent of Medicare legis-  
13 lation was an insurance program that was designed to provide  
14 freedom to the beneficiary to select the hospital and physi-  
15 cian of its choice, and we made that as an issue simply because  
16 we felt that there was some discrimination being placed upon  
17 the teaching settings in that the patients often chose the  
18 teaching settings as against the private or "so-called private  
19 service", that we did not intend to defend the abuse of Medi-  
20 care, and that we believed that institutional medical care de-  
21 livery systems be reviewed on an individual institutional  
22 basis to assure compliance with the intention of the Medicare  
23 regulations, so that we could establish a relationship where  
24 institution by institution would be reviewed by some Review  
25 Committee, and the stamp of approval, hopefully, placed on

1 them, since there are a number of variables on how medical  
2 care is delivered in the teaching setting, as you well know,  
3 of course.

4 Well, we then moved to the position where we sug-  
5 gested to them that on the basis of principle that there should  
6 be no double billings.

7 Secondly, that there should be an appropriate cost  
8 allocation between A and B, and in this regard we defined  
9 something that was a tough kind of decision to go through,  
10 and Dr. Mayer, by the way -- I am sort of here by his permis-  
11 sion, I would think, since he is in the audience and could  
12 correct me.

13 We went to the issue of making a clearer deter-  
14 mination between A and B, since the term "supervisor" was being  
15 mixed between A and B. We suggested that it was traditional  
16 that as a physician in a care setting worked with his resident  
17 staff, he was, in fact, supervising, and that the supervising  
18 in the care setting ought to be included in the fee under B  
19 and not in A, and that under A any administrative teaching  
20 services that are clearly administrative in the teaching set-  
21 ting and not related specifically to the care of the patient,  
22 would be included in A, along with the house staff salaries.

23 Now we recognize the possibility that we are going to,  
24 hopefully, have alternative choices that the institution can  
25 make, and that in this regard it would be possible that every-



1 thing could go into A, and a unit, cost per unit charge, could  
2 be made per unit of service.

3 Next I think we agreed that it would be possible  
4 for us, at least, at this stage of the game, to carry out  
5 documentation in compliance with the 1967 regulation, not with  
6 the Intermediary Letter of 372, certainly until some legis-  
7 lation or enabling legislation allowed us to negotiate.

8 Lastly, that we did establish the fact that there  
9 should be an established policy regarding patient care in the  
10 teaching setting, and that -- by institutions, and that that  
11 policy be adhered to, and complied with, because the Social  
12 Security Administration people have seen on several occasions  
13 an institutional policy, on the one hand, and a non-compliance  
14 on the other.

15 Then we broke the recommendations down into five  
16 parts, which I will do very quickly:

17 The first was to get at the issue of back payment  
18 and to resume payment again. And in this regard we negotiated  
19 with the Social Security Administration and made the recom-  
20 mendation that the resumption of payments and retroactive  
21 payment could be based on some method of certification, signed  
22 by the attending that indeed he was the attending in this  
23 particular case, and even though the documentation on the record  
24 did not so indicate.

25 We would do this by taking four hospitals or five,

1 or four institutional settings or five, do it by service,  
2 draw or pull about 100 charts, and assign the attending the  
3 responsibility of identifying that, in fact, he was the at-  
4 tending, in that case, that even though the documentation did  
5 not specifically indicate it -- and upon that basis establish  
6 a resumption of payments and a negotiation as to what that  
7 back payment would be.

8 Then we addressed ourselves to the issue of -- oh,  
9 by the way, there were some exceptions to this:

10 The exceptions that would take place would be  
11 those hospitals that are charity hospitals and those hospitals  
12 that currently were having some negotiations with them by  
13 S. S. A.

14 The next item that we discussed was that we needed  
15 to address ourselves to the issue -- and clarifying to the  
16 carriers, who were confused on the issue -- some of the in-  
17 terpretation of 372.

18 And this is being worked on currently in a question  
19 and answer brochure, which they have allowed us to make input  
20 into. And I think, Bill, you would agree that this was very  
21 helpful.

22 The third was a glossary of terms to be established  
23 by the A. A. M. C. and the S. S. A., so that we were all talk-  
24 ing about the same thing, when we said "supervising physician",  
25 we all meant the same thing, or "attending physician", we all

1 meant the same thing, and so on. And this was critical be-  
2 cause a good many interpretations were clouded by this non-  
3 understanding.

4 The fourth was that the Social Security Adminis-  
5 tration would develop a technical staff, in which each of the  
6 institutions would be reviewed, so that your own settings, the  
7 way that you delivered your medical care in a teaching setting  
8 would be reviewed specifically and a mark of approval placed  
9 on it.

10 And in this regard, the Association of American  
11 Medical Colleges offered assistance and, hopefully, assis-  
12 tance from the point of view that we would establish a group,  
13 an Advisory Commission of some sort to review those results  
14 and have, practically, as many as one member on the team.

15 And lastly, that we did apply the fact that we had  
16 established with the Social Security Administration an appeal  
17 mechanism, informal though it was, it was an appeal mechanism  
18 where there was an impasse between the carrier and the insti-  
19 tution involved.

20 And I think that Dr. Ebaugh could attest to the  
21 fact that we were able to, at least, get the carrier and the  
22 S. S. A. and the Utah people together, and come up with some  
23 sort of agreement as to what they ought to do.

24 The action, the current action -- and then I am  
25 through -- is:

1  
2 One, the Association of American Medical Colleges  
3 will provide the Social Security Administration with the  
4 conceptual pattern of the most frequently employed patterns  
5 of patient care in medical education -- in medical education  
6 and the teaching hospital, so that we can have possibly six  
7 prototypes that they can use and develop a protocol when they  
8 move from institution to institution.

9 Secondly, the Association of American Medical  
10 Colleges will provide the Social Security Administration with  
11 a document that would allow, through a certification process,  
12 the resumption of the payments which I described to you.

13 Thirdly, that the Association of American Medical  
14 Colleges with the Social Security Administration is now working  
15 on a glossary of terms.

16 Fourthly, that the Association of American Medical  
17 Colleges will continue to work in this informal appeals  
18 structure.

19 And lastly, that we will have an opportunity for  
20 input in terms of the material that does come out, from S. S. A.  
21 that does affect us.

22 THE CHAIRMAN: Thank you, John.

23 Are there any questions or comments that you would  
24 like to direct to John Cooper or John Danielson? I know that  
25 they will be around and there will be plenty of opportunity  
for informal consultation, but you may want to bring up some

1 issue of general interest at this time.

2 Frank Ebaugh.

3 DR. EBAUGH: Well, I don't want to bring up any  
4 issues, but just to reiterate how helpful the A. A. M. C.  
5 was, and particularly John. They really did break up a very  
6 serious log jam.

7 I think we really owe them a great deal of credit.

8 THE CHAIRMAN: Thank you, Frank.

9 Shera.

10 DR. MELLINKOFF: That is exactly what I wanted to  
11 say, Mr. Chairman.

12 I think we all owe these gentlemen a vote of appre-  
13 ciation for the tremendously hard work that they have done  
14 on this.

15 (Applause.)

16 THE CHAIRMAN: Well, this is very much in keeping  
17 with a comment that I was going to make in concluding, that  
18 I have been extremely impressed with John Cooper and John  
19 Danielson and the staff, and we have given them a short time,  
20 and I think that they are doing a bang-up job on all fronts,  
21 and you certainly have our total support in your endeavors,  
22 and we look forward to sharing these with you.

23 The hour is late and, therefore, I am going to  
24 dispense with my sixty-five minute report, which I was going  
25 to give!

1 (Laughter.)

2 And I will move on to the concluding features on  
3 the agenda.

4 One, in capsule form, I have nothing new or concrete  
5 to report on a National Service Plan for Medical Graduates.  
6 I understand from both John Cooper's conversation with Roger  
7 Egeberg and Bob Marston that Roger Egeberg is very interested  
8 in exploring this, and as soon as I have more information, I  
9 shall communicate this with you by letter or at our next  
10 gathering.

11 I have been asked to suggest that the Council of  
12 Deans consider the format of three meetings a year:

13 One at the Annual Meeting, such as today.

14 One in February, in association with the Council on  
15 Medical Education.

16 And one possibly in May.

17 The new Administrative Committee, of course, would  
18 determine with President John Cooper the times of these meet-  
19 ings, and hopefully, we might be able to let you have these  
20 dates two years in advance or at least a full year in advance.

21 I also want to take this opportunity to thank John  
22 Hogness for the solid work that he has put in, not only with  
23 the Program Committee but also with the Administrative Com-  
24 mittee as a representative of the Council of Deans. We  
25 shall miss him, but I know that he will come back and see

1 us from time to time as he seeks shelter and reclusion from  
2 his other administrative duties at the University of Wash-  
3 ington.

4 At this time I want to call on the Nominating Com-  
5 mittee to present their report. Ken had to leave and John  
6 Parks, I believe, is going to present it.

7 DR. PARKS: I am going to deliver it to Manny.

8 THE CHAIRMAN: Manny.

9 DR. PARKS: He is a member of the Committee.

10 THE CHAIRMAN: Manny, you are on the Committee.

11 Ken had to leave a few moments ago, and would you please pre-  
12 sent the report of the Nominating Committee?

13 DR. SUTER: I am not quite sure with the Bylaws,  
14 should we also nominate for the Council or just for the Chairman  
15 and Chairman-Elect?

16 THE CHAIRMAN: No, for the Chairman and Chairman-  
17 Elect and Executive Council.

18 DR. SUTER: Also?

19 THE CHAIRMAN: That way we will open it for nomi-  
20 nations from the floor.

21 DR. SUTER: All right.

22 The Nominating Committee would like to nominate  
23 for Chairman Charles Sprague, for Chairman-Elect Monte DuVal,  
24 for the Council:

25 Dr. Cazort, Dr. Rogers, Dr. Maloney and Dr. Mel-

1 linkoff.

2 THE CHAIRMAN: Thank you very much, Manny. I think  
3 we know them.

4 Are there any nominations from the floor?

5 (No response.)

6 Is there a motion to close the nominations?

7 FROM THE FLOOR: So move.

8 SECOND VOICE: So move.

9 THE CHAIRMAN: All those in favor say "aye".

10 (A chorus of "ayes".)

11 Now may we have a motion to accept the report of  
12 the Nominating Committee?

13 CHORUS OF VOICES: So move.

14 THE CHAIRMAN: All those in favor, say "aye".

15 (A chorus of "ayes".)

16 Opposed?

17 (No response.)

18 Charlie Sprague, unfortunately, had a meeting of  
19 the Board of Regents of his University, and we all know that  
20 that is the one conflict that we give priority to.

21 And at this point, I want to congratulate the new  
22 officers.

23 I want to thank all of you for the privilege of  
24 serving with you as your Chairman for this first year, of the  
25 Council of Deans, and I shall call on the Chairman-Elect,



1 Monte DuVal, to close the meeting.

2 DR. DU VAL: I am sure that all of you would join  
3 me in extending to John Hogness our best wishes as he leaves  
4 our company to go to the thinner, higher, more rarified air  
5 of his new position, and vacates his position as the incoming  
6 Chairman.

7 And I am sure that you would also join me in ex-  
8 tending our immediate and very, very sincere thanks to Bill  
9 Anlyan for bringing this Council of Deans through its first re-  
10 markably successful year.

11 And I want to ask you all to join me in a round of  
12 applause for both.

13 (Applause.)

14 Arizona never has been able, I think, to this time,  
15 to substitute for the State of Texas, so on behalf of the  
16 Chairman, Charles Sprague, we will declare the meeting ad-  
17 journed!

18 (Laughter.)

19 (Whereupon, at 5:50 o'clock, p.m., the meeting was  
20 adjourned.)  
21  
22  
23  
24  
25