12 motions

A G E N D A

MEETING OF EXECUTIVE COMMITTEE (#67-3)

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Thursday and Friday, May 11-12, 1967
Dupont Plaza Hotel, Washington, D.C.
Hotel Telephone No. 202/HU 3-6000

Thursday, May 11 6:30 p.m. Reception — Dupont ~~Gallery~~ Room

7:00 p.m. Dinner Meeting — Dupont ~~Gallery~~ Room

1. Dinner
2. Introduction of new staff:
   Miss Grace W. Beirne, Staff Assistant
   Mrs. Henrietta Jones, Executive Secretary
   Mrs. Jean A. Rozett, Staff Assistant
3. Presentation: Activities of GCRC
   Joseph M. Merrill, M.D., Chief of the GCRC Branch, Division of Research Facilities and Resources, NIH
4. Presentation: Activities at AAMC Evanston
   Cheves McC. Smythe, M.D., Associate Director, AAMC

10:00 p.m. Recess

Friday, May 12 **Breakfast:** No pre-arranged breakfast; dining room at Dupont Plaza available from 7:00 a.m.

8:30 a.m. Reconvene - Roll Call — Gallery Room

5. Approval of Minutes - meeting of January 11-12, 1967 — Tab 1
6. Informal Report of Income and Expense (Annual Fiscal Statement presented at September meetings) Carried to ... to ... 67-68
7. Report on Results of Executive Committee Mail Ballot of March 6, 1967.
8. New Applications for Membership (to be billed for f.y. 1967-68) — Tab 2
   A. Nominated by a Dean (4):
      1. Veterans Administration Hospital, Louisville, Ky.
      2. Madison General Hospital, Madison, Wis.
      3. Lafayette Charity Hospital, Lafayette, La.
      4. Conemaugh Valley Memorial Hospital, Johnstown, Pa. (originally on mail ballot of March 6, 1967)
   B. Applying as having met internship and residency criteria (5):
      1. San Joaquin General Hospital, Stockton, Cal.

2. Hermann Hospital, Houston, Tex.
3. Mt. Sinai Hospital, Milwaukee, Wis.
4. Children's Hospital and Adult Medical Center, San Francisco, Cal. (originally on mail ballot of March 6, 1967)
5. St. Joseph Hospital, Baltimore, Md.

9. Review of hospitals favorably considered but which have not paid dues — Tab 3

10:00 a.m. Coffee Break — Dupont Room

10:15 a.m. Reconvene — Dupont Room

10. The Modernization of Teaching Hospital Facilities: Boston Group — Tab 4
Results of study to be furnished by group (COTH general informational memoranda 67-7 and 67-8)

11. Pilot Study of Educational Costs in Teaching Hospitals (Yale-New Haven Hospital Study): A. J. Gus Carroll, AAMC

12:30 p.m. Luncheon — Dupont Room

1:30 p.m. Reconvene — Dupont Room

12. Starting date for Internship Programs - Early starting dates causing problems at some schools — Tab 5
13. Number of representatives from COTH elected to Executive Council, AAMC — Tab 6
14. Program for Annual Meeting — Tab 7
15. Information-gathering unit: Request of HEW
16. AAMC Committee on Ways and Means--Office Relocation
17. Minutes, COTH-AHA Liaison Committee — Tab 8
18. Minutes, COTH Governmental Relations Committee and combined Government Relations Committee and AAMC Committee on Federal Health Programs — Tab 9
19. National Conference on Medical Care Costs - Tuesday and Wednesday, June 27-28, 1967, Washington Hilton Hotel (Lawrence M. Klainer, M.D., HEW South Building, Washington, D.C.)
20. Association of Canadian Teaching Hospitals - Information reference: association membership in COTH. Arnold L. Swanson, M.D., Executive Director, Victoria Hospital, London, Ont., and J. Gilbert Turner, M.D., Executive Director, Royal Victoria Hospital, Montreal, Que.
21. Other business
22. Next meeting of Executive Committee - Suggested date, Thursday and Friday, September 14-15, in Washington.
23. Informational Items (attached)

4:00 p.m. Adjournment

INFORMATIONAL ITEMS

A. Preliminary Schedule of Regional Meetings — Tab a

B. Testimony concerning P.L. 89-749, H.R. 6418 and S. 1131 — Tab b

C. Membership Certificate — Tab c

D. Billing for 1967-68

E. "White Paper" — Tab d

F. Meeting of the American Medical Colleges Institutional Membership, May 17, 1967

G. Appreciation to and response from George N. Aagaard, M.D. and C. Arden Miller, M.D. — Tab e

H. Robert H. Ebert, M.D., Steering Committee for 1968 Institute

I. Graduate Education of the Physician - Committee (Edmund D. Pellegrino, M.D., Chairman, and Stanley A. Ferguson, Member) — Tab f

J. National Advisory Commission on Health Manpower - Peter S. Bing, M.D., Executive Director, Executive Office of the President, Washington, D. C. 20050 Wilson

K. National Advisory Commission on Health Facilities

L. New Roster of Teaching Hospitals — Tab g

M. Last 1966-67 Executive Committee Meeting, at Annual Meeting - Friday, October 27, 1967, New York Hilton Hotel, 10:00 a.m.

N. First 1967-68 Executive Committee Meeting (organizational) - Luncheon Meeting, Monday, October 30, 1967, New York Hilton Hotel

O. List of approved ~~and~~ operational + planning RMP grants — Tab h

P. List of Jurisdictions with Approved Comprehensive Planning Agencies — Tab i

Q. NIH Questionnaire to Hospitals — Tab j

R. Council of Academic Societies

PRELIMINARY

PROGRAM FOR ANNUAL MEETING

Tenth Annual Meeting
Council of Teaching Hospitals

Seventy-Eighth Annual Meeting
Association of American Medical Colleges

Friday, October 27 through Monday, October 30

New York Hilton Hotel
New York City

Saturday Afternoon, October 28, 1967

12:30 P.M. - 1:30 P.M. - Annual Council of Teaching Hospitals Luncheon

1:30 P.M. - Comprehensive Planning and the Role of the University and the Teaching Hospital.

William H. Stewart, M.D.
Leo J. Gehrig, M.D.
Albert W. Snoke, M.D.
Robert C. Wood, Undersecretary,
Department of Housing & Urban Development

2:45 P.M. - The Role of the Teaching Hospital in Comprehensive, Community Planning.

Anne R. Somers

3:30 P.M. - The Impact of Prepayment on Medical Education and Teaching Hospitals.

Walter J. McNerney

4:15 P.M. - Manpower and the Teaching Hospital.

Leonard D. Fenninger, M.D.

Tentative AAMC Theme

The Education of the Physician -- A Holistic Approach

Sunday Afternoon, October 29, 1967

2:00 P.M. - 4:00 P.M. - Simultaneous Discussion Groups.

Group 1 - Comprehensive Planning for the National Scene.

Moderator
Public Health Service
Others

Group 2 - The Teaching Hospital Director and His Community Leadership Responsibility.

Moderator
Anne R. Somers
Others

Group 3 - Regional Medical Programs and Comprehensive Planning Act 89-749 - What are the Differences.
Moderator
Public Health Service
Others

Group 4 - Financing the Teaching Hospitals.

Moderator
Ray E. Brown
George Bugbee
William Gorham
Others

Group 5 - How Do We Increase the Health Manpower Supply?

Moderator
Leonard D. Fenninger
Others

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Spring Meeting
EXECUTIVE COMMITTEE
1967

Stanley A. Ferguson, Chairman
University Hospitals of Cleveland

Lad F. Grapski, Chairman-Elect
Loyola University Hospital

Russell A. Nelson, M.D., Immediate
Past Chairman, Johns Hopkins Hospital

Matthew F. McNulty, Jr., Secretary
Director, COTH, & Associate Director, AAMC

T. Stewart Hamilton, M.D.
Hartford Hospital

LeRoy E. Bates, M.D.
Palo Alto-Stanford Hospital Center

Dan J. Macer
VA Hospital, Pittsburgh

Ernest N. Boettcher, M.D.
St. Louis University Hospitals

LeRoy S. Rambeck
University of Washington Hospital

Charles H. Frenzel
Duke University Medical Center

Lester E. Richwagen
Mary Fletcher Hospital (Vermont)

Charles R. Goulet
University of Chicago Hospitals & Clinics

Richard D. Wittrup
University of Kentucky Hospital

AAMC

Robert C. Berson, M.D.
Director

Augustus J. Carroll
Assistant Director, Division of Operational Studies

Cheves McC. Smythe, M.D.
Associate Director

AHA

Frederick N. Elliott, M.D.
Director, Bureau of Professional Services

NIH

Joseph M. Merrill, M.D.
Chief, CCRC Branch

Boston Group

Nelson F. Evans
University Hospital

Leonard W. Kronkhite, Jr., M.D.
Children's Memorial Medical Center

Lloyd Mussells, M.D.
Peter Bent Brigham Hospital

Mitchell T. Rabkin, M.D.
Beth Israel Hospital

Louis E. Rohrbaugh, Ph.D.
Boston University Medical Center

Richard T. Viguers
New England Medical Center Hospital

COTH

Miss Grace W. Beirne, Staff Assistant
Mrs. Henrietta Jones, Executive Secretary
Mrs. Jean A. Rozett, Staff Assistant

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: Veterans Administration
Name

800 Zorn Avenue
Street

Louisville — Kentucky — 40202
City — State — Zip Code

Principal Administrative Officer: Eugene E. Speer, Jr.
Name

Director
Title

Hospital Statistics:

Date Hospital was Established: 1946

Average Daily Census: 425

Annual Outpatient Clinical Visits: 41,000

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating			
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	October 1946	6	4
Surgery	July 1946	12	12
OB-Gyn	0		
Pediatrics	0		
Psychiatry	May 1947	3	3

Information submitted by:

Eugene E. Speer, Jr.
Name

Hospital Director
Title

April 28, 1967
Date

Eugene E. Speer, Jr.
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois 60201, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine School of Medicine

Name of Parent University University of Louisville

Name of Dean of School of Medicine Donn L. Smith, M. D.

Complete address of School of Medicine 101 W. Chestnut Street

Louisville, Kentucky 40202

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

#5350-5

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: Madison General Hospital
Name

925 Mound Street
Street

Madison — Wisconsin — 53715
City — State — Zip Code

Principal Administrative Officer: Gordon N. Johnsen
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1898

Average Daily Census: 387.8

Annual Outpatient Clinical Visits: 6,433

Approved Internships:

Type	Date Of Initial Approval by CME of AMA* MGH*	UH*	Total Internships Offered MGH	UH	Total Internships Filled MGH	UH
Rotating	--		4	0	34	--
Mixed	1960		2	16	2	14
Straight	1966		0	27	--	25

Approved Residencies: See Addendum on attached page.

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine			
Surgery			
OB-Gyn			
Pediatrics			
Psychiatry			

Information submitted by:

Donald R. Korst
Name

Coordinator of Education in Medicine, Associate Professor of Medicine
Title

14 March 1967
Date

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

MATTHEW F. McNULTY, JR.
DIRECTOR
Council of Teaching Hospitals
~~Association of American Medical Colleges~~
~~2530 Ridge Avenue, Evanston, Illinois 60201~~
1501 New Hampshire Ave., N.W.
WASHINGTON, D. C. 20036
Phone: 202 - 232-5870

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If nominated by School of Medicine, complete the following:

Name of School of Medicine University of Wisconsin Medical School

Name of Parent University University of Wisconsin

Name of Dean of School of Medicine Peter L. Eichman, M.D.

Complete address of School of Medicine 333 North Randall
Madison, Wisconsin 53706

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

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#5350-5

ADDENDUM #1

The Madison General Hospital is one of the University of Wisconsin affiliated hospitals with a combination of affiliated and integrated house officer training programs. Four residencies in pathology and six residencies in the three year surgery program are approved for Madison General Hospital. Residency training is integrated in medicine, pediatrics, orthopedic surgery, plastic surgery, obstetrics and gynecology, ENT, and general surgery with 8 residents currently at this hospital. Internship is integrated in medicine, pediatrics, and general surgery with 5 interns currently at this hospital. Senior student clinical clerks are assigned in medicine and pediatrics.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: Lafayette Charity Hospital
Name

311 West St. Mary Boulevard
Street

Lafayette — Louisiana — 70501
City — State — Zip Code

Principal Administrative Officer: O. P. Daly, M.D.
Name

Superintendent
Title

Hospital Statistics:

Date Hospital was Established: 1937

Average Daily Census: 268

Annual Outpatient Clinical Visits: 105,908

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	See Endlosure		
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	See Enclosure		
Surgery			
OB-Gyn			
Pediatrics			
Psychiatry			

Information submitted by:

O. P. Daly, M.D.
Name

Superintendent
Title

April 3, 1967
Date

O P Daly M D
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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MATTHEW F. McNULTY, JR.
Council of Teaching Hospitals
Ass'n. of American Medical Colleges
1501 New Hampshire Ave., N.W.
WASHINGTON, D. C. 20036

If nominated by School of Medicine, complete the following:

Name of School of Medicine Louisiana State University School of Medicine

Name of Parent University _____

Name of Dean of School of Medicine John C. Finerty, Ph.D., Dean

Complete address of School of Medicine 1542 Tulane Avenue

New Orleans, Louisiana

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

#5350-5

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Conemaugh Valley Memorial Hospital
Name

1086 Franklin Street
Street

Johnstown — Pennsylvania — 15905
City — State — Zip Code

Principal Administrative Officer: Wilbur M. Ashman
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1892

Average Daily Census: 403

Annual Outpatient Clinical Visits: 68,993

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	1913	12	12
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine			
Surgery	1960	2 (for one year).	1965-66 2 1966-67 0
OB-Gyn			
Pediatrics			
PATHOLOGY	1957	4 (A. P. & C. P.)	1966-67 2
ANESTHESIOLOGY	1952	5	5

Information submitted by:

Sidney A. Goldblatt, M.D.
Name

Director, Medical Education
Title

1-3-67
Date

Signature

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If nominated by School of Medicine, complete the following: (Nominated by letter dated May 27, 1966.)

Name of School of Medicine The Jefferson Medical College

Name of Parent University _____

Name of Dean of School of Medicine William A. Sodeman, M.D.

Complete address of School of Medicine The Jefferson Medical College
and Medical Center
1025 Walnut Street
Philadelphia, Pa. 19107

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

5350-5

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: San Joaquin General Hospital
Name

P.O. Box 1020
Street

Stockton | California | 95201
City | State | Zip Code

Principal Administrative Officer: L. M. Barber
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1895

Average Daily Census: 200

Annual Outpatient Clinical Visits: 131,594 (1965-1966)

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	1943	18	16 (66-67) 18 (67-68)
Mixed	N/A	--	--
Straight	N/A	--	--

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	1946	7	7
Surgery	1946	8	6
OB-Gyn	1947	6	6
Pediatrics	1949	2	2
Psychiatry	N/A	-	-

Information submitted by:

J. David Bernard, M.D.
Name

Director of Medical Education
Title

4/25/67
Date

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: Hermann Hospital
Name

Texas Medical Center, 1203 Ross Sterling Avenue
Street

Houston — Texas — 77025
City — State — Zip Code

Principal Administrative Officer: Leigh J. Crozier, C. M., M. D. FACHA
Name

Director and Coordinator Medical Education
Title

Hospital Statistics:

Date Hospital was Established: 1914

Average Daily Census: 522 adults and children; 56 newborn

Annual Outpatient Clinical Visits: 105,009

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	1925	18	18
Mixed	-	-	-
Straight	-	-	-

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	1940 (3 years)	6	6
Surgery	1945 (3 years) 1958 (4 years)	8	8
OB-Gyn	1945	6	6
Pediatrics	1942	5	3
Psychiatry			

Information submitted by:

Leigh J. Crozier, M. D.
Name

Director and Coordinator of Medical Education
Title

April 26, 1967
Date

Leigh J. Crozier, M.D.
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: MOUNT SINAI HOSPITAL
Name

948 North 12th Street
Street

Milwaukee, Wisconsin 53233
City State Zip Code

Principal Administrative Officer: Mr. Leon Felson
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1904

Average Daily Census: 343

Annual Outpatient Clinical Visits: 25,800

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	1916	12	10
Mixed	1947	5	2
Straight	---	----	----

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	1947	6	2
Surgery	1947	6	6
OB-Gyn	1947	3	3
Pediatrics			
Psychiatry			

Information submitted by:

Mr. Leon Felson
Name

Administrator
Title

April 19, 1967
Date

x Leon Felson
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Children's Hospital & Adult Medical Center of San Francisco
Name

3700 California Street
Street

San Francisco | California | 94119
City | State | Zip Code

Principal Administrative Officer: Rolland E. Wick
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1875

Average Daily Census: 214

Annual Outpatient Clinical Visits: 46,580

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	1964	12	6
Mixed	-	0	0
Straight	1962	2	0

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	1952	4	4
Surgery	Affil. PMC - 1960	4	4
OB-Gyn	Combined program PMC -1965	6	3
Pediatrics	1962	8	8
Psychiatry	In conjunction with Univ. of California Med. Center & Mendocino State Hospital.	3	3

Information submitted by: Frank W. Spicer, M.D.
Name

Director of Medical Education
Title

1/10/67
Date

Frank W Spicer
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership in the Council of Teaching Hospitals

(Please type)

Hospital: ST. JOSEPH HOSPITAL
Name

7620 York Road
Street

Baltimore, Maryland 21204
City State Zip Code

Principal Administrative Officer: Sister M. Pierre, O.S.F.
Name

Administrator
Title

Hospital Statistics:

Date Hospital was Established: 1864

Average Daily Census: 266.89

Annual Outpatient Clinical Visits: 11,624

**Statistics shown are for the calendar year 1966.

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating		15	12
Mixed			
Straight			

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	1958	10	10
Surgery	1948	9	9
OB-Gyn	1957	6	6
Pediatrics			
Psychiatry			

Information submitted by:

Sister M. Pierre, O.S.F.
Name

Administrator
Title

April 26, 1967
Date

Sister M Pierre
Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

REVIEW OF HOSPITALS FAVORABLY CONSIDERED BUT WHICH HAVE NOT PAID DUES

1. Akron City Hospital, Akron, Ohio
   H. R. Funk, Executive Director

   applied September 1966; approved January 1967

2. Boston City Hospital, Boston, Massachusetts
   John F. Conlin, M. D., Director

   early application and approval; no response to courtesy letter 3/67

3. Children's Hospital, Louisville, Kentucky
   Frederic R. Veeder, Administrator

   early application and approval; discussion and courtesy letter of 3/67 -- no response

4. Children's Hospital and Medical Center, Boston, Massachusetts
   Leonard W. Cronkhite, Jr., M. D., General Director

   early application and approval; question of group membership; courtesy letter of 3/67 -- no response

5. Columbia Hospital, Columbia, South Carolina
   J. M. Daniel, Superintendent

   applied September 1966; approved October 1966; courtesy letter of 3/67 --

6. Harlem Hospital Center, New York, New York
   Vernon Spencer, Administrator

   applied June 1966; approved September 1966; discussion and courtesy letter of 3/67 -- no response

7. Huron Road Hospital, Cleveland, Ohio
E. W. Miller, Executive Director

applied June 1966; approved September 1966; discussion and courtesy letter of 3/67 -- no response

8. Hotel Dieu de Montreal
Dr. Pierre Madeau;
Sister Therese Trottier, Director General

early nomination, early approval; courtesy letter of 3/67 -- no response

9. Moss Rehabilitation Hospital, Philadelphia, Pennsylvania
Martin Kaplan, Executive Director

nominated by a Dean; courtesy letter of 3/67 -- no response

10. National Children's Cardiac Hospital, Miami, Florida
Charles D. Trexter, Administrator

nominated by a Dean, no application; discussion and courtesy letter of 3/67 -- no response

11. New York Infirmary, New York
Anna Saunders, Administrator

applied August 1966; approved October 1966; discussion and courtesy letter -- no response

12. Presbyterian Hospital of Presbyterian Medical Center of Oklahoma
Oklahoma City, Oklahoma Jack W. Shrode, Administrator

nominated by a Dean; no application; discussion and courtesy letter -- no response

13. Rehabilitation Institute, Chicago, Illinois
Joseph N. Schaeffer, M. D., Director

nominated by a Dean; responded by their March 1966 letter: dues should be based on number of beds; discussion and courtesy letter July 1966 -- no response

14. San Juan City Hospital, Rio Piedras, Puerto Rico
Fernando A. Batlle, M. D., Medical Director

applied July 1966; approved September 1966; courtesy letter of 3/67 -- no response

15. University of Tennessee Memorial Research Center & Hospital, Knoxville
James E. Ferguson, Administrator

applied May 1966; approved June 1966; discussion indicated University will not approve dues payment; courtesy letter of 3/67 -- no response

16. Unity Hospital, Brooklyn, New York
George A. Miller, Administrator

applied May 1966; approved June 1966; courtesy letter 3/67 -- no response

17. Victoria Hospital, London, Ontario
Arnold L. Swanson, M. D., Executive Director

problem of Canadian hospitals joining both Canadian and American teaching hospital groups; courtesy letter of 3/67 --

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SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES
(Under Title VI of the Public Health Service Act, 1964 Amendments)
IF THERE WERE NO LIMITATION ON FEDERAL ASSISTANCE
For Fiscal Years 1968 and 1969

Source: State Agency Reports to the Public Health Service

For Administrative Use Only
Not an Official Schedule

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Estimated Cost (000's) Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds: Total	Number of Beds: General Hospital	Number of Beds: T. B. Hosp.	Number of Beds: Long-term Care Facilities	Number of Related Health Facilities: Total	Number of Related Health Facilities: Diag. or Treat. Center	Number of Related Health Facilities: Rehabilitation Facility	Number of Related Health Facilities: Public Health Center	Number of Related Health Facilities: State Health Lab.
UNITED STATES AND TERRITORIES												
Total	**2,858**	**$5,536,786**	**$2,272,696**	**184,991**	**129,920**	**519**	**54,552**	**529**	**250**	**117**	**157**	**5**
1968	1,999	3,725,975	1,505,570	126,985	86,765	429	39,791	401	208	96	95	2
1969	859	1,810,811	767,126	58,006	43,155	90	14,761	128	42	21	62	3
Alabama	**63**	**82,862**	**49,488**	**3,562**	**3,184**	**144**	**234**	**10**	**-**	**4**	**6**	**-**
1968	23	19,254	11,323	909	715	54	140	2	-	-	2	-
1969	40	63,608	38,165	2,653	2,469	90	94	8	-	4	4	-
Alaska	**7**	**12,550**	**5,245**	**256**	**176**	**-**	**80**	**-**	**-**	**-**	**-**	**-**
1968	4	5,900	2,420	116	96	-	20	-	-	-	-	-
1969	3	6,650	2,825	140	80	-	60	-	-	-	-	-
Arizona	**141**	**72,575**	**36,481**	**1,967**	**1,434**	**-**	**533**	**101**	**68**	**21**	**12**	**-**
1968	141	72,575	36,481	1,967	1,434	-	533	101	68	21	12	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Arkansas	**44**	**33,519**	**13,832**	**1,626**	**1,079**	**-**	**547**	**4**	**-**	**-**	**4**	**-**
1968	21	19,124	6,133	617	409	-	208	2	-	-	2	-
1969	23	14,395	7,699	1,009	670	-	339	2	-	-	2	-
California	**78**	**223,194**	**68,420**	**5,719**	**5,284**	**253**	**182**	**14**	**9**	**5**	**-**	**-**
1968	72	189,206	57,317	4,998	4,563	253	182	14	9	5	-	-
1969	6	33,988	11,103	721	721	-	-	-	-	-	-	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES
(Under Title VI of the Public Health Service Act, 1964 Amendments)
IF THERE WERE NO LIMITATION ON FEDERAL ASSISTANCE
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Source: State Agency Reports to the Public Health Service

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State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds Total	General Hospital	T. B. Hosp.	Long-term Care Facilities	Number of Related Health Facilities Total	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
UNITED STATES AND TERRITORIES												
Total	**2,858**	**$5,536,786**	**$2,272,696**	**184,991**	**129,920**	**519**	**54,552**	**529**	**250**	**117**	**157**	**5**
1968	1,999	3,725,975	1,505,570	126,985	86,765	429	39,791	401	208	96	95	2
1969	859	1,810,811	767,126	58,006	43,155	90	14,761	128	42	21	62	3
Alabama	**63**	**82,862**	**49,488**	**3,562**	**3,184**	**144**	**234**	**10**	**-**	**4**	**6**	**-**
1968	23	19,254	11,323	909	715	54	140	2	-	-	2	-
1969	40	63,608	38,165	2,653	2,469	90	94	8	-	4	4	-
Alaska	**7**	**12,550**	**5,245**	**256**	**176**	**-**	**80**	**-**	**-**	**-**	**-**	**-**
1968	4	5,900	2,420	116	96	-	20	-	-	-	-	-
1969	3	6,650	2,825	140	80	-	60	-	-	-	-	-
Arizona	**141**	**72,575**	**36,481**	**1,967**	**1,434**	**-**	**533**	**101**	**68**	**21**	**12**	**-**
1968	141	72,575	36,481	1,967	1,434	-	533	101	68	21	12	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Arkansas	**44**	**33,519**	**13,832**	**1,626**	**1,079**	**-**	**547**	**4**	**-**	**-**	**4**	**-**
1968	21	19,124	6,133	617	409	-	208	2	-	-	2	-
1969	23	14,395	7,699	1,009	670	-	339	2	-	-	2	-
California	**78**	**223,194**	**68,420**	**5,719**	**5,284**	**253**	**182**	**14**	**2**	**5**	**-**	**-**
1968	72	189,206	57,317	4,998	4,563	253	182	14	9	5	-	-
1969	6	33,988	11,103	721	721	-	-	-	-	-	-	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES - Continued

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds Total	General Hospital	T.B. Hosp.	Long-term Care Facilities	Number of Related Health Facilities Total	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
Colorado	54	67,039	28,917	2,219	1,795	-	424	12	7	1	4	-
1968	54	67,039	28,917	2,219	1,795	-	424	12	7	1	4	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Connecticut	26	75,230	24,766	2,013	1,383	-	630	7	1	3	3	-
1968	26	75,230	24,766	2,013	1,383	-	630	7	1	3	3	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Delaware	7	4,825	2,062	215	65	-	150	2	-	2	-	-
1968	4	2,575	1,187	100	-	-	100	2	-	2	-	-
1969	3	2,250	875	115	65	-	50	-	-	-	-	-
Dist. of Col.	21	81,952	32,401	1,279	529	-	750	3	1	-	2	-
1968	-	-	-	-	-	-	-	-	-	-	-	-
1969	21	81,952	32,401	1,279	529	-	750	3	1	-	2	-
Florida	161	159,792	73,951	10,536	6,323	-	4,213	43	26	9	8	-
1968	158	143,992	67,401	9,815	5,602	-	4,213	43	26	9	8	-
1969	3	15,800	6,550	721	721	-	-	-	-	-	-	-
Georgia	82	98,597	38,381	3,920	2,906	-	1,014	13	1	-	12	-
1968	37	57,296	21,104	2,304	1,796	-	508	5	1	-	4	-
1969	45	41,301	17,277	1,616	1,110	-	506	8	-	-	8	-
Hawaii	16	72,844	36,507	369	238	-	131	5	-	1	4	-
1968	11	35,498	19,328	323	238	-	85	3	-	1	2	-
1969	5	37,346	17,179	46	-	-	46	2	-	-	2	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES - Continued

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Federal Share	Beds or Related Health Facilities, Added, by Type of Facility: Number of Beds: Total	General Hospital	T. B. Hosp.	Long-term Care Facilities	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
Idaho	9	10,295	3,784	484	433	-	51	-	-	-	-
1968	4	8,290	2,781	252	236	-	16	-	-	-	-
1969	5	2,005	1,003	232	197	-	35	-	-	-	-
Illinois	111	316,346	117,078	8,101	5,099	-	3,002	23	8	7	4	4
1968	72	167,786	57,654	4,602	2,386	-	2,216	17	6	6	3	2
1969	39	148,560	59,424	3,499	2,713	-	786	6	2	1	1	2
Indiana	26	94,774	31,440	2,245	2,165	-	80	2	2	-	-	-
1968	26	94,774	31,440	2,245	2,165	-	80	2	2	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	44	125,400	41,800	3,929	2,109	-	1,820	-	-	-	-	-
1968	18	55,050	18,350	1,660	1,045	-	615	-	-	-	-	-
1969	26	70,350	23,450	2,269	1,064	-	1,205	-	-	-	-	-
Kansas	30	52,515	26,258	3,842	3,353	-	489	2	-	-	1	1
1968	15	19,940	9,970	1,341	1,087	-	254	-	-	-	-	-
1969	15	32,575	16,288	2,501	2,266	-	235	2	-	-	1	1
Kentucky	71	100,360	51,142	3,910	2,905	-	1,005	19	11	2	6	-
1968	40	37,112	19,037	1,431	886	-	545	13	7	1	5	-
1969	31	63,248	32,105	2,479	2,019	-	460	6	4	1	1	-
Louisiana	19	74,801	36,807	2,258	1,883	-	375	4	-	3	1	-
1968	12	63,155	31,057	1,934	1,559	-	375	3	-	2	1	-
1969	7	11,646	5,750	324	324	-	-	1	-	1	-	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES - Continued

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Estimated Cost (000's) Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds: Total	Number of Beds: General Hospital	Number of Beds: T.B. Hosp.	Number of Beds: Long-term Care Facilities	Number of Related Health Facilities: Total	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
Maine	28	30,110	15,055	1,013	470	-	543	6	5	1	-	-
1968	17	10,960	5,480	399	201	-	198	4	4	-	-	-
1969	11	19,150	9,575	614	269	-	345	2	1	1	-	-
Maryland	4	21,218	7,031	947	647	-	300	-	-	-	-	-
1968	4	21,218	7,031	947	647	-	300	-	-	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	54	146,320	53,051	3,868	2,758	-	1,110	2	-	2	-	-
1968	33	95,641	32,779	2,279	1,619	-	660	2	-	2	-	-
1969	21	50,679	20,272	1,589	1,139	-	450	-	-	-	-	-
Michigan	74	266,090	107,248	8,951	6,061	-	2,890	5	-	5	-	-
1968	56	145,090	61,430	5,079	2,989	-	2,090	4	-	4	-	-
1969	18	121,000	45,818	3,872	3,072	-	800	1	-	1	-	-
Minnesota	119	139,217	59,668	6,026	2,469	-	3,557	-	-	-	-	-
1968	72	76,034	31,233	3,305	1,301	-	2,004	-	-	-	-	-
1969	47	63,183	28,435	2,721	1,168	-	1,553	-	-	-	-	-
Mississippi	20	20,917	13,945	849	849	-	-	-	-	-	-	-
1968	20	20,917	13,945	849	849	-	-	-	-	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	55	107,332	55,750	3,870	2,725	-	1,145	6	4	1	1	-
1968	31	46,179	23,967	1,999	1,389	-	610	4	2	1	1	-
1969	24	61,153	31,783	1,871	1,336	-	535	2	2	-	-	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES - Continued

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds: Total	General Hospital	T. B. Hosp.	Long-term Care Facilities	Number of Related Health Facilities: Total	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
Montana	30	24,461	9,784	879	604	-	275	1	-	1	-	-
1968	30	24,461	9,784	879	604	-	275	1	-	1	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	35	51,892	20,549	1,863	1,180	-	683	1	1	-	-	-
1968	27	35,622	14,041	1,505	905	-	600	1	1	-	-	-
1969	8	16,270	6,508	358	275	-	83	-	-	-	-	-
Nevada	10	20,650	7,943	702	627	-	75	1	-	-	1	-
1968	4	17,800	6,623	477	477	-	-	-	-	-	-	-
1969	6	2,850	1,320	225	150	-	75	1	-	-	1	-
New Hampshire	21	34,138	9,990	1,678	859	-	819	-	-	-	-	-
1968	18	32,288	9,290	1,608	839	-	769	-	-	-	-	-
1969	3	1,850	700	70	20	-	50	-	-	-	-	-
New Jersey	78	113,804	39,827	4,085	2,785	-	1,300	22	15	4	3	-
1968	74	92,309	32,304	3,535	2,235	-	1,300	21	14	4	3	-
1969	4	21,495	7,523	550	550	-	-	1	1	-	-	-
New Mexico	31	18,556	9,253	432	307	-	125	20	1	-	19	-
1968	7	10,670	5,335	262	262	-	-	1	1	-	-	-
1969	24	7,886	3,918	170	45	-	125	19	-	-	19	-
New York	146	691,945	221,031	17,623	11,757	122	5,744	12	2	4	6	-
1968	89	389,665	121,421	10,369	5,918	122	4,329	11	2	4	5	-
1969	57	302,280	99,610	7,254	5,839	-	1,415	1	-	-	1	-

SUMMARY OF ANTICIPATED CONSTRUCTION OF HOSPITALS AND OTHER MEDICAL FACILITIES - Continued

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Estimated Cost (000's) Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds: Total	Number of Beds: General Hospital	Number of Beds: T.B. Hosp.	Number of Beds: Long-term Care Facilities	Number of Related Health Facilities: Total	Number of Related Health Facilities: Diag. or Treat. Center	Number of Related Health Facilities: Rehabilitation Facility	Number of Related Health Facilities: Public Health Center	Number of Related Health Facilities: State Health Lab.
N. Carolina	43	147,824	85,919	3,945	3,775	-	170	6	4	1	1	-
1968	21	83,834	46,277	1,939	1,889	-	50	4	2	1	1	-
1969	22	63,990	39,642	2,006	1,886	-	120	2	2	-	-	-
N. Dakota	22	21,041	8,420	889	501	-	388	-	-	-	-	-
1968	22	21,041	8,420	889	501	-	388	-	-	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	144	353,921	110,011	10,199	7,206	-	2,993	33	25	8	-	-
1968	89	239,893	73,554	6,789	4,963	-	1,826	18	14	4	-	-
1969	55	114,028	36,457	3,410	2,243	-	1,167	15	11	4	-	-
Oklahoma	35	89,267	42,278	2,356	2,277	-	79	7	4	-	3	-
1968	25	55,367	25,828	1,451	1,372	-	79	4	3	-	1	-
1969	10	33,900	16,450	905	905	-	-	3	1	-	2	-
Oregon	46	59,955	19,985	1,790	1,156	-	634	5	-	1	4	-
1968	22	35,445	11,815	1,155	865	-	290	1	-	-	1	-
1969	24	24,510	8,170	635	291	-	344	4	-	1	3	-
Pennsylvania	171	322,155	107,336	11,282	5,270	-	6,012	21	13	8	-	-
1968	171	322,155	107,336	11,282	5,270	-	6,012	21	13	8	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Rhode Island	18	56,357	24,381	690	400	-	290	3	2	-	1	-
1968	18	56,357	24,381	690	400	-	290	3	2	-	1	-
1969	-	-	-	-	-	-	-	-	-	-	-	-

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Estimated Cost (000's) Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Number of Beds: Total	Number of Beds: General Hospital	Number of Beds: T. B. Hosp.	Number of Beds: Long-term Care Facilities	Number of Related Health Facilities: Total	Number of Related Health Facilities: Diag. or Treat. Center	Number of Related Health Facilities: Rehabilitation Facility	Number of Related Health Facilities: Public Health Center	Number of Related Health Facilities: State Health Lab.
S. Carolina	47	78,183	52,122	2,803	2,033	-	770	13	3	4	6	-
1968	18	49,152	32,768	1,790	1,350	-	440	3	1	2	-	-
1969	29	29,031	19,354	1,013	683	-	330	10	2	2	6	-
S. Dakota	30	19,978	7,623	1,499	970	-	529	3	-	3	-	-
1968	17	14,651	4,962	954	570	-	384	3	-	3	-	-
1969	13	5,327	2,661	545	400	-	145	-	-	-	-	-
Tennessee	36	19,479	10,202	1,124	493	-	631	17	-	-	17	-
1968	21	9,727	5,059	650	345	-	305	11	-	-	11	-
1969	15	9,752	5,143	474	148	-	326	6	-	-	6	-
Texas	189	288,089	141,962	11,818	10,474	-	1,344	39	21	9	9	-
1968	116	203,325	99,580	8,219	7,143	-	1,076	27	13	8	6	-
1969	73	84,764	42,382	3,599	3,331	-	268	12	8	1	3	-
Utah	39	60,384	27,701	2,344	1,564	-	780	2	-	-	2	-
1968	39	60,384	27,701	2,344	1,564	-	780	2	-	-	2	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Vermont	14	11,649	4,485	548	233	-	315	2	2	-	-	-
1968	10	7,569	3,023	378	63	-	315	-	-	-	-	-
1969	4	4,080	1,462	170	170	-	-	2	2	-	-	-
Virginia	42	114,285	57,981	3,494	3,094	-	400	11	-	1	10	-
1968	42	114,285	57,981	3,494	3,094	-	400	11	-	1	10	-
1969	-	-	-	-	-	-	-	-	-	-	-	-

State and Fiscal Year	No. of Proj.	Estimated Cost (000's) Total Cost	Federal Share	Beds or Related Health Facilities Added, by Type of Facility: Total	General Hospital	T. B. Hosp.	Long-term Care Facilities	Number of Related Health Facilities: Total	Diag. or Treat. Center	Rehabilitation Facility	Public Health Center	State Health Lab.
Washington	27	50,493	12,125	1,032	952	-	80	5	1	-	4	-
1968	23	40,920	9,539	855	817	-	38	5	1	-	4	-
1969	4	9,573	2,586	177	135	-	42	-	-	-	-	-
W. Virginia	41	76,706	38,232	2,823	1,697	-	1,126	3	-	1	2	-
1968	22	37,070	18,414	1,219	632	-	587	2	-	-	2	-
1969	19	39,636	19,818	1,604	1,065	-	539	1	-	1	-	-
Wisconsin	84	144,503	57,560	6,277	4,144	-	2,133	12	6	5	1	-
1968	39	68,979	27,591	3,108	2,132	-	976	5	2	2	1	-
1969	45	75,524	29,969	3,169	2,012	-	1,157	7	4	3	-	-
Wyoming	3	7,500	2,500	280	280	-	-	-	-	-	-	-
1968	3	7,500	2,500	280	280	-	-	-	-	-	-	-
1969	-	-	-	-	-	-	-	-	-	-	-	-
Guam	4	6,500	4,333	168	118	-	50	1	1	-	-	-
1968	1	1,500	1,000	50	-	-	50	-	-	-	-	-
1969	3	5,000	3,333	118	118	-	-	1	1	-	-	-
Puerto Rico	108	162,397	108,655	8,394	6,842	-	1,552	6	6	-	-	-
1968	60	144,171	96,512	7,111	5,885	-	1,226	6	6	-	-	-
1969	48	18,226	12,143	1,283	957	-	326	-	-	-	-	-
Virgin Islands												

N O T A V A I L A B L E

5

Baylor University College of Medicine
Texas Medical Center
Houston, Texas 77025
Office of Dean

April 19, 1967

Dr. Matthew F. McNulty, Jr.
Director, Council of Teaching Hospitals
Association of American Medical Colleges
1501 New Hampshire Avenue, N.W.
Washington, D. C. 20036

Dear Matt:

Thank you very much for your kindness in responding to my concern about the starting time for the internship.

I am sure it makes no great difference to any of us when the internship begins just so this time can be agreed to well in advance of the fact rather than sprung upon our boys after they have become matched and essentially placed under contract with the several hospitals.

Our experiences this year show us that the internship in some places begin as early as June 17, in other places June 20 or 21, and quite a cluster on June 23.

An overlap of some kind is highly desirable, and all of us would appreciate this. However, it would seem that a week of overlap, i. e., June 23, et cetera, might be a fair traded and agreeable starting time for the internship earlier than which no hospital could be permitted to advance its schedule.

If such a thing were established, we could persuade the fifty State Boards of Medical Examiners to take cognizance of the date, and we could arrange that the Deans of the 88-plus medical schools adjust their academic schedules with this date in mind. In my experience with these matters, I have found that anything left to chance produces unnecessary chaos. I am particularly incensed at the hospital which makes no comments of any sort and, then, suddenly springs an unexpected starting time upon our graduates. I hope that it may be possible for us to work together to solve this little difficulty and appreciate your interest and work in this and other areas.

Yours sincerely,

J. R. Schofield, M. D.
Academic Dean

JRS/mle

6

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

Retain – 6 mos.	☐
1 yr.	☐
5 yrs.	☐
	☐
Permanently	☐
Follow-up Date	

DATE May 2, 1967

TO: Mr. Matthew F. McNulty, Jr.

FROM: Robert C. Berson, M.D., Executive Director RCB

SUBJECT: Your memo concerning membership on the Executive Council and voting membership in the COTH

As you know from the meeting of the Executive Council on Saturday, the Council has decided that the tactful and appropriate thing to do is to propose specific changes in the by-laws for action by the Institutional Members at the annual meeting rather than the meeting in May. A part of this reason is the desire to have the specific changes proposed in writing in the hands of the representatives of Institutional Members well in advance of the time they are asked to take action on them. This is not strictly required by the by-laws, but it certainly seems the part of wisdom.

Of course the Council took no specific action on the matter, but I did not detect any firm opposition to my suggestion that the COTH representatives be increased to two or your suggestion that the number be larger. The Council does need to work through the question of whether there should be a reduction in the present membership in order to make room for people from Academic Societies and hopefully from teaching hospitals, or whether this should be by simple addition resulting in a larger Council. Personally I favor the latter.

I hope you will have an opportunity to discuss the question of increasing the number of voting members of the COTH with the Executive Committee thereof. I believe a strong and clear recommendation from that committee would be pretty persuasive with the Executive Council.

That reminds me that I hope the minutes of the meeting of the Executive Committee will be available for distribution to the Executive Council prior to its June meeting. If there are recommendations on which specific action by the Executive Council is desired, I think it would be useful if they are set forth concisely in a memorandum accompanying the minutes.

RCB:kmw

COPIES TO:

X

M I N U T E S

LIAISON COMMITTEE
OF AMERICAN HOSPITAL ASSOCIATION
AND COUNCIL ON TEACHING HOSPITALS
OF ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Meeting of February 24, 1967

M I N U T E S

LIAISON COMMITTEE OF AMERICAN HOSPITAL ASSOCIATION AND COUNCIL ON TEACHING HOSPITALS OF ASSOCIATION OF AMERICAN MEDICAL COLLEGES

AHA Headquarters Building, Chicago
February 24, 1967

PRESENT

Representing American Hospital Association

Mark Berke
Edwin L. Crosby, M.D.
David B. Wilson, M.D.

Representing Council on Teaching Hospitals

Matthew F. McNulty Jr., acting secretary
Russell H. Miller
Ernest C. Shortliffe, M.D., acting chairman

ALSO PRESENT

Edward W. Weimer

ABSENT

Lad F. Grapski (COTH)
Howard R. Taylor (AHA)

The meeting convened at 12:00 noon. The members of the liaison committee elected Doctor Shortliffe chairman for the meeting. Mr. McNulty agreed to act as secretary.

ADMINISTRATION REGULATIONS

To govern this and future liaison committee meetings, a set of administrative regulations was agreed upon.

1 VOTED TO RECOMMEND

To approve the Administrative Regulations for the Liaison Committee of the American Hospital Association and the Council on Teaching Hospitals of the Association of American Medical Colleges (Appendix).

It was agreed that in accordance with these regulations, the chairman for the next meeting would be chosen from the AHA representatives present.

HISTORY OF COUNCIL ON TEACHING HOSPITALS

Mr. McNulty, director of COTH, discussed the historical development of the council, including its organizational position within the Association of American Medical Colleges (AAMC). He emphasized that the new council intended to avoid in any way diffusing the traditional representation of hospitals by the American Hospital Association. He outlined the influence of various governmental programs and appropriations on the teaching hospitals, and noted that a particular need of teaching hospitals at this time was for federal support for a modernization program.

BACKGROUND AND OBJECTIVES OF LIAISON COMMITTEE

Mr. Berke and Doctor Crosby discussed the establishment of the liaison committee at the level of the AHA Board of Trustees, pointing out that AHA had encouraged the development of a mechanism for representation of teaching hospitals. They expressed some concern lest overlapping occur between AHA and COTH, and indicated also that many teaching hospitals are not members of COTH.

Doctor Crosby noted that the liaison committee involved hospital representatives dealing with other hospital representatives and that therefore most issues would be resolved satisfactorily. He said he thought that liaison with deans of medical schools would also be important, possibly even more important, to furthering the aims and objectives of teaching hospitals. Mr. McNulty said that a primary objective of COTH was to arrange a partnership of understanding, confidence, and jointly sought objectives between deans of medical schools and directors of teaching hospitals — this partnership to be developed within the AAMC so as to produce relationships, beliefs, acceptance, continued dialogue, and actions that it was hoped would benefit all hospitals, as well as teaching hospitals specifically, and also schools of medicine, in servicing the health-welfare of the public. Again the emphasis would be on education and research, related to teaching hospital responsibility so as to avoid overlap of activities.

FINANCIAL PROBLEMS

The group discussed problems of financial responsibility facing teaching hospitals, particularly the difficulty of accounting for funds and fiscal responsibility at the interface between teaching hospitals and medical schools. It was noted that many sources of funds are involved, including state funds, categorical and general federal appropriations, grants of various types, etc., and that for this reason comparative information was difficult to achieve. It was recommended that additional emphasis be placed on utilizing Hospital Administrative Services (HAS) for the teaching hospitals, and the suggestion was made that AHA staff work on this

particular problem. Mr. McNulty suggested that, as one means of encouragement, an HAS display booth at the next annual meeting of COTH which will be held at the New York Hilton Hotel, New York City, October 28-30, 1967. The AHA representatives said they would follow through on that suggestion with HAS staff.

The liaison committee also discussed identification of costs in teaching hospitals. It was noted that a study titled, "General Study of Educational Costs in Teaching Hospitals," or "Pilot Study of Hospital Program Costs and Manual of Instructions on Program Cost Funding in Hospitals," has been under way for several years at the Yale-New Haven Hospital, under the direction of A. J. "Gus" Carroll, assistant director, Division of Operational Studies, AAMC, who to date has completed Parts I, II, and III, and an appendix for Part III of the study. The study is under the guidance of a joint committee of the Association of American Medical Colleges, American Hospital Association, and American Medical Association. It was suggested that the joint committee's responsibility for this study be transferred to the Council on Teaching Hospitals; however, the suggestion was tentative, since it was recognized that the joint committee consists of designated representatives from three organizations, each representative having responsibility to his organization.

DIRECTORS OF MEDICAL EDUCATION

One of the members of the liaison committee raised a question concerning activities for directors of medical education, and how this group could be incorporated effectively into the Council on Teaching Hospitals and/or the American Hospital Association. It was noted that the group is growing and is participating with the chief executive officers of hospitals in the COTH and AHA matters.

It was noted that an increasing number of staff physicians are employed in teaching hospitals as "service residents." These are patient-care physicians, not educational residents, and their services are reimbursed under Part A of Medicare. Although these physicians substitute for house staff as an element in patient service and not in an educational program, they are being supervised by directors of medical education. No particular recommendations were made concerning this group, but the liaison committee agreed that review of the matter should continue.

NEXT MEETING

The next meeting of the liaison committee is scheduled October 5, 1967, in Chicago.

ADJOURNMENT

The meeting adjourned at 4:00 p.m.

Matthew F. McNulty Jr.
Acting Secretary

Appendix

PROPOSED ADMINISTRATIVE REGULATIONS FOR LIAISON COMMITTEE OF AMERICAN HOSPITAL ASSOCIATION AND COUNCIL ON TEACHING HOSPITALS OF ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Approved by Liaison Committee of AHA-COTH
February 24, 1967

1. Name

This committee shall be known as the Liaison Committee of the American Hospital Association and the Council on Teaching Hospitals of the Association of American Medical Colleges.

2. Purpose and Objectives

The liaison committee shall be advisory to the American Hospital Association and the Council on Teaching Hospitals. The liaison committee shall explore the functions and objectives of the two organizations in terms of existing policy, in order to attain fully cooperative relationships without overlap or duplication of activities, and thus to provide better service to members and assure the effectiveness of the programs of both organizations.

3. Membership

A. The appointing organizations shall be the American Hospital Association and the Council on Teaching Hospitals.

B. The appointed membership shall consist of three representatives of each appointing organization.

C. The chief administrative officers of the two associations shall be ex-officio members of the committee and may designate other staff members to attend meetings as deemed necessary.

4. Terms of Appointment

Each representative shall be appointed for a period of one year. The appointment year shall be the association year of the appointing organization. Members may be reappointed. Vacancies shall be filled by the respective appointing organization.

5. Voting Privileges and Quorum

A quorum shall consist of four voting members, providing each appointing organization is represented by at least two representatives.

6. Chairman

There shall be a chairman for each meeting elected from the quorum present at that meeting. The chairmanship will rotate so that a representative from each appointing organization will preside at each alternate meeting.

7. Meetings

There shall be at least one regular meeting annually.

8. Financing

The expenses of representatives shall be the responsibility of the appointing organization. Other expenses, such as those for clerical service or meeting space, if necessary, shall be divided equally between the appointing associations.

9. Relationship of Liaison Committee to Appointing Association

Recommendations of the liaison committee are advisory and not mandatory to the appointing associations. The liaison committee may originate actions for consideration by the appointing associations or may receive actions from them for its consideration.

10. Effective Date

The administrative regulations shall become effective when approved by the liaison committee and the appointing associations.

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9

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF TEACHING HOSPITALS
MINUTES

Meeting of the Committee on Government Relations
Monday and Tuesday, April 10-11, 1967
Conference Room of AAMC Executive Director
Hotel Dupont Plaza
Washington, D. C. 20036

Present:

Charles H. Frenzel, Chairman
Harold H. Hixson, Member
J. Theodore Howell, M. D., Member
Matthew F. McNulty, Jr., Secretary and Director, COTH
Grace W. Beirne, Staff Assistant, COTH
Henrietta Jones, Executive Secretary, COTH
William G. Reidy, Staff Associate and Editor AAMC Bulletin

Absent:

None

I. Call to Order

The meeting was called to order at 7:00 P.M. by Charles H. Frenzel, Chairman, Committee on Government Relations.

II. Organization and Purpose of Government Relations Committee, COTH

The organization of the Government Relations Committee, COTH, was outlined in general terms since this was the first meeting of the Committee. In general terms it is the purpose of the Committee on Government Relations to serve as resource for the staff, the Executive Committee, and the total Council providing surveillance, evaluation, creativeness and recommendation on those activities concerning Teaching Hospitals that are under development or should be developed in the area described generally as federal, state and other government-related activities. It was agreed that if desirable, a more specific definition of the responsibilities and activities of the Committee would evolve as a function in some measure of the program activities that developed as a result of government activities or as needed to be developed for presentation to various elements of government.

Another consideration for the first meeting of the Committee was that of orientation of the membership to each other, to the members of the staff of COTH, and to subject matter.

In addition to material mentioned hereafter, both Matthew F. McNulty, Jr. and William G. Reidy, Staff Associate, AAMC, briefed the members of the Committee on many of the topics under discussion in federal executive departments or as legislative consideration at this time.

III. Outline of Joint Committee Meeting for Tuesday, April 11, 1967.

Mr. McNulty outlined the objective of having as many committees of COTH as possible operate jointly with similar subject area committees of the AAMC. He indicated that such an approach was receptively considered by the AAMC. Several committees within the AAMC were presently functioning in that manner. He indicated that a joint meeting of the COTH Committee on Government Relations and the AAMC Committee on Federal Health Programs would be held tomorrow, April 11th, starting at 9:00 A.M. in the Conference Room of the Executive Director, AAMC. The agenda for the Tuesday, April 11, 1967 meeting (a copy attached to and made part of the permanent file of these Minutes) was reviewed in some detail as preparation for the participation by the members of the Government Relations Committee with the Federal Health Programs Committee of the AAMC.

IV. Discussion of Agenda Material

1. Title XIX Programs -- The visit of Francis L. Land, M. D., Chief, Medical Services Division, Department of Welfare, was discussed. There was considerable discussion on the request of the Welfare Commissioner for a survey of what has been the impact on the existence of so-called "Teaching Patients" as a result of the implementation of Title 19 in 26 jurisdictions. A list of various states in which Title 19 has been implemented (a copy attached to and made part of the permanent file of these Minutes) was discussed. There was divided opinion as to the questionnaire approach. The need for information was endorsed unanimously. The method of obtaining information was felt by one member to be of sufficient importance to suggest a very slow approach. The other two members of the Committee agreed but felt that some evaluative process needed to be started immediately. From such a start there could be continued refinement of the best possible survey and evaluation approach.

2. President's Health Message -- The discussion of the subject matter of the President's Message of February 28, 1967, was general in nature, with the specific endorsement of four items:

    1. John E. Fogarty Memorial -- International Center for Advanced Study in Health Sciences. It was recommended that whatever action was necessary be initiated to include in the center concept, scholarships and fellowships for scholars from the discipline of hospital and health services administration.

2. National Center for Health Services Research and Development

3. National Advisory Commission on Health Facilities

4. National Conference on Medical Costs

3. Testimony on Appropriations -- It was indicated that there was a tendency on the part of the membership of the Sub-committee of the House of Representatives on Appropriations for the Departments of Labor and Health, Education and Welfare (formerly the Fogarty Committee, now the Daniel J. Flood (D-Pa.) Committee) to be conservative. It was indicated that this matter would be discussed more in detail at the joint committee meeting tomorrow.

4. Comprehensive Health Planning PL 89-749 -- The committee membership generally expressed concern as to the implications that might at this stage be either real or imagined. Items such as the funding of depreciation (Anderson Bill S-283) and the control of such funded depreciation by a state planning agency also were discussed at length.

With regard to many of the implications there was discussion as to the possibility of PL 89-749 serving as a comprehensive planning mechanism for both preventive and environmental health activities of a state, while the regional medical program activity (PL 89-239) could serve as the planning mechanism for the delivery of health services. There was agreement that such an approach was more acceptable and should be pursued by COTH and AAMC.

5. Recapture Procedures under General Clinical Research Center Program -- COTH Special Membership Memorandum No. 67-1 -- The recapture procedures were discussed with agreement that the COTH membership should be advised. COTH Special Memorandum 67-1 of April 26, 1967, (copy attached to and made part of the permanent file of these Minutes) accomplished this item.

6. National Advisory Commission on Health Facilities -- This subject was discussed generally with a particular emphasis on how to meet the modernization needs of Teaching Hospitals. The letter of April 6, 1967 from the Honorable Lister Hill, United States Senator (copy attached to and made part of the permanent file of these Minutes), indicating the general 90th Congress, 1st Session posture of the Administration as concerned with modernization funds at this time, was reviewed.

7. Need for National Center for Health Services Research and Development -- There was general agreement on the need for such a Center. There was some disappointment expressed that COTH had not been organized three or four years earlier so that Teaching Hospitals would have had an earlier part in the formation of this activity but at this time cooperation, supplementation and other methods of participation were urged.

8. Selective Service -- The recommendations for Selective Service revisions as proposed by the Department of the Army - specifically a 2nd Lieutenant commission during four years of medical school with equal obligated service thereafter, were discussed. It was agreed that this was mainly a concern of Deans of Medical Colleges but the COTH Committee on Government Relations was available to be helpful.

9. Conference with Senator Lister Hill -- The conference with Senator Lister Hill was reviewed (copy attached to and made part of the permanent file of these Minutes). The three medical educators and the three hospital chief executive officers recommended for the National Advisory Commission on Health facilities are as follows:

(1) Houston Merritt, M. D., Dean and Vice President in Charge of Medical Affairs, College of Physicians and Surgeons, Columbia University, 630 West 168th Street, New York, New York 10032

(2) James L. Dennis, M. D., Dean and Director of the Medical Center, School of Medicine, The University of Oklahoma, 801 Northeast 13th Street, Oklahoma City, Oklahoma 73104

(3) Roger O. Egeberg, M. D., Dean, School of Medicine, The University of Southern California, 2025 Zonal Avenue, Los Angeles, California 90033

and . . .

(1) Russell A. Nelson, M. D., President, Johns Hopkins Hospital, 601 North Broadway, Baltimore, Maryland 21205

(2) Lad F. Grapski, Administrator, Loyola University Hospital, 705 South Wolcott Avenue, Chicago, Illinois 60612

(3) Edward J. Connors, Superintendent, University of Wisconsin Hospital, 1300 University Avenue, Madison, Wisconsin 53706

10. John E. Fogarty Memorial -- The matter of the recommendation made by United States Representative Melvin R. Laird concerning the John E. Fogarty Memorial was discussed as previously noted in these Minutes.

11. National Advisory Commission on Health Manpower -- The matter of the participation of COTH in the National Hospital Survey of FMG and AMG interns and residents for the President's National Manpower Commission was discussed.

12. Meeting with United States Representative Flood -- A meeting with United States Representative Daniel J. Flood (D-Pa.), Chairman of the House of Representatives Sub-committee on Appropriations for the Departments of Labor and HEW was not indicated but will be announced tomorrow assuming some unforeseen business does not interfere with the calendar of Representative Flood (the meeting was held).

13. Participation by the COTH in all programs on federal level at HEW -- The letter of March 17, 1967 from the Director, COTH, to Philip R. Lee, M. D., Assistant Secretary, Health and Scientific Affairs, Department of HEW, was reviewed. The Director indicated that as a result of this and other efforts emanating from COTH, as well as requests emanating from Committees, Agencies, Associations and others to COTH, there is being developed a voice and visualization of Teaching Hospitals at the national level.

AGENDA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COMMITTEE ON FEDERAL HEALTH PROGRAMS

Tuesday, April 11, 1967
9:00 A.M. - 4:00 A.M.

AAMC
1501 New Hampshire Avenue, N.W.
Washington, D.C.

		Tab
1.	Title XIX Programs Dr. Frank Land will meet with committee 10 a.m. - noon Responses from Medical Schools The Impact of Title XIX Programs on Teaching Hospitals	A
2.	President's Health Message	B
3.	Testimony on Appropriations (to be supplied at meeting)	
4.	Comprehensive Health Planning (P.L. 89-794)	C
5.	Recapture Procedures under General Clinical Research Center Program	

Informational Items

6.	National Advisory Commission on Health Facilities	D
7.	National Center for Health Services Research and Health Services Research Centers	E
8.	National Advisory Commission on Selective Service	F
9.	Conference with Senator Lister Hill	G
10.	John E. Fogarty Memorial	H
11.	National Advisory Commission on Health Manpower	I
12.	The Government -- Medical Research and Education	

Note: Sandwiches will be served in the office at 12:15 p.m.

1965 AMENDMENTS (Fed. law ef. 1/1/66)

TITLE XIX - ACTIVITIES OF THE 54 JURISDICTIONS TO PUT INTO EFFECT THE NEW MEDICAL ASSISTANCE PROGRAM as reported March 31, 1967

A. Program in operation.....29 Jurisdictions

1. Plan approved.....28 Jurisdictions

California	Louisiana	New Mexico	Rhode Island
Connecticut	Maine	New York	Utah
Delaware	Maryland	North Dakota	Vermont
Hawaii	Massachusetts	Ohio	Virgin Islands
Idaho	Michigan	Oklahoma	Washington
Illinois	Minnesota	Pennsylvania	West Virginia
Kentucky	Nebraska	Puerto Rico	Wisconsin

2. Plan not yet approved.....1 Jurisdiction

Guam

B. Not in operation; plan material submitted.....2 Jurisdictions

Alabama Iowa (ef. 7-1-67)

C. Plan material in preparation.....1 Jurisdiction

South Dakota **

D. Legislation enacted.....2 Jurisdictions

Montana (law ef. 7-1-67) Wyoming (law ef. 7-1-67)

E. Legislation in process.....8 Jurisdictions

Passed both houses	Passed one house	Bill introduced		Bill in draft
Georgia 1/	Kansas **	Colorado	New Hampshire	
		D. C.	Oregon	
		Missouri	Texas	

F. Will not implement at present.....12 Jurisdictions

Alaska 2/	Florida 3/	Nevada 2/	South Carolina 5/
Arizona 2/	Indiana 4/	New Jersey 2/	Tennessee 6/
Arkansas	Mississippi	North Carolina	Virginia 7/

* Conference scheduled in Central Office for discussion of prospectus.
** Conference has been held in Central Office on prospectus or plan.

1/ Bill awaiting Governor's signature.
2/ Needs legislation. Nevada - Legislation will be introduced in 1967 session.
3/ Agency developing a proposal for consideration in 1967 legislature. Conference on prospectus held with Commissioner on November 15, 1966.
4/ Bill passed by 1967 Legislature was vetoed by Governor.
5/ Agency developing estimates for legislative consideration.
6/ Interested but no action yet taken.
7/ Plan material in preparation; needs appropriation. Expects to implement in 1968.

Source: Bureau of Family Services
Division of Program Operations

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1501 New Hampshire Avenue, N.W.
Washington, D.C. 20036
202 232-5870

Matthew F. McNulty, Jr.
Director, COTH

COTH
Special Membership Memorandum
No. 67-1
April 26, 1967

SUBJECT: NIH Requests for Repayment, GCR Centers--Letters of March, 1967, from National Institutes of Health.

1. Background Information--NIH Letter of January 25, 1966:

In a letter of January 25, 1966, from the Office of the Director, NIH, the Associate Director for Extramural Programs summarized to the Teaching Hospitals concerned and to the principal investigators of each General Clinical Research Center the consensus of opinion from competent advisory groups (including teaching hospital representatives among others) concerning the early GCRC 85-15 Reimbursement Formula. The early 85-15 Reimbursement Formula had been outlined in an "Informational Statement" of November 8, 1960, on Clinical Research Center Grants.

The letter of January 25 cited the conclusion of the advisory groups to the effect that complexities and unidentified costs, as well as lack of precedent for determining reasonable cost reimbursement, recommended that the initial Reimbursement Formula for General Clinical Research Centers, commonly termed "85-15," was an appropriate basis for determining costs during the formative stage of the Research Centers. The "formative" stage was defined generally as the first year.

The subsequent years of GCRC operation where reimbursement had been on the basis of the 85-15 Formula, would be a matter of cost finding between the institution involved and the NIH (generally the Grants Management Branch of the Division of Research Grants).

Subsequent to the January, 1966, correspondence, additional auditing and cost finding examinations were conducted by the NIH so as to evolve as complete an understanding as possible between the institutions and the NIH.

2. Letters of March, 1967, from Grants Management Branch:

It is understood that the Grants Management Branch, Division of Research Grants, has issued a letter and attachment entitled "Reimbursement Computation." The computation sheet indicates Claimed Expenditures, Allowable Cost, Reimbursement Due NIH, and Underpayment from NIH to the Institution.

Apparently, in some instances the computation sheet indicates a year (or years) of underpayment from the National Institutes of Health. The letter of March requests that the hospital cost records be adjusted to reflect the computation. Where appropriate (meaning an overpayment by the calculation), the letter requests a check payable to the United States Public Health Service be submitted to the Grants Management Branch Office.

With regard to the underpayment from NIH, the Reimbursement Computation attachment apparently indicates, "since annual appropriation has expired and there is no remaining unexpended balance of funds in the grant year, funds are not available for payment."

3. Settlement of Underpayment by NIH:

Information available to this office indicates that where the NIH has an "underpaid" balance and thus there exists a possibility of off-setting entry against any overpayments, the possibility of such off-setting being accomplished is not out of the question. The investigation of this possibility is now underway in this office. It will be a little time before the issue is completely identified and clarified. Those institutions having off-setting entry possibilities may wish to consider that opportunity before settlement.

4. Subsequent Memorandum on this Subject:

In order that final information on the possibility of "off-setting entries" be made known to the hospitals involved, there will be issued from this office a Memorandum on this subject as soon as clarifying decisions can be obtained.

5. Comment on Reimbursement Formulas in General:

A number of member hospitals have indicated that the present GCRC Reimbursement Formula is not returning full, current, reasonable reimbursement equivalent to actual cost of operation. It is reported that in some instances reimbursement is not matching the reimbursement allowance under Title 18, PL 89-97 (Medicare). It is suggested that each institution examine the current GCRC Reimbursement Formula and particularly in relation to other reimbursement arrangements between the hospital and other organizations. Information available from NIH indicates the desire to reimburse every hospital reasonably for current costs experienced by some definable method that will stand examination.

6. Subsequent Formal Audit of GCRC Grants:

It is understood that the March letter calls attention to the fact that settlement of past years of reimbursement is by administrative determination. The letter indicates that such settlement does not preclude election of formal audit of these grants at a later date. Such a statement seems factual and appropriate. It is suggested that the full import of the statement be understood between the individual hospital and the NIH.

7. Submission to COTH of Any Information Pertinent to Your GCRC:

If you believe there is any information concerning the past, current, or future operation of the GCRC in your hospital which should be known by this office in order to accomplish more effective understanding and representation by COTH to the NIH on behalf of teaching hospital, we would appreciate your writing to make such information known.

8. Routing of This Memorandum:

The hospitals to which this memorandum is addressed were identified from a list of principal investigators. The name of the hospital, though known in most cases to this office, had to be derived by elimination. If there is any error in the routing of this memorandum, would your office please return the memorandum to COTH. In the interest of time, this memorandum has been sent only to hospitals. We suggest that the content be discussed with the principal investigator, deans of medical schools, and other colleague officials also concerned with the operation of the CRC and who normally would have received a courtesy copy, had time permitted.

MATTHEW F. McNULTY, JR.
Director, Council of Teaching Hospitals
Associate Director, AAMC

MM:eb

United States Senate

COMMITTEE ON
LABOR AND PUBLIC WELFARE

April 6, 1967

Dr. Robert C. Berson
Executive Director
Association of American Medical Colleges
1501 New Hampshire Avenue, N. W.
Washington, D. C. 20036

My dear Dr. Berson:

Your letter of March 23 has been brought to my attention following my return to Washington. On the basis of my discussions with the Department of Health, Education and Welfare, I understand that the Administration will not support proposals to provide financial assistance for the construction of health facilities until the recommendations of the National Advisory Commission on Health Facilities have been submitted to the President.

As you probably know, the hearings on 1968 funds for the Departments of Labor-HEW are now underway. You can be sure of my continuing support for an adequate investment in health programs.

With best wishes and kindest personal regards, I am

Very sincerely,

Lister Hill

Chairman

LH:rbh

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2530 RIDGE AVENUE EVANSTON, ILLINOIS 60201
1501 NEW HAMPSHIRE AVENUE, N.W. WASHINGTON, D. C. 20036

March 22, 1967

ROBERT C. BERSON, M.D.
EXECUTIVE DIRECTOR
WASHINGTON, D. C.

EVANSTON: AREA CODE 312;328-9505
WASHINGTON: AREA CODE 202;232-8070

MEMORANDUM

TO: Members, Committee on Federal Health Programs

FROM: Robert C. Berson, M.D., Executive Director

SUBJECT: Conference with Senator Lister Hill

On Tuesday, March 21, Dr. John Parks and I had a very pleasant conference with Senator Lister Hill at our request. I will attempt to summarize his comments under several headings.

Prospects for Appropriations FY 1968

Senator Hill expressed essentially the same concerns that Congressman Laird, Dr. Shannon, and many of us have already expressed. The situation without the leadership of John Fogarty and with so many new members of the subcommittee in the face of the Vietnam war is very far from encouraging. The Senator encouraged us to pursue the line of getting people from institutions to be specific about the needs of their own institutions and interpret them very clearly to their members of Congress. He also said that he thought the Association should have effective spokesmen at the hearings on appropriations before both the House and Senate committees. He seemed quite well informed about the need for more funds for the construction of research facilities, clinical research centers and training grants.

National Advisory Commission on Health Facilities

Senator Hill said that Phil Lee, Wilbur Cohen and Bill Stewart have talked to him about the mission of this commission. He considers its work highly important, hopes that they will concentrate particularly on the needs of urban hospitals, and spell out the magnitude of the needs for funds for renovation and replacement. He expressed the opinion that the Association should strongly urge that at least two medical educators and two men with experience in administering the teaching hospitals be members of the commission. He asked us to let him know what individuals we end up recommending, and indicated that he would do what he could to see that those recommendations were well received.

Comprehensive Health Planning Act

Senator Hill indicated that his committee plans to hold some hearings on this measure some time this spring. When we told him that some of our colleagues were concerned as to how this comprehensive planning on a statewide basis could be reconciled with the planning for and function of the regional medical centers programs, he said he thought we were right to be concerned, that this is a matter that needs to be resolved. When we raised the question as to how well it would really work out if the state agency designated for comprehensive planning were given the authority to approve the institutions' expenditure of funds paid as reimbursement for depreciation, he indicated that he thought it would work very poorly indeed and would be a very poor idea. He also indicated that he hopes the Association will have someone testify before his committee on this bill.

Repeatedly throughout our very cordial conversation, Senator Hill said that he plans to do all he can to help us and hopes that we will keep him informed and keep in close touch with him.

RCB:sg

March 17, 1967

Philip R. Lee, M.D.
Assistant Secretary
Health and Scientific Affairs
Department of Health, Education, and Welfare
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Phil:

After a lapse of some time I enjoyed the opportunity of last Wednesday, March 8, to exchange greetings again on occasion of the Press Conference concerning the Report to the President by the Department of Health, Education, and Welfare (William Gorham and colleagues study) regarding Medical Care prices.

As I indicated to you during our brief greetings, the Council of Teaching Hospitals (COTH) is just coming into being as a formal organization with headquarters office here in Washington, D.C., as an activity of the Association of American Medical Colleges. The response has been enthusiastic to the concept of a national organization that can provide a means for the exchange of views, the collection and analysis of data of various types, the evaluation and utilization of such data, and the contribution of leadership for expression of views and recommendations on matters of particular interest to the membership and the national interest.

An original membership of approximately three hundred hospitals was envisaged as the ceiling for the first several years of COTH activity. So far, 330 hospitals have been accepted as members under the requirement of either (or both) nomination by an AAMC medical school member from among the major teaching hospitals affiliated with that school, or by self-nomination as meeting a present minimum criterion of an approved, active, independent internship program (or programs) plus three approved, active, independent, full residency programs from among the five disciplines of medicine, surgery, OB-Gyn, pediatrics, and psychiatry.

With such an encouraging response, including too many applications beyond the original 330, the work of this new office has to date been committed necessarily to organizational activity. The emphasis has been on such routine but basic matters as obtaining space, getting office equipment, recruiting secretarial staff, and the like.

The organizational activity will necessarily continue for some time. However, I am anxious and intend to move rapidly toward creating a small but effective staff of professionals, knowledgeable and, I trust, creative in the field of educational endeavors as such are accomplished in the major teaching hospitals of the United States, Canada, Puerto Rico, and the Canal Zone. Of course, these same institutions are also deeply involved in the delivery of health services.

There may be beliefs to the contrary, but from my personal experiences of more than twenty years as a director of teaching hospitals in different settings, I am convinced that the teaching hospitals of this country have a capability for developing research programs in patient care delivery that will be as effective as were the programs developed for research and training in what may be called the field of scientific medicine. In fact, although there may be other approaches and although I have an understanding of my own bias, I can project on a long-range basis no other way to accomplish for the field of the delivery of health services the same explosion of knowledge that we are seeking as a parallel to the basic and applied knowledge explosion produced in the biological fields, than to utilize as a base the tremendous collection of multi-disciplined talent assembled organizationally in the teaching hospitals of this country.

Our (COTH) limitations as an office formally organized for only five months are many. For a while they will continue so on a diminishing basis. However, I do recommend seeyou and to your colleagues the potential for the Council of Teaching Hospitals serving as a useful and creative force to assist in the establishment and implementation of the National Center for Health Services Research and Development as mentioned in the President's message of February 28, 1967. The Council of Teaching Hospitals desires strongly to be of assistance in formation and to participate in operation of a National Center, and also to assist in the planning, convening, and operation of a National Conference on Medical Care Costs. Of course, teaching hospitals are now engaged and would welcome the opportunity to participate in the pursuit of even more meaningful approaches to the health care manpower problems of our country.

Over a period of time--a short period is the ambition--it is our desire to establish a flexible, creative, representative, and informed COTH headquarters office representing the major teaching hospitals in the country and the programs of patient service and education in which they are now engaged. Equally important to us is that such representation accomplish a creative in-put and influence in the public interest on the many facets of the teaching hospital as a combined education-patient care center institution in our society.

In the sense of identifiable interest and ability, the teaching hospitals of this country have evidenced little interest and surfaced very few trained personnel for rapid application to research and development in the field of the delivery of health services. However, it would be far from the fact to conclude that this lack of visibility indicates in turn little interest in the

problems and lack of personnel knowledgeable to attack the problems at the national level.n The emphasis to date has been entirely on research in the biological and physical sciences. This emphasis has produced literally an explosion of knowledge. We should now be creating the climate to accomplish the same explosion of knowledge through research in patient care.

The interest and the competence of knowledgeable people will be attracted to research in the delivery of health services by the same methods initiated originally for stimulating basic biological research. Urgently needed are a national focus, encouragement, and then resources that will result in the forthcoming of both researchers and models for experimentation in areas of staffing; for research into education and training programs for health manpower; for experimentation in the area of communications and development of further advanced data processing techniques; for experimentation with new types of equipment, facilities, and material; and for experimentation with the consolidation and/or cooperation from a variety of solo practitioners, group practices and institutions, to models of meaningful systems of voluntary health services. All of these opportunities have remained unexplored to date, largely because the resources have been comparatively scarce. Interest thus lies dormant and know-how has been channelled into other more "rewarding" areas.

At this stage of dictation it is clear to me, even from the prejudice of enthusiasm on this subject, thatthe letter is too long. Suffice it to say that much needs to be done, much can be done, and the Council of Teaching Hospitals, the total Association of American Medical Colleges, and teaching hospitals individually and in combination with parent or associated universities, are available as a partner, awaiting the opportunity for activity and accomplishment.

Let us know how and when we may be of assistance.

Cordially,

MATTHEW F. McNULTY, JR.
Director, Council of Teaching Hospitals
Associate Director, AAMC

CC: William Gorham, Assistant Secretary
Program Coordination
Department of Health, Education, and Welfare

William H. Stewart, M.D.
Surgeon General
United States Public Health Service

BCC: R. C. Berson, M.D.
W. R. Von Ehren
W. G. Reidy
McNulty, two

MM: EAB.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

April 18, 1967

MEMORANDUM #67-11

TO: Deans and Vice Presidents, U. S. Medical Schools
Chief Executive Officers, Teaching Hospitals

FROM: Robert C. Berson, M.D., Executive Director

SUBJECT: Notes on Meeting of Committee on Federal Health Programs

Because I believe the subject matter discussed therein is important to all medical schools, I am setting forth the following notes on the recent meeting of our Committee on Federal Health Programs.

AAMC's Committee met jointly with a parallel committee representing the Council of Teaching Hospitals on April 11, 1967, at 9 a.m. in Dr. Berson's Washington, D. C. office. Present were Doctors Chapman, Glaser, Hubbard, Parks, Turner and Berson of AAMC and, representing COTH, Messrs. Frenzel, Hixson, McNulty and Dr. Howell. Mr. Reidy also attended.

Title XIX Problems

Since Dr. Frank Land, Medical Advisor to the Welfare Commissioner for the Title XIX program was to join the group at 9:30, discussion immediately centered on the question of whether or not AAMC should accept the responsibility of conducting a questionnaire survey on the impact of Title XIX on teaching hospitals and medical schools.

It was stated that, to be meaningful, such a questionnaire must be related to the type of decision-making that its results might influence. Presumably the purpose of such a questionnaire would be to provide Secretary Gardner with such information as he might need to devise policies and regulations that would protect our schools and hospitals from ill-considered state action.

It was pointed out that there is such a multiplicity of programs now affecting teaching hospitals that to isolate the effect of Title XIX would be difficult and perhaps impossible.

However, it was also said that inasmuch as Title XIX was creating great difficulties in some areas, AAMC should certainly undertake to do whatever may be possible to keep schools from being discriminated against.

The basic problem, it was said, is that payments are made on Blue Shield's individual basis rather than being adapted to our excellent group practices. We must have a clear statement of policy on this from the Secretary.

Johns Hopkins believes it preferable to be paid on a cost basis. Payments can escalate much more readily on this basis. Maryland accepts the group practice principle and "will pay for the patient" no matter who treats him. A real danger lies in the fact that, by law, Title XVIII payments are based on a one to one relationship. It makes little sense for Dr. Stewart and others in the Administration to urge group practice when Title XVIII is based on the other principle.

Even a good agreement with a state under Title XIX proves worthless when the state says that since it doesn't have enough money to pay all, it will treat teaching hospitals differently from the others.

San Francisco County Hospital, a major third-year teaching institution, has almost no patients as a result of Title XIX. Now that payments are available on a free choice basis, patients simply will not go to an outmoded facility with 30 and 40 bed wards.

The group, while still questioning the value of the specific questionnaire under consideration, seemed to reach consensus: since university medical centers will be greatly affected by all of this, AAMC must develop staff competence in this area. With more than 50 plans soon to be operative, it will be a tremendous job, but AAMC will be derelict if it does not get and stay on top of the problem. We must develop an apparatus continuously competent in Title XVIII and XIX affairs. The Council on Teaching Hospitals would seem admirably suited for the fact-gathering phase of the job.

Dr. Land arrived at 9:30 a.m. and immediately presented the Welfare Administration's view of the matter. He said that he is keenly interested in the impact of Title XIX on medical schools. Initially the Administration thought that Title XIX would be a boon to medical schools. Now they have heard "rumors" that some medical schools are losing their teaching loads. If Dr. Land could give Secretary Gardner some firm information that this is happening, he would be hopeful that effective corrective action would be taken.

The Administration cannot get this information from the welfare departments. It seems that it will have to rely on AAMC to develop an on-going study to keep data available on a progressive basis.

Nonpayment to teaching hospitals seems to be a problem in four states. Asked whether the Federal Government can tell Nebraska and other states which refused to pay teaching hospitals that their plans are unacceptable, Dr. Land said "yes". Complaints go to the Commissioner of Welfare and are reviewed by the advisory group. If they agree (as for instance in the case of the Massachusetts Medical Society's complaint that schools are being discriminated against), Secretary Gardner can tell a state that it is not in compliance and the Department will withhold all welfare funds.

Every state is supposed to have a "medical assistance unit" attached to whatever agency is operating the Title XIX program. That unit is supposed to be headed by a doctor of medicine. This is the group to which the schools should make every effort to relate. And there should also be in every state an advisory body appointed by the governor and medical schools should certainly be represented on this body.

The Administration has nothing to move on until it gets a document of complaint.

Dr. Land feels very strongly that AAMC, "as a prestige organization", should make specific complaints even though concerning a specific school's problem. They should be addressed to Dr. Philip Lee.

Deans should all be aware of the developing state plans.

Beginning July 1 and despite any state laws to the contrary, hospitals must be paid reasonable costs by Federal law. All Federal programs (such as the Crippled Children's) must go on this cost basis.

The opinion was expressed that this represents the beginning of a real crisis for medical schools: that we will be in very serious trouble if the cost formula does not recognize differences between hospitals and provide for the much higher costs necessary to our quality institutions. Since private insurance companies, Blue Cross and other programs are all going to the "prevailing rate" system and interpreting that as meaning not "charges" but actual "payments" made by the Government and since those payments have historically been based on low income rates, the trouble can indeed be serious.

Dr. Land reported that Dr. Lee and he are planning to set up a group whose function it will be to follow the impact of Titles XVIII and XIX on our schools and hospitals. He thinks it essential that AAMC undertake a survey such as the one proposed so as to head-off problems by providing a mechanism through which each emerging problem can be called to Land's attention.

Dr. Land said that he would provide Dr. Berson with the pertinent part of each state plan. He said that the Administration would be able to provide AAMC with the necessary resources for a continuing study.

Replying to a question as to whether the Secretary could not be persuaded to send out a letter to all states stating simply that medical schools must not be discriminated against, Dr. Land discussed Secretary Gardner's strong belief in the state's rights, partnership concept and his feeling that all these problems should, if possible, be worked out at the state level.

Dr. Land thought it would be "fine" if this group were to write Secretary Gardner asking for a statement of policy, not a regulation. A statement of Departmental policy that all hospitals should be included.

Questioned as to whether a questionnaire would be useful in this point in time, Dr. Land said he certainly thought so inasmuch as 29 states have had plans in effect for almost a year and those states included most of the medical schools in the country. If we are to make any impact on Wilbur Cohen or the Secretary, documentation is absolutely essential. It can only be provided by something like the proposed questionnaire.

HEW funding of the proposed study would take the form of a project grant technically going through the District of Columbia Welfare Department.

Dr. Land is sending out materials to alert the medical assistance units to the existence of the medical schools in their states.

Dr. Land left the meeting at 10:30.

The group agreed that the following three things be done:

1. The Council of Teaching Hospitals, with Dr. Berson, shall develop a mechanism designed to find out what is happening to programs in our teaching hospitals and to identify to whatever extent possible, the effect of such forces as Titles XVIII and XIX;

2. The staff should define and redevelop the proposed questionnaire;

3. AAMC shall send a brief letter to the Secretary pointing out that in certain areas teaching hospitals have not been treated properly and asking him to: (a) make an expression of Departmental policy in this respect and (b) explicitly state that future state plans must provide equal treatment for our hospitals.

A formal motion that such a letter to the Secretary be sent was made, seconded, and passed.

Letter to the President

The draft of a letter to the President commenting on his health message and pledging AAMC's cooperation in seeking its objectives was discussed. Certain changes were suggested, and it was agreed that Dr. Berson would put the letter in final form and send it to the White House.

Letter to Secretary Gardner

The draft of a letter on the same subject but containing a detailed and involved statement of what our schools would need to help attain the President's objectives was also discussed. It was agreed that we should make to the Secretary a brief and positive response to the health message but that the "White Paper" rather than this letter should be the vehicle for expressing the needs of the schools.

Appropriations

The group discussed in detail a list of items in the budget which it was believed were inadequate. It was agreed that AAMC and its members should urge Congress to appropriate the following amounts for fiscal 1968:

Educational facilities construction	$185 million
Animal care facilities construction	$ 20 million
Library facilities construction	$ 10 million
Training grants	$153.6 million
Clinical research centers	$ 40.5 million

It was further agreed to seek the full 15 percent for general research and support grants and, to first get figures on research facility applications and letters of intent before settling on a figure for this item. Our testimony before the appropriations subcommittees should also contain a strong statement on basic and special improvement grants.

Copies of letters sent by individual schools to congressmen concerning their specific needs are now reaching Dr. Berson. The group decided that when a number sufficient to justify sound extrapolation are in hand, the above figures will be modified accordingly.

Congressman Flood

The meeting recessed at 11:45 for a 15-minute luncheon and left for the Capitol where it met informally with Congressman Fogarty's successor Chairman of the Subcommittee on Appropriations for Labor-HEW in the Committee's hearing room.

The congressman was quite friendly and receptive and gave the group more than a half hour of his time. He said that Administration witnesses had already made excellent presentations as to our needs. He said that both he and Congressman Laird were thoroughly sold on the validity of our requests but that this is not enough. Other members of the Committee are under strong pressure to make budget cuts across the board. They believe that is what their people at home want. He and Congressman Laird can do nothing to change that. It is up to us to get him the votes of other members of the committee: to persuade them that increases rather than cuts are what people at home want in our area. Time is very short, he pointed out, and the matter urgent.

The meeting reconvened in Dr. Berson's office at 1:30 and the group discussed the importance of lining up as much support for our position as possible. Dr. Chapman volunteered to attempt to get the backing of the American Heart Association.

It was agreed that it is important that schools which have not already done so should send the letters to congressmen requested in Memorandum #67-10 as soon as possible.

Selective Service and Medical Scholarships

The group discussed both the proposed new approach to Selective Service and the legislation sent to Congress by the Department of Defense to create a new program for the recruiting of health professionals through a version of scholarships.

The proposal of a majority of the President's Commission on Selective Service to do away with student deferments entirely and to begin drafting at ages 18

or 19, in some minds, raised the question of possible double jeopardy for medical students. Others contended that a medical student who had already served his two years would not be drafted unless and until all other doctors had served and that the question, therefore, was moot.

The DOD's proposed legislation under which volunteer students would be given commissions as second lieutenants or ensigns and assigned to active service in their schools -- with salaries, living allowances, books, tuition, fees, etc., to a total of about $8,000 per year paid for -- in return for an agreement to serve at least (possibly more) one year for each year of benefits was discussed at some length.

The idea of indentured service, based on what could be considered a bribe offered at a point in life when a student could be seen as most vulnerable both economically and psychologically, seemed highly repugnant to most. It was suggested that DOD could probably attract as many recruits, on a much sounder and much more ethical basis and with no additional cost, by offering fourth-year medical students a bonus of $40,000 for an agreement to serve six years.

It was agreed that these two problems should be referred to the Committee on Student Affairs for consideration and constructive recommendations to the Executive Council.

Comprehensive Health Planning Act

Since both House and Senate are shortly to act on a proposal to extend for five years this extremely important piece of legislation which is only now beginning to be implemented, the group discussed, in detail, the following staff memorandum and concluded that the AAMC should indeed take a position along lines somewhere between proposals III and IV in the memorandum and express that position before congressional committees and in other ways.

COMPREHENSIVE HEALTH PLANNING ACT
P.L. 89-749

Some Considerations for Discussion

This measure, which passed without adequate hearings in the closing days of the last Congress, is scheduled to expire in 1968. The administration has bills pending in House and Senate to extend it for an additional five years. Hearings will be held probably in May or June. AAMC must decide now whether or not it wants to testify in support of, in opposition to, or in an attempt to modify or limit the Act's scope.

Last November, referring to the fact that the Act calls for comprehensive state planning for health services (both public and private), including the facilities and persons required for the provision of such services, the Bulletin pointed out:

> It is obvious that if such all-inclusive plans are to be made; if they are to influence state legislatures and Federal policy-makers and granting agencies; if they are to effect coordination at the state and local level of all Federal health programs; if they are to be attuned to or in conflict with regional medical program planning; if they are to decide what numbers and what types of health personnel are to be trained and at what institutions, in what localities, and with what facilities, our schools of medicine will be profoundly affected by the results.

At that time, it was thought that there was sufficient cause for alarm in the idea that a politically appointed state agency (most likely a State Public Health Department) would draft plans telling both state and private medical schools what their functions were to be, how many and what types of practitioners they should educate, what facilities they could or should have, what priorities should be assigned them as against nursing homes, schools of nursing, medical clinics, etc. Alarm--even though it was assumed that such planning bodies were advisory.

If such alarm were at all justified, it is now much more than justified. For now it is clear that proponents of the measure plan to use the power to withhold or sequester all federal health, education, and welfare funds due institutions which do not comply with the dictates of the state planning agency.

Whereas the act and the Secretary talk of "encouraging" cooperative efforts on the part of all engaged in health efforts, the plan is to "require" cooperation through withholding of federal funds.

Secretary Gardner, testifying before the House Ways and Means Committee on March 1, 1967, said:

"We are recommending that where institutions partipating in the Medicare program make capital expenditures that are not in accordance with statewide health plans, we would have authority to reduce reimbursements to the institution or to terminate the participation agreement with them. This requirement can do much to strengthen state health planning."

Senator Anderson has introduced legislation under which the depreciation portion of federal funds due to a hospital for services already rendered would be sequestered and paid that hospital only if its expansion or rebuilding was in accord with the state plan. The money might go to a different institution entirely if the state plan afforded it a higher priority.

The recent report on Medical Care Prices makes specific recommendations which we are assured on very high authority are now administration policy. These recommendations include the following:

> The Federal Government shall require that grants to state and local governments for health purposes be spent in accordance with these plans and should deny funds for

construction or expansion to health institutions which refuse to comply with the directions of the state or area-wide planning agency.

The Federal Government shall require that money paid to the providers of Medicare services as reimbursement for depreciation costs be used only for capital expenditures consistent with the overall plan of the state or area planning agency.

States should enact legislation providing for a state system of area planning bodies with the power to affect the rate of expansion of health facilities in the community and to set standards of service. These bodies, operating under the aegis of the state-wide planning agency would have the power to prohibit construction or expansion of health facilities...

It is obvious that if an institution--public or private --can be denied the right to participate in Medicare or Medicaid, can be denied federal construction funds for educational, research, library, or clinical facilities or can have funds due it for services already rendered withheld unless (and even if) it conforms to plans made by a politically appointed state agency where responsibilities, priorities, and capabilities are vastly different from those of our schools, we are likely to be confronted by truly horrendous problems. Conceivably, if an institution were ruled ineligible for such funds it would be ineligible for all other federal funding as well.

What should, what can AAMC do?

I. It can decide that the risk is not real; that the potential fall-out from a, perhaps, futile attack on the legislation outweighs the risks of inaction.

II. It can seek to defeat the legislation in its entirety despite the fact that many of its provisions (e.g. the rationalization of public health grants to States, the strengthening of State Health Departments, etc.) are desirable. Such an approach would seem both undesirable and, for practical reasons, doomed to failure.

III. It can support those parts of the legislation aimed at strengthening State Departments of Public Health and rationalizing the federal approach to what have been traditionally regarded as state and local "public health" matters while

insisting that matters involving the education, deployment, and methods of practice of non "public health" health professionals be specifically exempted from the areas falling within the purview of state planning agencies.

IV. It can support the first part of the last mentioned proposal and then, agreeing that planning for the training, deployment, and utilization of physicians and paramedical personnel is desirable, can ask that such planning functions be treated separately in the legislation and vested in groups, voluntarily created in and for medical service areas and paralleling in origin, methods of preparation, and powers, the regional medical program bodies created under the Heart, Cancer, Stroke Act.

If it decides on any of the last three approaches, it had best be serious about it and prepared to really work on mobilizing its friends and potential supporters during the weeks immediately ahead.

It would perhaps be fair to mention that our reading of the Washington situation would indicate that the Congress, when it passed the Act, was not aware that it was vesting such far-reaching authority in particular state agencies. There are many indications that, having written into the legislation a proviso that it was to be operated "without interference with existing patterns of private professional practice of medicine, dentistry, and related healing acts", the Congress thought it was dealing solely with the old-line functions of old-line state and local public health bodies. It would seem quite possible that if AAMC were to make the necessary effort, it could persuade Congress to adopt either proposition three or four above.

Health Services Research

The development of the new National Center for Health Services Research (now located in the Bureau of Health Services, U.S.P.H.S.) and the proposed Health Services Research Centers were discussed at length.

The consensus seemed that AAMC should express a strong, positive reaction to the program. We are interested; we should seek opportunity to assist in developing the program; we should recognize it as a new area of importance to schools of medicine.

Miscellaneous

The group was advised as to and briefly discussed the following:

Senator Lister Hill -- visit by Drs. Parks and Berson to discuss

appropriations, comprehensive health planning, and the Advisory Commission on Health Facilities. The Senator encouraged AAMC to pursue the line of getting people from institutions to be specific about the needs of their own institutions and to interpret them very clearly to members of Congress. The situation is very far from encouraging.

Congressman Laird -- visit by Drs. Parks and Berson to discuss the proposed John C. Fogarty memorial and appropriations matters.

National Advisory Commission on Health Manpower -- correspondence with, relative to role and needs of medical schools.

National Advisory Commission on Health Facilities -- correspondence recommending membership thereon.

P. S. - Arrangements have now been made for Dr. William N. Hubbard, Jr., to present the Association's views on the appropriations to the subcommittee of the House at 2:45 p.m. on Thursday, April 27. We are trying to arrange for four or five of the other officers or Council members to accompany him. -- RCB.

PRELIMINARY SCHEDULE FOR REGIONAL MEETINGS

COUNCIL OF TEACHING HOSPITALS

1967

1. Week of June 12 - Northeast Region
   129 hospitals
   New York City

2. Week of June 19 - Southern Region
   62 hospitals
   Atlanta, Georgia

3. Week of June 26 - Midwest and Great Plains Regions combined
   78 hospitals
   Chicago, Illinois

4. Week of July 10 - Southern Region
   33 hospitals
   San Francisco, California

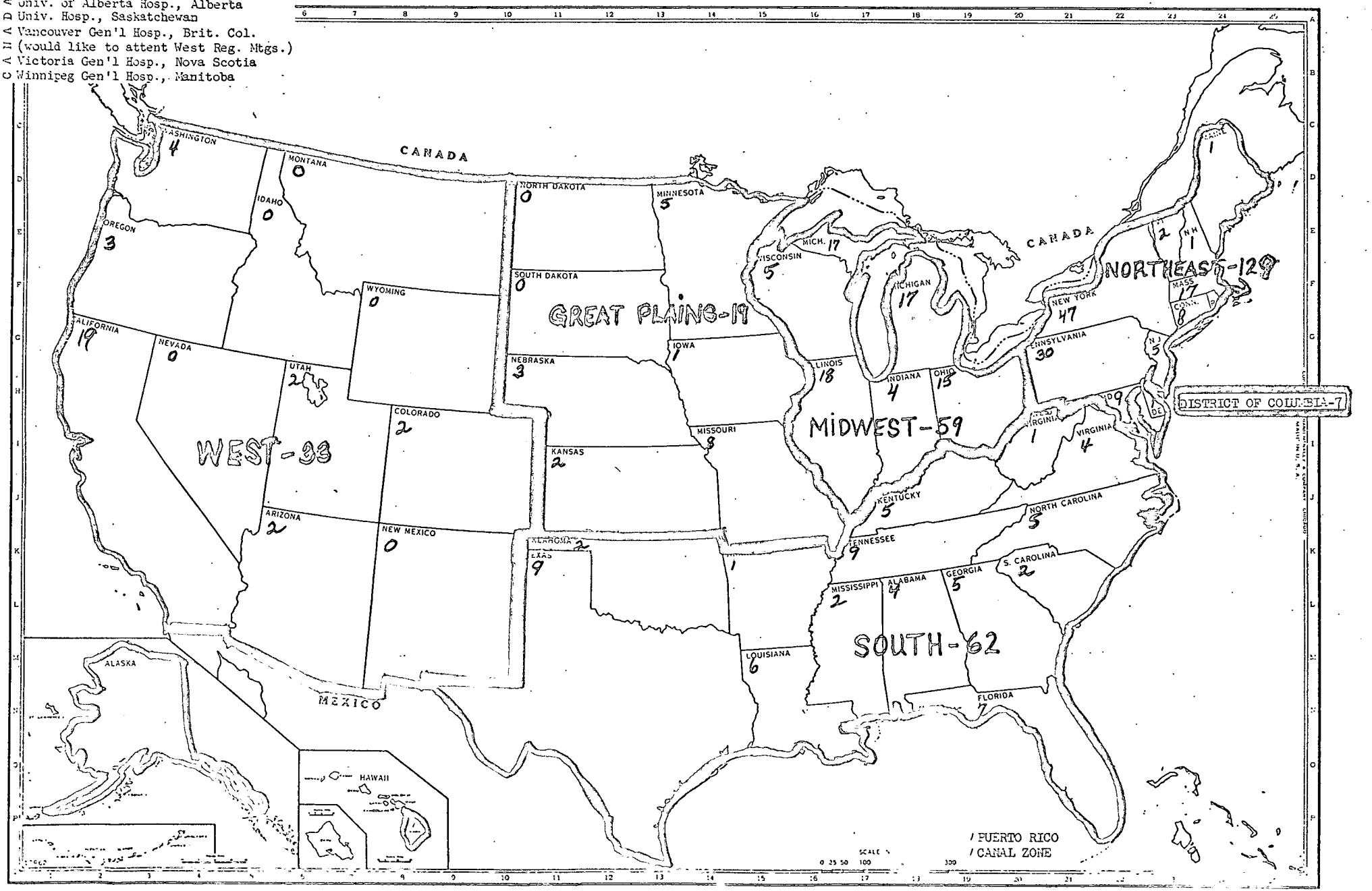
Note: The member teaching hospital from each Puerto Rico and the Canal Zone would be invited to Atlanta.

Of the 7 Canadian hospitals, 2 would be invited to New York, 3 to Chicago and 2 to San Francisco. However, the schedule would be announced in general so that any hospital could attend any regional meeting that was desirable.

Ottawa Civic Hosp., Ontario
Saint Joseph's Hosp., Ontario
A Univ. of Alberta Hosp., Alberta
D Univ. Hosp., Saskatchewan
A Vancouver Gen'l Hosp., Brit. Col.
H (would like to attent West Reg. Mtgs.)
A Victoria Gen'l Hosp., Nova Scotia
C Winnipeg Gen'l Hosp., Manitoba

RAND McNALLY
STATE OUTLINE MAP

UNITED STATES
SIZE 11 x 17



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STATEMENT FOR
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
CONCERNING H.R. 6418
PARTNERSHIP FOR HEALTH AMENDMENTS OF 1967
MAY 4, 1967

Mr. Chairman and members of the Subcommittee, I am Dr. Thomas B. Turner, dean of the School of Medicine of The Johns Hopkins University, and past president of the Association of American Medical Colleges. Our Association represents all of the accredited medical schools and a majority of the major teaching hospitals in the United States. I have been asked to express our appreciation for this opportunity to tell you our thoughts with respect to both the bill H.R. 6418 and the "Partnership for Health Act" of 1966, which it extends and expands.

We have two things to say, gentlemen. We want to express our thoroughgoing and complete approval of the objectives and of almost all the content of the act and the bill.

Having done that, we will point out one serious flaw in the original act and in the present bill before us which could do serious damage to our schools of medicine and to our teaching hospitals, to their relations with the government and to their ability to provide the doctors we need, a flaw which we believe reflects a confusion of terminology with potential results never intended by this committee or the Congress.

First, we are delighted to support legislation that aims at creating a much more effective partnership between the federal and state and local units of government in the field of public health.

We agree that with few exceptions, State Departments of Public Health have been woefully understaffed and underfinanced. The provisions

of this legislation designed to enhance competence in those departments seem well planned to meet a long standing need.

We agree, too, that comprehensive planning to meet public health needs on a state-wide and local area basis is badly needed and that the fragmentation and imbalances created by a host of categorical grants-in-aid to State Departments of Public Health can best be corrected through lump-sum grants with each state permitted to set its own priorities as regards its own public health problems.

We support state planned training of home-health aides and the establishment of home-health services.

We believe the provisions making possible an interchange of public health personnel between the states and the federal government to be imaginative and of great potential value.

All of those provisions were in the legislation enacted last year which this bill would extend and expand.

In addition to extending the life of Public Law 89-749, this bill contains three new provisions which our Association also regards as very well worthwhile.

Certainly the quality of the services rendered by clinical laboratories is of vital importance to all our people. Currently, in many instances, it is far below -- dangerously below -- what it should be. We support the provisions of H.R. 6418 designed to improve the performance of clinical laboratories.

Last year we strongly endorsed legislation passed by the Congress which made possible cooperation between Veterans Hospitals and community facilities and cooperative use of expensive equipment and talented manpower. This bill would make it possible for Public Health Service hospitals to similarly cooperate with other institutions, and that provision, too, has our strong support.

The section providing for Research and Demonstrations Relating to Health Facilities and Services seems to us highly constructive and important and has our strong support. There is urgent need for improvements in the effectiveness with which health services are delivered to people who need them and the efficiency with which facilities are designed and used. But these are complicated matters and research, demonstration and evaluation of methods must be conducted with thoroughness and care. Universities, medical schools and teaching hospitals, as well as other institutions and organizations can make important contributions if the resources are made available. We assume that it is intended that these programs would be supported on their merits and potential national contribution, and would not be subject to the control of state planning agencies and we would urge that Congress make its intentions quite clear on this point.

With all of these proposals, we are in hearty agreement and, in addition, we thoroughly approve of the provision authorizing grants to Schools of Public Health. Like our own schools, these Schools of Public Health -- few in number -- are undertaking to meet a vast national need. Graduates of each such school fan out to meet the needs not of any

one state but of all the states and of the nation itself. As we interpret Section 4 of the Act, the Surgeon General will make these grants directly to such Schools of Public Health as are undertaking to meet this national need. There will be no agency of any one state intervening to say "No." To say, "We have a more immediate and pressing need in our locality that takes precedence over the needs of our neighboring states or of the nation." Such intervention would frustrate the will of the Congress, and we assume that it is not contemplated by your committee.

Yet the possibility of such intervention remains. And that, gentlemen, brings me to the one point where we must take serious issue with this legislation. Where we must beseech you to amend both the act and the bill. Where we must ask for a very clearcut statement of congressional intent in your committee's report.

The Senate acted first on what became Public Law 89-749. In reporting the bill, the Senate Committee said, and I quote, "The bill would extend to public health programs the concept of comprehensive planning that has been effectively used in the Hill-Burton program, strengthen and improve the existing programs of grants-in-aid for public health services, and provide Federal assistance to the mentally retarded and other handicapped children," unquote.

Having stipulated that these were the purposes of the bill and having stressed "public health services," the report went on to list some 13 activities carried out by state and local public health authorities which would be materially strengthened by the passage of the legislation.

The stress throughout the report was on public health activities. Traditionally public health activities primarily involved such things as control of contagious diseases; the sanitation of milk and water supplies; sewage disposal; the cleanliness of restaurants and food handlers; control of disease carriers; statistical reporting in births and deaths. All such matters involve the invocation of the police powers of the States and local governmental units. They come quite properly within the jurisdiction of state governments and certainly an agency of state government could make and enforce plans for the efficient discharge of such functions.

The same is true of controls over air and water pollution which similarly involve the police powers of both state and federal governments. Planning for these and for such newly developed public health functions as the operation of clinics, the administration of categorical health programs, and the distribution and non-duplication of quasi-public health facilities can quite properly be carried out by a single state agency.

But whereas the Senate report stressed public health needs and your House committee report referred to -- I quote -- "comprehensive health planning that would identify public health needs," unquote, the language in the act and in this proposed legislation goes far beyond what has been considered the realm of public health activities.

Specifically, the act authorizes one state agency to draw up comprehensive plans covering all health facilities and including all health manpower. And it contemplates having that one state agency set priorities which would determine which health promoting activities would be undertaken

at a given time and which of a host of differing types of health facilities could be funded at a given time. Many states have designated the Department of Public Health as that agency.

We repeat, gentlemen, that we consider this quite proper and obviously desirable as regards a state's public health activities and its public or quasi-public health facilities. It would not be at all proper, it would be self-defeating, and would represent a great leap backward if state planning agencies were given the power to force their plans on institutions educating health personnel.

This is the point we would urge on you with all the power at our command.

We believe what we have to say applies to the education of all health personnel at the university level. However, our particular sphere of competence has to do with the education of physicians and the operation of teaching hospitals and we will restrict our testimony to that area.

It is most important that this committee understand the roles and the functioning of our schools of medicine and teaching hospitals.

Most medical schools and many teaching hospitals are integral parts of universities. Those which are not have long histories of distinguished contributions to education in the health professions. We do not believe the state health planning councils could be expanded enough to include representatives of these institutions without becoming so large as to be ineffective.

Most importantly, each medical school and major teaching hospital,

whether state supported or not, exists, at least in part, to serve our entire nation. Each is located within a state but no one exists to serve only the needs of that state. Medical schools accept students and teaching hospitals accept interns, residents and patients from throughout the nation. After completing their training, young physicians serve in the Armed Forces, the Public Health Service and settle in various parts of the nation to serve the civilian population. And many members of the allied health professions are similarly mobile.

The idea that such institutions should be completely subject to control by a planning agency in the state in which they happen to be located simply would not work -- that is, save to the great detriment of the United States.

Ohio, for instance, is the home of some three medical schools with another being developed. Their graduates serve in countless states. Surely it is not the intent of the Congress to make it possible for a state planning agency to say that if perhaps two of those institutions would turn out enough physicians for Ohio, no federal funds would go to expand the others until all of California's needs for venereal disease clinics, drug addiction centers, sewage plants, and other public health facilities of high priority for that one state had been met.

Surely that is not what this committee meant. Yet that is what this legislation seems to make possible.

Similarly, what of schools like those at the University of Colorado or the University of Minnesota, whose graduates provide many of

the doctors for Idaho, Montana, North and South Dakota and other states without medical schools? What state agency in which of these many states shall determine the fate of these schools?

What of George Washington University here in Washington? Or Georgetown? Or Howard? Their graduates serve as doctors in dozens of states. Shall their futures be determined by the Department of Health of the District of Columbia? Surely you do not wish it so.

We could talk of many such cases -- of Harvard and Tufts in Massachusetts which serve all New England. Of my own Johns Hopkins, proud of its years of service to the entire nation. Does anyone want or think our future should be subject to a temporarily appointed director of public health for the single State of Maryland, no matter how competent the incumbent might be at any particular time?

This, gentlemen, is the situation in which we now find ourselves.

It is a situation which we found somewhat alarming last year but concerning which we were unable to take proper counsel or make proper representations to you because of the unexpectedness with which, as you will recall, hearings were held, and their brevity. The Congress acted before we could react.

We were not too alarmed, because it had been our understanding that the proposed comprehensive plans to be drawn by the state agencies were to be of an advisory nature only.

Now we are alarmed. Now, we find that these state health planning agencies may have power to enforce their plans on all health serving institutions and to control the construction of all health facilities including apparently those essential to the functioning of medical schools and teaching hospitals.

Testifying before the House Ways and Means Committee on March 1 of this year, Secretary Gardner said, and I quote: "We are recommending that where institutions participating in the Medicare program make capital expenditures that are not in accordance with statewide health plans, we would have authority to reduce reimbursements to the institutions or to terminate the participation agreement with them. This requirement can do much to strengthen state health planning." Unquote.

I would only add that it would certainly strengthen it; it could make acceptance of the state plan compulsory!

Even more alarming to us are certain recommendations made in the recent report on Medical Care Prices which we are advised are now Administration policy.

One recommendation says, quote, "The Federal Government shall require that grants to state and local governments for health purposes shall be spent in accordance with these plans and should deny funds for construction or expansion of health institutions which refuse to comply with the directions of the state or area-wide planning agency." Unquote.

To us that language means that the funds this committee authorized

under the Health Professions Educational Act and similar legislation to be granted to medical schools if those schools agreed to increase the number of their students could now be withheld even if the school were carrying out its contract with the Congress and the Federal Government. They would be withheld if the school's plans to expand its educational facilities, its research facilities, its teaching hospital, or its animal care facilities did not happen to coincide in detail with a master plan made with only one state in mind and with the immediate public health needs of that state obviously taking priority over the long-range educational needs of other states and of the nation.

Mr. Chairman and gentlemen, I am sure in my own mind that neither Secretary Gardner nor those who wrote the recommendations in the report had our university schools of medicine or their essential hospitals in mind when they made those statements. I am certain that when this committee and the Congress passed the Health Professions Educational Assistance Act and urged us to plan to increase the supply of doctors by 50,000 just as quickly as possible, they did not intend that our plans for expansion would be subjected to control or interdiction by any single state agency or local community planning body.

Yet, unless you, gentlemen, amend both the act and this bill, unless you clearly spell out your intent that state health planning agencies not have the power to enforce their plans on or withhold federal funds from institutions engaged in the education of health personnel and the facilities essential to such educational pursuits, that is the position in which we will find ourselves.

We are not experts in legislative draftsmanship. It would appear to us that Section 314 (a) (2) of the act which sets forth the items to be included in a comprehensive state plan could have a provision added stating that "the education and training of college or graduate level health personnel and the provision or utilization of facilities used in connection with the training of such personnel shall not be considered as coming within the purview of the state planning agency."

A somewhat similar provision would seem needed in Section 2 (a) (2) of H.R. 6418.

Other amendments may well be needed. Certainly we would hope for a strong statement in the Committee's report making it crystal clear that our medical schools and teaching hospitals are not to be affected by the operation of this legislation.

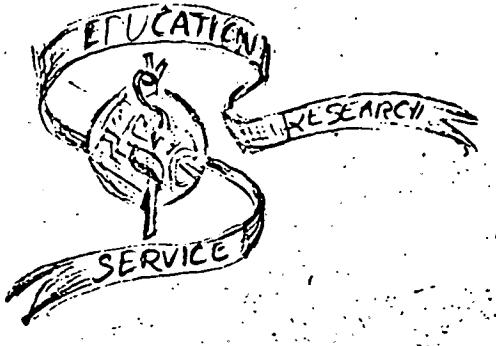
In conclusion, gentlemen, let me repeat that we strongly favor the enactment of all parts of this legislation, so long as the powers of enforcement of the state health planning agency are limited to grants for comprehensive public health services and project grants for health services development (Section 314 (d) and (e)), for which a state agency may properly plan.

We believe in planning to meet health needs. We believe in the planning of health facilities. And we believe in planning for the education of the medical manpower this nation needs -- a subject now under consideration by the President's Commission on Health Manpower.

Should this committee believe that the planning of such education should at this time be made the subject of legislation, we ask that it take the form of a separate title or a separate bill; that the planning agency designated be national or regional; that the schools and hospitals we represent be consulted in its drafting.

Thank you.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES



This is to certify that

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having demonstrated significant and continuing interest in medical education is elected to and accorded the full privileges of membership for 1966-1967 *in*

THE COUNCIL OF TEACHING HOSPITALS

CHAIRMAN, COTH

DIRECTOR, COTH

PRESIDENT, AAMC

EXECUTIVE DIRECTOR, AAMC

April 27, 1967

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES PROPOSALS FOR THE SUPPORT OF MEDICAL EDUCATION BY THE FEDERAL GOVERNMENT, 1967

PREAMBLE

The medical schools of the United States and their associated medical centers require improved support from the Federal Government in order to meet their obligations to the health of the people. The expectations of the people will only be fulfilled through increased output of physicians along with other professional and supporting health workers; through continued support of both basic and applied research; and through enhanced delivery of health care in the community. In each of these functions the medical schools and their associated medical centers are an essential national resource. In order to preserve and improve this resource, four proposals are made:

1. A basic institutional support grant should be made to university medical centers.

2. Project research and research training grants should be continued and increased.

3. Programs involving the university medical center in expanded community health service should be administered so as to increase institutional strengths.

4. In the Department of Health, Education, and Welfare a single locus of concern for university medical center programs should be established.

THE ACADEMIC MEDICAL CENTER

The university is today the typical institutional setting of the interdependent programs of education, patient service and research that form an academic medical center; recognizing that ten established academic medical centers are included which have an analogous setting except that the medical school is independent of a parent university.

The core of the academic medical center is the faculty and facilities necessary for the education of the M.D. candidate. But other essential roles are simultaneously served. Basic medical scientists are also responsible for the graduate degree programs and the research training which are the source of tomorrow's teachers and investigators in these basic health sciences. The research efforts of the basic science faculty create the scholarly environment needed for the kind of education that prepares the student to understand and

utilize the scientific advances that will occur during his professional lifetime. These same research efforts produce the knowledge necessary to improved definition and solution of problems vital to human health.

The clinical faculty adds the responsibility for patient care to its obligations for teaching and research. Both the medical school and the hospital phases of the physician's education are shared by the clinical faculty, while they are increasingly sought after for the postgraduate education of the practicing physician. Research and research training programs, both basic and applied, are necessary for these 'teacher-physician-scientists' to translate laboratory findings into improved patient care and more effective teaching. Commonly, this same medical faculty shares responsibility for teaching students of dentistry, nursing, pharmacy and supporting health workers.

The academic medical centers vary widely in their organization for patient service, but all have the obligation to provide exemplary patient care under faculty responsibility. This high level of patient service is necessary to medical education and medical research, but is also an important community resource.

Every academic medical center in the United States is in trouble financially and some are in desperate straits. Improved support is needed to sustain the quality of their existing programs; to permit them to enlarge their output of essential medical manpower and to provide for new programs to enhance the delivery of health services.

I. Basic Institutional Support Grants for Academic Medical Centers

As Federal health programs have evolved over the past twenty years, they have dealt separately with education, research and medical care. The institutional integrity of the academic medical center is essential to the attainment of the separate and collective missions of these programs and so it is necessary that they preserve the inseparable interdependence of teaching, research and patient care within the academic medical center.

1. Basic institutional support grants should be increased and extended to support the full range of educational programs of the academic medical center.

2. Project grants for education or research should allow for overlapping use of these resources within the university medical center, to the extent that the fulfillment of the primary purpose allows.

3. University medical center construction grants should not be restricted to the exclusive use of only one part of the triad of training, research, and service. Common use of an area is inevitable if research and service are part of the teaching environment.

4. A system of accountability which accepts the full range of health related efforts in the academic medical center should be developed. An accounting concept which requires complete separation of teaching, research and clinical service is not in the best national interest, because it decreases the advantages of interaction among these interdependent activities.

II. Research and Research Training

The established programs of the National Institutes of Health must be maintained and expanded. The research and research training supported through the National Institutes of Health has been essential to improving the quality of medical education over the past twenty years. The supply of new faculty members for developing medical schools has been dependent upon the career development opportunities of these programs. Most importantly, our present knowledge cannot solve our health problems and expanded research is urgently needed.

1. A sustained and generous commitment to independent basic and to applied research should be maintained. Directed research should be supported as a supplement to and not as a substitute for independent research and research training.

2. General Research Support Grants should be increased in such a way that interference with growth of independent research and research training would be avoided.

III. Academic Medical Center Involvement in Community Health Needs

The purpose of medical knowledge is completed only when it is applied in health care and academic medical centers seek to develop models of improved patient care for general community use. Enlarged faculty and clinical resources will be needed for the experiments in the delivery of patient care so that these increased efforts will not dilute the quality of basic programs of education and research in the university medical center.

1. In order that the academic medical center can develop models for improved delivery of health services, capital and operating grants analogous to those supporting the clinical research centers should be provided.

IV. The Partnership of the Academic Medical Centers and the Federal Government

In the last few years, serious problems have arisen as university medical centers have had to accommodate to a variety of administrative policies and regulations of numerous Federal agencies whose first concern must be with their statutory missions rather than with the integrity of the academic institutions through which these missions are accomplished. There is a need for a continuing effort based on a long-standing mutual dependence and respect to discover and maintain the practices that will allow the public purposes of the Federal Government to be achieved through the efforts of the academic medical centers.

1. In the planning and operation of health related programs of education and research that are to conducted within the resources of the academic medical centers, a single locus of responsibility within the Department of Health, Education, and Welare should be established by the Secretary.

2. Programs of Federal agencies conducted in cooperation with academic medical centers should be administered to produce the specific results required by the agency and also with a view to increasing the institutional strength of the medical center.

CONCLUSION

In 1961, the Association of American Medical Colleges outlined the opportunities and needs by which their institutional members could contribute most effectively to the achievement of national health goals. Each of the recommendations made in 1961 has now been initiated in legislation that has established a partnership of effort between the university medical centers and the Federal Government.

The academic medical centers of the United States through the Association of American Medical Colleges accept the responsibility they have to serve the health needs of the people. The proposals that have been made for the support of medical education by the Federal Government are essential to the fulfillment of this responsibility.

WNH:sdg

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL
27514

HEALTH SCIENCES

April 18, 1967

Mr. Matthew F. McNulty, Jr.
Association of American Medical Colleges
Council of Teaching Hospitals
1501 New Hampshire Avenue, N.W.
Washington, D. C. 20036

Dear Matt:

Thank you very much for your letter expressing appreciation for our doing only what should have been done a long time ago. You and the Council of Teaching Hospitals have our very best wishes. If there are specific ways in which we can provide further help, please feel free to let us know.

Warmest regards.

Sincerely yours,

C. Arden Miller, M.D.
Vice Chancellor
Health Sciences

CAM:mr

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98105

School of Medicine
Department of Medicine
DIVISION OF CLINICAL PHARMACOLOGY

April 25, 1967

Mr. Matthew F. McNulty, Jr.
Director, Council of Teaching Hospitals
Association of American Medical Colleges
2530 Ridge Avenue
Evanston, Illinois 60201

Dear Mac:

Many thanks for your kind letter from the Executive Committee of the Council on Teaching Hospitals. I appreciate very much their kind thoughts and have been particularly pleased to see the continuing developments within the AAMC as they relate to our teaching hospitals. Appropriate recognition of and participation by the leaders of our teaching hospitals has been a concern of mine since we had to fight to establish the teaching hospital section.

I appreciate your expression very much, and want to extend my best wishes for the continuing growth of the Council on Teaching Hospitals.

Sincerely yours,

George

George N. Aagaard, M.D.
Professor of Medicine
Head Clinical Pharmacology

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MEDICAL SCHOOLS AND THE AAMC IN RELATION TO TRAINING FOR FAMILY PRACTICE AND THE GRADUATE EDUCATION OF PHYSICIANS

Dr. Edmund D. Pellegrino, Chairman
Director
Stoney Brook Medical Center
Stoney Brook, New York

Dr. W. Reese Berryhill
The University of North Carolina
School of Medicine
Chapel Hill, North Carolina 27515

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Mr. Stanley A. Ferguson
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Dr. Leon O. Jacobson, Dean
The University of Chicago
School of Medicine
950 E. 59th Street
Chicago, Illinois 60637

Dr. Charles J. Tupper, Dean
University of California at Davis
School of Medicine
Davis, California 95616

COUNCIL OF TEACHING HOSPITALS -- MEMBERSHIP SUMMARY
MAY 1967

1.	Total Paid Members	311
2.	Approved as Nominated by Dean (Needs Verification)	202
3.	Approved as Meeting Other Criteria	109
4.	Hospital Members by Country	
	4.1 United States	302
	4.2 Canada	7
	4.3 Puerto Rico	1
	4.4 Canal Zone	1
5.	Veterans Administration Hospitals	47
6.	U. S. Public Health Service Hospitals	3
7.	Hospitals Presented at this Meeting	9
8.	Hospitals Previously Approved But Have Not Paid Dues	17

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COUNCIL OF TEACHING HOSPITALS

May 1, 1967

ALABAMA

Children's Hospital
Harry C. Shirkey, M. D.
Director
1601 Sixth Avenue, South
Birmingham, Alabama 35233

Mobile General Hospital
Winston C. Whitfield
Administrator
850 St. Anthony Street
Mobile, Alabama 36603

University of Alabama Hospitals and Clinics
Robert W. Holters
Administrator
619 South 19th Street
Birmingham, Alabama 35233

Veterans Administration Hospital
Clyde G. Cox
Hospital Director
700 S. 19th Street
Birmingham, Alabama 35233

ARIZONA

Good Samaritan Hospital
Stephen M. Morris
Administrator
1033 East McDowell Road
Phoenix, Arizona 85006

Saint Joseph's Hospital
Sister M. Monica
Administrator
P. O. Box 2071
Phoenix, Arizona 85001

ARKANSAS

University Hospital
Robert E. Sleight
Administrator
4301 West Markham Street
Little Rock, Arkansas 72205

CALIFORNIA

Cedars-Sinai Medical Center
David Littauer, M. D.
Executive Director
4833 Fountain Avenue
Los Angeles, California 90029

Childrens Hospital of Los Angeles
Henry B. Dunlap
Administrator
4614 Sunset Boulevard
Los Angeles, California 90027

Highland General Hospital
Kenneth R. Nelson, M. D.
Director of Medical Institutions
2701 Fourteenth Avenue
Oakland, California 94606

The Hospital of the Good Samaritan
Margaret J. Wherry, R. N.
Administrator
1212 Shatto Street
Los Angeles, California 90017

Loma Linda University Hospital
Clarence A. Miller
Administrator
11055 Anderson Street
Loma Linda, California 92354

Los Angeles County General Hospital
David Odell
Administrator
1200 North State Street
Los Angeles, California 90033

Los Angeles County Harbor General Hospital
Leslie A. Smith
Administrator
1000 West Carson
Torrance, California 90509

Memorial Hospital of Long Beach
Donald C. Carner
Executive Vice President
2801 Atlantic Avenue
Long Beach, California 90801

Mount Zion Hospital and Medical Center
Mark Berke
Director
2600 Divisadero Street
San Francisco, California 94115

Orthopaedic Hospital at Los Angeles
Mary F. Thweatt, R. N.
Director
2400 Flower Street, South
Los Angeles, California 90007

Palo Alto-Stanford Hospital Center
LeRoy E. Bates, M. D.
Director
300 Pasteur Drive
Palo Alto, California 94304

Presbyterian Medical Center
C. Edward Dean, III
Administrator
Clay and Webster Streets
San Francisco, California 94115

San Diego County-University Hospital
A. F. Crumley, M. D.
Administrator
225 West Dickinson Street
San Diego, California 92103

UCLA Hospital
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10833 Le Conte Avenue
Los Angeles, California 90024

University of California Hospitals
Harold H. Hixson
Administrator
Parnassus and First Avenue
San Francisco, California 94122

Wadsworth Hospital, Veterans Admin. Center
Charles S. Modica, M. D.
Center Director
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Los Angeles, California 90073

Veterans Administration Hospital
Lowell C. Like
Hospital Director
3801 Junipero Serra Boulevard
Palo Alto, California 94304

Veterans Administration Hospital
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42nd and Clement Street
San Francisco, California 94121

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Erwin J. Remboldt
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Los Angeles, California 90033

COLORADO

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Denver, Colorado 80218

University of Colorado Medical Center
George Tyner
Associate Dean and Vice President
for Medical Affairs
4200 East 9th Avenue
Denver, Colorado 80220

CONNECTICUT

Bridgeport Hospital
Clarence W. Bushnell
Administrator
267 Grant Street
Bridgeport, Connecticut 06602

Hartford Hospital
T. Stewart Hamilton, M. D.
Executive Director
80 Seymour Street
Hartford, Connecticut 06115

The Hospital of Saint Raphael
Sister Louise Anthony
Administrator
1450 Chapel Street
New Haven, Connecticut 16511

New Britain General Hospital
Bliss B. Clark, M. D.
Executive Director
100 Grand Street
New Britain, Connecticut 06050

Saint Francis Hospital
Sister M. Madeleine
Administrator
114 Woodland Street
Hartford, Connecticut 06105

Saint Vincent's Hospital
Sister Clair
Administrator
2820 Main Street
Bridgeport, Connecticut 06606

Veterans Administration Hospital
David Anton
Hospital Director
West Spring Street
West Haven, Connecticut 06516

Yale-New Haven Hospital
Albert W. Snoke, M. D.
Director
789 Howard Avenue
New Haven, Connecticut 06504

DELAWARE

Wilmington Medical Center
Ernest C. Shortliffe, M. D.
Executive Director
Chestnut at Broom Streets
Wilmington, Delaware 19899

DISTRICT OF COLUMBIA

Children's Hospital of the Dist.of Columbia
Donald F. Smith
Administrator
2125 13th Street, N. W.
Washington, D. C. 20009

Freedmen's Hospital
Charles E. Burbridge, Ph.D.
Superintendent
6th and Bryant Streets, N. W.
Washington, D. C. 20001

Georgetown University Hospital
John F. Imirie, Jr.
Director
3800 Reservoir Road, N. W.
Washington, D. C. 20007

The George Washington University Hospital
Victor F. Ludewig
Administrator
901 23rd Street, N. W.
Washington, D. C. 20037

Providence Hospital
Sister Margaret Eileen
Administrator
1150 Varnum Street, N. E.
Washington, D. C. 20017

Veterans Administration Hospital
T. J. Ready, M. D.
Hospital Director
50 Irving Street, N. W.
Washington, D. C. 20422

Washington Hospital Center
R. M. Loughery
Administrator
110 Irving Street, N. W.
Washington, D. C. 20010

FLORIDA

Duval Medical Center
Michael J. Wood
Executive Director
2000 Jefferson Street
Jacksonville, Florida 32206

Jackson Memorial Hospital
Charles W. Nordwall
Executive Director
1700 N. W. 10th Avenue
Miami, Florida 33135

Mount Sinai Hospital of Greater Miami
Samuel Gertner
Executive Vice President
4300 Alton Road
Miami Beach, Florida 33140

St. Vincent's Hospital
Sister Virginia
Administrator
Barrs and St. Johns Avenue
Jacksonville, Florida 33203

Shands Teaching Hospital and Clinics
Herluf Olsen, Jr.
Director
University of Florida
Gainesville, Florida 32601

Veterans Administration Hospital
Albert Tomasulo, M. D.
Hospital Director
*1200 Anastasia Avenue
Coral Gables, Florida 33134

Veterans Administration Hospital
Malcom Randall
Hospital Director
Gainesville, Florida

GEORGIA

Emory University Hospital
Burwell W. Humphrey
Administrator
1364 Clifton Road, N. E.
Atlanta, Georgia 30322

Eugene Talmadge Memorial Hospital
Walter W. Diggs
Administrator
1120 15th Street
Augusta, Georgia 30902

Grady Memorial Hospital
J. William Pinkston, Jr.
Superintendent
80 Butler Street, S. E.
Atlanta, Georgia 30303

*Effective 9/67:
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Miami, Florida

Veterans Administration Hospital
John G. Hood, M. D.
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4158 Peachtree Road, N. E.
Atlanta, Georgia 30319

Veterans Administration Hospital
E. P. Brannon, M. D.
Hospital Director
Wrightsboro Road
Augusta, Georgia 30904

HAWAII

The Queen's Hospital
Will J. Henderson
Administrator
1301 Punchbowl
Honolulu, Hawaii 96813

ILLINOIS

Chicago Wesley Memorial Hospital
Kenath Hartman
Superintendent
250 East Superior Street
Chicago, Illinois 60611

The Children's Memorial Hospital
Joseph R. Greer
Administrator
707 Fullerton Avenue
Chicago, Illinois 60614

Cook County Hospital
William M. McCoy
Administrator
1825 West Harrison
Chicago, Illinois 60612

Evanston Hospital
John M. Danielson
Vice President
2650 Ridge Avenue
Evanston, Illinois 60201

Illinois Masonic Hospital Association
Allen M. Hicks
Administrator
836 West Wellington Avenue
Chicago, Illinois 60657

Little Company of Mary Hospital, Inc.
Sister Mary Christopher, R. N.
Administrator
2800 West 95th Street
Evergreen Park, Illinois 60642

Loyola University Hospital
Lad F. Grapski
Director
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Chicago, Illinois 60612

Mercy Medical Center
Sister Mary Gwendoline
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2537 South Prairie Avenue
Chicago, Illinois 60616

Michael Reese Hospital and Medical Center
William J. Silverman
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Mount Sinai Hospital Medical Center
Nathan Helman
Executive Vice President
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Passavant Memorial Hospital
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Presbyterian-St. Luke's Hospital
James A. Campbell, M. D.
President
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Sister M. Alfreda, O.S.F.
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Chicago, Illinois 60637

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Administrator
840 Wood Street
Chicago, Illinois 60612

Veterans Administration Hospital
Lee H. Schlesinger, M. D.
Hospital Director
5th Avenue and Roosevelt Road
Hines, Illinois 60141

Veterans Administration Research Hospital
John L. McParland
Hospital Director
333 E. Huron Street
Chicago, Illinois 60611

Veterans Administration West Side Hospital
Joseph J. Frankel, M. D.
Hospital Director
820 S. Damen Avenue
Chicago, Illinois 60612

INDIANA

Indiana University Hospitals
Elton T. Ridley
Director
1100 W. Michigan Street
Indianapolis, Indiana 46202

Marion County General Hospital
Arvine G. Popplewell, M. D.
Director of Hospitals
960 Locke Street
Indianapolis, Indiana 46207

Methodist Hospital of Indiana, Inc.
Jack A. L. Hahn
Executive Director
16th and North Capitol Avenue
Indianapolis, Indiana 46207

Veterans Administration Hospital
Henry M. Dratz, M. D.
Hospital Director
1481 West 10th Street
Indianapolis, Indiana 46207

IOWA

University of Iowa Hospitals
Gerhard Hartman, Ph.D.
Superintendent
Newton Road
Iowa City, Iowa 52241

KANSAS

St. Francis Hospital
Sister Mary Oswaldina
Administrator
929 North St. Francis Avenue
Wichita, Kansas 67214

University of Kansas Medical Center
Russell H. Miller
Director
Rainbow Boulevard and 39th Street
Kansas City, Kansas 61603

KENTUCKY

Jewish Hospital
Otis L. Wheeler
Administrator
217 East Chestnut Street
Louisville, Kentucky 40202

Louisville General Hospital
A. G. Dierks
Director
232 East Chestnut Street
Louisville, Kentucky 40202

National Institutes of Health
Clinical Research Center
Robert W. Rasor, M. D.
Medical Officer in Charge
Box 2000
Lexington, Kentucky 40501

University of Kentucky Hospital
Richard D. Wittrup
Administrator
800 Rose Street
Lexington, Kentucky 40506

Veterans Administration Hospital
Aaron S. Mason, M. D.
Hospital Director
Leestown Pike
Lexington, Kentucky 40507

LOUISIANA

Charity Hospital of Louisiana
Louis Burroughs, M. D.
Director
1532 Tulane Avenue
New Orleans, Louisiana 70140

Ochsner Foundation Hospital
H. E. Hamilton
Director
1516 Jefferson Highway
New Orleans, Louisiana 70121

Touro Infirmary
Murray A. Diamond, M. D.
Executive Director
1400 Foucher Street
New Orleans, Louisiana 70115

United States Public Health Service Hospital
Merlin L. Brubaker, M. D.
Medical Officer in Charge
Carville, Louisiana 70721

United States Public Health Service Hospital
William A. Cherry, M. D.
Medical Director in Charge
210 State Street
New Orleans, Louisiana 70118

Veterans Administration Hospital
George W. Hobson, M. D.
Hospital Director
1601 Perdido Street
New Orleans, Louisiana 70140

MAINE

Maine Medical Center
Philip K. Reiman
Director
22 Bramhall Street
Portland, Maine 04104

MARYLAND

Baltimore City Hospitals
Frederic G. Hubbard
Director
4940 Eastern Avenue
Baltimore, Maryland 21224

Church Home and Hospital of the City of Baltimore
T. G. Whedbee, Jr.
Director
100 North Broadway
Baltimore, Maryland 21231

The Johns Hopkins Hospital
Russell A. Nelson, M. D.
President
601 North Broadway
Baltimore, Maryland 21205

Maryland General Hospital
Stewart B. Crawford
Superintendent
827 Linden Avenue
Baltimore, Maryland 21201

Prince George's General Hospital
Harry W. Penn, Jr.
Administrator
Cheverly, Maryland 20783

Saint Agnes Hospital of the City of Baltimore
Sister Alberta
Administrator
Caton and Wilkens Avenue
Baltimore, Maryland 21229

Sinai Hospital of Baltimore, Inc.
Arnold B. Kurlander, M. D.
Executive Director
Belvedere Avenue and Greenspring
Baltimore, Maryland 21215

The Union Memorial Hospital
B. Lee Mootz
Director
33rd and Calvert Streets
Baltimore, Maryland 21218

University of Maryland Hospital
George H. Yeager, M. D.
Director
Redwood and Green Streets
Baltimore, Maryland 21201

MASSACHUSETTS

Beth Israel Hospital
Mitchell T. Rabkin, M. D.
General Director
330 Brookline Avenue
Boston, Massachusetts 02215

Boston Hospital for Women
John G. Freymann, M. D.
Director
221 Longwood Avenue
Boston, Massachusetts 02115

The Carney Hospital
Sister Helen Kelley
Administrator
2100 Dorchester Avenue
Boston, Massachusetts 02124

Massachusetts Eye and Ear Infirmary
Charles T. Wood
Director
243 Charles Street
Boston, Massachusetts 02114

Massachusetts General Hospital
John H. Knowles, M. D.
General Director
Fruit Street
Boston, Massachusetts 02114

Massachusetts Mental Health Center
Jack R. Ewalt, M. D.
Superintendent
74 Fenwood Drive
Boston, Massachusetts 02115

New England Medical Center Hospitals
Richard T. Viguers
Administrator
Harrison Avenue and Bennet
Boston, Massachusetts 02111
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Pittsfield Affiliated Hospitals
Gerald L. Haidak, M. D.
Director
379 East Street
Pittsfield, Massachusetts 01201

Robert B. Brigham Hospital
Horace F. Altman
Administrator
125 Parker Hill Avenue
Boston, Massachusetts 02120

Saint Elizabeth's Hospital of Boston
John P. Rattigan, M. D.
General Director
736 Cambridge Street
Brighton, Massachusetts 02135

St. Vincent Hospital
Sister Miriam Regina, S. P.
Administrator
25 Winthrop Street
Worcester, Massachusetts 01604

The Springfield Hospital
Harry C. F. Gifford
Executive Director
759 Chestnut Street
Springfield, Massachusetts 01107

University Hospital, Inc.
Nelson F. Evans
Administrator
750 Harrison Avenue
Boston, Massachusetts 02118

*Peter Bent Brigham Hospital
F. Lloyd Mussells, M. D., Director
721 Hungtinton Avenue
Boston, Massachusetts 02115

Veterans Administration Hospital
Frances B. Carroll, M. D.
Hospital Director
150 S. Huntington Avenue
Boston, Massachusetts 02130

Veterans Administration Hospital
John V. Sheehan
Hospital Director
1400 Veterans of Foreign Wars Parkway
West Roxbury, Massachusetts 02132

Worcester City Hospital
John B. Hughes
Superintendent
26 Queen Street
Worcester, Massachusetts 01610

MICHIGAN

Blodgett Memorial Hospital
Ronald D. Yaw
Director
1840 Wealthy Street, S. E.
Grand Rapids, Michigan 49506

Children's Hospital of Michigan
Hugo V. Hullerman, M. D.
Executive Vice President
5224 St. Antoine
Detroit, Michigan 48202

Detroit Memorial Hospital
Franklin D. Carr
Administrator
690 Mullett Street
Detroit, Michigan 48226

Edward W. Sparrow Hospital
F. K. Neumann
Director
1215 East Michigan Avenue
Lansing, Michigan 48912

The Grace Hospital
Roger W. Debusk, M. D.
Director
4160 John Street
Detroit, Michigan 48201

Harper Hospital
George E. Cartmill
Director
3825 Brush Street
Detroit, Michigan 48201

Henry Ford Hospital
James T. Howell, M. D.
Executive Director
2799 West Grand Boulevard
Detroit, Michigan 48202

Hutzel Hospital
Catherine Maloy
Administrator
432 East Hancock
Detroit, Michigan 48201

Mount Carmel Mercy Hospital
Sister Mary Dolora, R. S. M.
Administrator
6071 West Outer Drive
Detroit, Michigan 48235

Providence Hospital
Sister Irene
Administrator
16001 Nine Mile Road
Southfield, Michigan 48076

Saint Joseph Mercy Hospital
Sister Mary Leonette, R. N.
Administrator
326 N. Ingalls Street
Ann Arbor, Michigan 48104

St. Joseph Mercy Hospital
Sister M. Xavier, R. S. M.
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Sinai Hospital of Detroit
Julien Priver, M. D.
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6767 West Outer Drive
Detroit, Michigan 48235

University Hospital, University of Michigan
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Ann Arbor, Michigan 48104

Veterans Administration Hospital
Leon Ross, M. D.
Hospital Director
2214 Fuller Road
Ann Arbor, Michigan 48105

Veterans Administration Hospital
Alan W. Chadwick
Hospital Director
Southfield and Outer Drive
Dearborn, Michigan 48121

Wayne County General Hospital and Infirmary
H. J. Wells, M. D.
General Superintendent
Eloise, Michigan 48132

MINNESOTA

The Charles T. Miller Hospital, Inc.
William N. Wallace
Administrator
125 West College Avenue
Saint Paul, Minnesota 55102

Hennepin County General Hospital
Paul J. Vogt
Administrator
Fifth and Portland South
Minneapolis, Minnesota 55415

St. Paul Ramsey Hospital
Thomas E. Broadie, M. D.
Superintendent
640 Jackson Street
Saint Paul, Minnesota

University of Minnesota Hospitals
John H. Westerman
Director
412 Union Street, S. E.
Minneapolis, Minnesota 55455

Veterans Administration Hospital
Edward Mandell, M. D.
Hospital Director
48th and 54th Streets, South
Minneapolis, Minnesota 55417

MISSISSIPPI

University Hospital
David B. Wilson, M. D.
Director
2500 North State Street
Jackson, Mississippi 39216

Veterans Administration Center
Walter R. Byrd
Center Director
1500 E. Woodrow Wilson Drive
Jackson, Mississippi 39216

MISSOURI

Barnes Hospital
Robert E. Frank
Director
600 Barnes Plaza
St. Louis, Missouri 63110

The Jewish Hospital of St. Louis
David A. Gee
Executive Director
216 South Kingshighway
St. Louis, Missouri 63110

Kansas City General Hospital and Medical Center
Richardson K. Noback, M. D.
Executive Director
24th and Cherry Streets
Kansas City, Missouri 64108

St. Johns Mercy Hospital
Sister M. Isidore Lennon, R. S. M.
Administrator
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St. Louis, Missouri 63141

Saint Louis Children's Hospital
Lilly Hoekstra
Director
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St. Louis, Missouri 63110

Saint Louis University Hospitals
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Director
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University of Missouri Medical Center
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Veterans Administration Hospital
Samuel L. Aspis, M. D.
Hospital Director
4801 Linwood Boulevard
Kansas City, Missouri 64128

NEBRASKA

Creighton Memorial St. Joseph Hospital
Sister M. Antonette, O.S.F.
Administrator
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Omaha, Nebraska 68108

University of Nebraska Hospital
Richard C. Schripsema
Administrator
42nd and Dewey Avenue
Omaha, Nebraska 68105

Veterans Administration Hospital
K. W. Brown, M. D.
Hospital Director
4101 Woolworth Avenue
Omaha, Nebraska 68105

NEW HAMPSHIRE

Mary Hitchcock Memorial Hospital
William L. Wilson
Administrator
2 Maynard Street
Hanover, New Hampshire 03755

NEW JERSEY

The Cooper Hospital
Robert Y. Garrett, Jr.
Administrator and Vice President
Sixth and Stevens Streets
Camden, New Jersey 08103

Jersey Shore Medical Center-Fitkin Hospital
David V. Carter
Administrator
Corlies Avenue
Neptune, New Jersey 07753

Newark Beth Israel Hospital
J. A. Rosenkrantz, M. D.
Executive Director
201 Lyons Avenue
Newark, New Jersey 07112

St. Michael's Hospital
Sister M. Rosaria, S. F. P.
Administrator
306 High Street
Newark, New Jersey 07102

Veterans Administration Hospital
Reuben Cohen
Hospital Director
Tremont Avenue and S. Centre Street
East Orange, New Jersey 07019

NEW YORK

Albany Medical Center Hospital
Thomas Hale, M. D.
Executive Vice President
New Scotland Avenue
Albany, New York 12208

Booth Memorial Hospital
Harold G. Barry, Lt. Colonel
Administrator
Main Street at Booth Memorial Avenue
Flushing, New York 11355

The Brookdale Hospital Center
Morrell Goldberg
Executive Director
Linden Boulevard and Rockway Parkway
Brooklyn, New York 11212

The Brooklyn-Cumberland Medical Center
Gordon M. Derzon
Executive Director
121 DeKalb Avenue
Brooklyn, New York 11201

The Bronx-Lebanon Hospital Center
Edward Kirsch, M. D.
Executive Director
1276 Fulton Avenue
New York, New York 10456

The Buffalo General Hospital
Rudolf G. Hils
Director
100 High Street
Buffalo, New York 14203

Children's Hospital of Buffalo
Frank L. Muddle
Director
219 Bryant Street
Buffalo, New York 14222

City Hospital Center at Elmhurst
Mount Sinai Hospital Services
Bernard M. Weinstein
Administrator
79-01 Broadway
Elmhurst, New York 11373

Crouse-Irving Hospital
Dorothy Pellenz
Administrator
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Syracuse, New York 13210

Edward J. Meyer Memorial Hospital
L. Edgar Hummel, M. D.
Administrator
462 Grider Street
Buffalo, New York 14215

Flower and Fifth Avenue Hospitals
Lawrence L. Smith
Hospital Administrator
Fifth Avenue at 106th Street
New York, New York 10029

The Genesee Hospital
Herbert M. Krauss
Director
224 Alexander Street
Rochester, New York 14607

Highland Hospital of Rochester
Allan C. Anderson
Administrator
South Avenue and Bellevue Drive
Rochester, New York 14620

Hospital for Special Surgery
T. Gordon Young
Director
535 East 70th Street
New York, New York 10023

The Jewish Hospital and Medical Center of Brooklyn
Samuel J. Gelman, M. D.
Executive Director
555 Prospect Place
Brooklyn, New York 11238

Kings County Hospital Center Unit
Sander V. Smith, M. D.
Hospital Administrator
451 Clarkson Avenue
Brooklyn, New York 11203

Lenox Hill Hospital
Louis Schenkwelier
Administrator
100 East 77th Street
New York, New York 10021

Lincoln Hospital
Nasry Michelen, M. D.
Medical Administrator
320 Concord Avenue
New York, New York 10454

The Long Island College Hospital
William K. Klein
Director
340 Henry Street
Brooklyn, New York 11201

The Long Island Jewish Hospital
Peter Rogatz, M. D.
Director
270-05 76th Avenue
New Hyde Park, New York 11040

Lutheran Medical Center
George Adams
Executive Director
4520 Fourth Avenue
Brooklyn, New York 11220

Maimonides Medical Center
Irvin J. Cohen, M. D.
Executive Vice President
4802 10th Avenue
Brooklyn, New York 11219

Mary Imogene Bassett Hospital
Douglas S. Damrosch, M. D.
Director General
Atwell Road
Cooperstown, New York 13326

Meadowbrook Hospital
James F. Collins, M. D.
Superintendent
Carmen Avenue and Bethpage Turnpike
East Meadow, New York 11554

Memorial Hospital for Cancer and Allied Diseases
Richard D. Vanderwarker
Executive Vice President
444 East 48th Street
New York, New York 10021

Methodist Hospital of Brooklyn
Vernon Stutzman
Executive Director
504 6th Street
Brooklyn, New York 11215

Millard Fillmore Hospital
Leon Carson
Administrator
3 Gates Circle
Buffalo, New York 14209

Misericordia-Fordham Hospital
Sister St. Marcelle
Administrator
600 E. 233rd Street
Bronx, New York 10466

Montefiore Hospital and Medical Center
Martin Cherkasky, M. D.
Director
Bainbridge Avenue and 210th Street
Bronx, New York 10467

The Mount Sinai Hospital
Martin R. Steinberg, M. D.
Director
11 East 100th Street
New York, New York 10029

The New York Hospital
David D. Thompson, M. D.
Director
525 East 68th Street
New York, New York 10021

The Presbyterian Hospital in the City of New York
A. J. Binkert
Executive Vice President
622 West 168th Street
New York, New York 10032

Queens Hospital Center
Philip Kahan, M. D.
Medical Administrator
82-68 164th Street
Jamaica, New York 11432

The Rochester General Hospital
Christopher Parnall, M. D.
Director
1425 Portland Avenue
Rochester, New York 14621

The Roosevelt Hospital
Peter B. Terenzio
Executive Vice President
428 West 59th Street
New York, New York 10019

St. Clare's Hospital
Sister M. John Kevin, O. S. F.
Administrator
415 West 51st Street
New York, New York 10019

St. Johns Episcopal Hospital
Paul J. Connor, Jr.
Director
480 Herkimer Street
Brooklyn, New York 11213

St. Luke's Hospital Center
Charles W. Davidson
Executive Director
Amsterdam Avenue at 114th Street
New York, New York 10025

St. Mary's Hospital of the Sisters of Charity
Sister Margaret
Administrator
89 Genesee Street
Rochester, New York 14611

Saint Vincent's Hospital and Medical Center of New York
Sister Anthony Marie
Administrator
153 West 11th Street
New York, New York 10011

State University Hospital
James H. Abbott
Vice President for Hospital Affairs
750 E. Adams Street
Syracuse, New York 13210

Strong Memorial Hospital
James W. Bartlett, M. D.
Acting Medical Director
260 Crittenden Boulevard
Rochester, New York 14620

University Hospital of New York University Medical Center
Irwin G. Wilmot
Administrator
560 First Avenue
New York, New York 10016

Veterans Administration Hospital
Richard B. Bean, M. D.
Hospital Director
113 Holland Avenue
Albany, New York 12208

Veterans Administration Hospital,

P. R. Casesa, M. D.
Hospital Director
800 Poly Place
Brooklyn, New York 11209

Veterans Administration Hospital
Herbert Fineberg, M. D.
Hospital Director
3495 Bailey Avenue
Buffalo, New York 14215

Veterans Administration Hospital
C. F. Heard, Jr.
Acting Hospital Director
First Avenue and 24th Street
New York, New York 10010

NORTH CAROLINA

Charlotte Memorial Hospital
John W. Rankin
Director
1000 Blythe Boulevard
Charlotte, North Carolina 23203

Duke University Medical Center
Charles H. Frenzel
Administrative Director
Durham
North Carolina 27706

North Carolina Baptist Hospitals, Inc.
Reid T. Homes
Administrator
300 South Hawthorne Road
Winston-Salem, North Carolina 27103

North Carolina Memorial Hospital
William L. Ivey
Director
Pittsburo Road
Chapel Hill, North Carolina 27514

Veterans Administration Hospital
Nelson A. Jackson
Hospital Director
Fulton Street and Erwin Road
Durham, North Carolina 27705

OHIO

Akron General Hospital
Joseph S. Lichty, M. D.
Executive Director
400 Wabash Avenue
Akron, Ohio 44307

Cleveland Clinic Hospital
James G. Harding
Hospital Administrator
2020 East 93rd Street
Cleveland, Ohio 44106

Cincinnati General Hospital
David A. Reed
Administrator
3231 Burnet Avenue
Cincinnati, Ohio 45229

Cleveland Metropolitan General Hospital
David A. Miller
Director
3395 Scranton Road
Cleveland, Ohio 44109

Good Samaritan Hospital
Sister Grace Marie, S. C.
Administrator
3217 Clifton Avenue
Cincinnati, Ohio 45220

Maumee Valley Hospital
Warren Rayman
Administrator
2025 Arlington Avenue
Toledo, Ohio 43609

Miami Valley Hospital
Frank C. Sutton, M. D.
Director
1 Wyoming Street
Dayton, Ohio 45409

Mount Carmel Hospital
Sister M. Lolita, R. N.
Administrator
793 West State Street
Columbus, Ohio 43222

The Mt. Sinai Hospital of Cleveland
Sidney Lewine
Director
University Circle
Cleveland, Ohio 44106

The Ohio State University Hospitals
Bernard J. Lachner
Administrator
410 West 10th Avenue
Columbus, Ohio 43210

Saint Elizabeth Hospital
Sister M. Consolata
Administrator
1044 Belmont Avenue
Youngstown, Ohio 44505

St. Luke's Hospital Association of the Methodist Church
Kenneth J. Shoos
Superintendent
11311 Shaker Boulevard
Cleveland, Ohio 44104

University Hospitals of Cleveland
Stanley A. Ferguson
Director
2065 Adelbert Road
Cleveland, Ohio 44106

Veterans Administration Hospital
Mr. L. H. Gunter
Hospital Director
3200 Vine Street
Cincinnati, Ohio 45220

Veterans Administration Center
Ray Q. Bumgarner
Center Director
4100 W. Third Street
Dayton, Ohio 45428

OKLAHOMA

The University of Oklahoma Hospitals
Robert C. Terrill
Administrator
800 N. E. 13th Street
Oklahoma City, Oklahoma 73104

Veterans Administration Hospital
Oren T. Skouge, M. D.
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921 N. E. 13th Street
Oklahoma City, Oklahoma 73104

OREGON

Emanuel Hospital
Paul R. Hanson
Administrator
2801 N. Gantenbein Avenue
Portland, Oregon 97227

University of Oregon Medical School Hospital and Clinics
Charles Holman
Director
3181 S. W. Sam Jackson Park Road
Portland, Oregon 97201

Veterans Administration Hospital
John F. Kane, M. D.
Acting Hospital Director
Sam Jackson Park
Portland, Oregon 97207

PENNSYLVANIA

Albert Einstein Medical Center
P. F. Lucchesi, M. D.
Executive Vice President and Medical Director
York and Tabor Roads
Philadelphia, Pennsylvania 19141

The Children's Hospital of Philadelphia
Carl R. Baum
Administrator
1740 Bainbridge Street
Philadelphia, Pennsylvania 19146

Episcopal Hospital
J. Milo Anderson
Executive Director
Front Street and Lehigh Avenue
Philadelphia, Pennsylvania 19125

Eye and Ear Hospital of Pittsburgh
Lyle W. Byers
Executive Director
230 Lathrop Street
Pittsburgh, Pennsylvania 15213

Fitzgerald Mercy Hospital
Sister Marie, R. S. M.
Administrator
Lansdowne Avenue and Baily Road
Darby, Pennsylvania 19023

Geisinger Medical Center
Ellsworth R. Browneller, M. D.
Administrative Director
Danville
Pennsylvania 17821

The Graduate Hospital of the University of Pennsylvania
Edwin L. Taylor
Executive Director
19th and Lombard Streets
Philadelphia, Pennsylvania 19146

The Hahnemann Medical College and Hospital
Charles S. Paxson, Jr.
Vice President and Administrator
230 North Broad Street
Philadelphia, Pennsylvania 19102

Harrisburg Hospital
Walter S. Shakespeare
Administrator
South Front Street
Harrisburg, Pennsylvania 17101

Hospital of the University of Pennsylvania
Ralph L. Perkins
Executive Director
3400 Spruce Street
Philadelphia, Pennsylvania 19104

Hospital of the Woman's Medical College of Pennsylvania
George A. Hay
Administrator
3300 Henry Avenue
Philadelphia, Pennsylvania 19129

Jefferson Medical College Hospital
Maurice P. Coffee, Jr.
Director
11th and Walnut Streets
Philadelphia, Pennsylvania 19107

Magee-Womens Hospital
C. R. Youngquist
Executive Director
Forbes Avenue and Halket Street
Pittsburgh, Pennsylvania 15213

The Mercy Hospital of Pittsburgh
Sister M. Ferdinand
Administrator
1400-30 Locust Street
Pittsburgh, Pennsylvania 15219

Misericordia Hospital
Sister Peter Mary
Administrator
54th and Cedar Avenue
Philadelphia, Pennsylvania 19143

Montefiore Hospital
Irwin Goldberg
Executive Director
3459 5th Avenue
Pittsburgh, Pennsylvania 15213

Pennsylvania Hospital
H. Robert Cathcart
Vice President
8th and Spruce Street
Philadelphia, Pennsylvania 19107

Philadelphia General Hospital
Henry W. Kolbe, M. D.
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34th Street and Curie Avenue
Philadelphia, Pennsylvania 19104

Presbyterian-University Hospital
Edward H. Noroian
Executive Director
230 Lothrop Street
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Presbyterian-University of Pennsylvania Medical Center
Carl L. Mosher
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51 North 39th Street
Philadelphia, Pennsylvania 19139

The Reading Hospital
E. Atwood Jacobs
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6th Avenue and Spruce Street
Reading, Pennsylvania 19602

Saint Christopher's Hospital for Children
William R. Howes
Administrator
2600 N. Lawrence Street
Philadelphia, Pennsylvania 19133

Saint Francis General Hospital
Sister M. Adele, O. S. F.
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45th Street off Penn Avenue
Pittsburgh, Pennsylvania 15201

Saint Luke's Hospital
Richard L. Suck
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801 Ostrum Street
Bethlehem, Pennsylvania 18015

Temple University Hospital
Arthur W. Nelson, M. D.
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Veterans Administration Hospital
William J. Dann
Hospital Director
University and Woodland Avenue
Philadelphia, Pennsylvania 19104

Veterans Administration Hospital
Dan J. Macer
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Oakland and Aspinwall
Pittsburgh, Pennsylvania 15240

The Western Pennsylvania Hospital
James I. McGuire
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Western Psychiatric Institute and Clinic
Harry N. Dorsey
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3811 O'Hara Street
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York Hospital
Garrett P. Snyder
Administrator
1001 South George Street
York, Pennsylvania 17403

RHODE ISLAND

Rhode Island Hospital
Lloyd L. Hughes
Executive Director
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Providence, Rhode Island 02903

SOUTH CAROLINA

Medical College Hospital
Glen D. Searcy
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Charleston, South Carolina 29401

Veterans Administration Hospital
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Hospital Director
109 Bee Street
Charleston, South Carolina 29303

TENNESSEE

Baptist Hospital
Gene Kidd
Administrator
2000 Church Street
Nashville, Tennessee 37203

Baptist Memorial Hospital
Frank S. Groner
Administrator
899 Madison Avenue
Memphis, Tennessee 38103

City of Memphis Hospitals
Oscar Marvin
Administrator
860 Madison Avenue
Memphis, Tennessee 38103

George W. Hubbard Hospital
William H. Vanstone
Administrator
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Nashville, Tennessee 37205

Methodist Hospital
J. M. Crews
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Memphis, Tennessee 38104

St. Thomas Hospital
Sister John Gabriel
Administrator
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Nashville, Tennessee 37203

Vanderbilt University Hospital
Richard O. Cannon, M. D.
Director
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Nashville, Tennessee 37203

Veterans Administration Hospital
Clifford C. Woods, M. D.
Hospital Director
Park Avenue at Getwell
Memphis, Tennessee 38115

Veterans Administration Hospital
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Hospital Director
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Nashville, Tennessee 37203

TEXAS

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Bexar County Hospital District Hospitals
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Harris County Hospital District
William B. Forster
Administrator
1502 Taub Loop
Houston, Texas 77025

The Methodist Hospital
Ted Bowen
Administrator
6516 Bertner Avenue
Houston, Texas 77025

St. Paul Hospital
Sister Elizabeth, R. N.
Administrator
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Dallas, Texas 75235

University of Texas Medical Branch Hospital
Daniel J. Bobbitt
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Veterans Administration Hospital
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Hospital Director
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Veterans Administration Hospital
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Houston, Texas 77031

UTAH

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Vernon Harris
Administrator
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Salt Lake City, Utah 84112

Veterans Administration Hospital
S. H. Franks
Hospital Director
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Salt Lake City, Utah 84113

VERMONT

Medical Center Hospital of Vermont
Lester E. Richwagen
Executive Vice President
Pearl and Prospect Streets
Burlington, Vermont 05401

Veterans Administration Hospital
William B. Sheppard
Hospital Director
North Hartland Road
White River Junction, Vermont 05001

VIRGINIA

The Fairfax Hospital
Franklin P. Iams
Administrator
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Falls Church, Virginia 22046

Medical College of Virginia Hospitals
Charles P. Cardwell
Vice President and Director
1200 East Broad Street
Richmond, Virginia 23219

University of Virginia Hospital
John F. Harlan, Jr.
Director
Jefferson Park Avenue
Charlottesville, Virginia 22903

Veterans Administration Hospital
Robert James Scott, M. D.
Hospital Director
1201 Broad Rock Road
Richmond, Virginia 23219

WASHINGTON

Children's Orthopedic Hospital and Medical Center
George H. Stone
Administrator
800 Sand Point Way N. E.
Seattle, Washington 98105

University Hospital
Leroy S. Rambeck
Administrator
1959 N. E. Pacific Street
Seattle, Washington 98105

Veterans Administration Hospital
Donald Nolan, M. D.
Hospital Director
4435 Beacon Avenue
Seattle, Washington 98108

United States Public Health Service Hosp.
J. Fred Oesterle, M. D.
Medical Officer in Charge
P. O. Box 3145
Seattle, Washington 98144

WEST VIRGINIA

Memorial Hospital
Charles L. Showalter
Administrator
3200 Noyes Avenue
Charleston, West Virginia 25304

WISCONSIN

Milwaukee Children's Hospital
Edward J. Logan
Administrator
1700 W. Wisconsin Avenue
Milwaukee, Wisconsin 53233

Milwaukee County General Hospital
Duane E. Johnson, Hospital Administrator
8700 West Wisconsin Avenue
Milwaukee, Wisconsin 53226

Milwaukee Psychiatric Hospital
Dean K. Roe
Administrator
1220 Dewey Avenue
Milwaukee, Wisconsin 53213

The University of Wisconsin Hospitals
Edward J. Connors
Superintendent
1300 University Avenue
Madison, Wisconsin 53706

Veterans Administration Hospital
A. M. Gottlieb, M. D.
Hospital Director
2500 Overlook Terrace
Madison, Wisconsin 53705

Veterans Administration Hospital
D. C. Firmin
Hospital Director
S. 54th Street and W. National Avenue
Wood, Wisconsin 53214

PUERTO RICO

University District Hospital
Jose Nine-Curt, M. D.
Medical Director
Caparra Heights Station
Rio Peidras, Puerto Rico 00935

CANAL ZONE

Gorgas Hospital
Col. Harry D. Offutt, Jr., M. C.
Director
Ancon
Canal Zone

CANADA

Ottawa Civic Hospital
Douglas R. Peart
Executive Director
Carling Avenue
Ottawa, Ontario, Canada

Saint Joseph's Hospital
Sister M. Elizabeth
Administrator
Richmond Street, North
London, Ontario, Canada

University of Alberta Hospital
Bernard Snell, M. D.
Executive Director
84th Avenue at 112th Street
Edmonton, Alberta, Canada

University Hospital
Earl L. Dick
Executive Director
Saskatoon, Saskatchewan
Canada

The Vancouver General Hospital
W. G. Ruddick
Executive Director
12th Avenue West
Vancouver, B. C., Canada

Victoria General Hospital
C. M. Bethune, M. D.
Administrator
1240 Tower Road
Halifax, N. S., Canada

The Winnipeg General Hospital
L. O. Bradley, M. D.
Executive Director
700 William Avenue
Winnipeg, Manitoba
Canada

OPERATIONAL GRANTS FOR REGIONAL MEDICAL PROGRAMS APPROVED AND FUNDED AS OF MAY 5, 1967

REGIONAL DESIGNATION	REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YR. AWARD
ALBANY, N.Y.	Northeastern N.Y., and portions of Southern Vt. and Western Mass.	1,900,000	Albany Medical College of Union University at Albany Medical Center	Frank M. Woolsey, Jr., M.D. Associate Dean and Professor and Chairman, Department of Postgraduate Medicine Albany Medical Center 47 New Scotland Avenue Albany, New York 12208	April 1, 1967	2	$914,627
INTERMOUNTAIN	Utah and portions of Wyoming, Montana, Idaho and Nevada	2,200,000	University of Utah School of Medicine	C. Hilmon Castle, M.D. Associate Dean and Chairman Department of Postgraduate Education University of Utah Salt Lake City, Utah 84112	April 1, 1967	1	944,825
KANSAS	Kansas	2,200,000	University of Kansas Medical Center	Charles E. Lewis, M.D. Associate Dean University of Kansas Medical Center Kansas City, Kansas 66103	June 1, 1967	2	1,076,600
MISSOURI	Missouri	4,500,000	University of Missouri School of Medicine	Vernon E. Wilson, M.D. Dean School of Medicine University of Missouri Columbia, Missouri 65201	April 1, 1967	2	2,493,841

PLANNING GRANTS FOR REGIONAL MEDICAL PROGRAMS
APPROVED AND FUNDED AS OF MAY 5, 1967

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
ALABAMA	Alabama	3,500,000	University of Alabama Medical Center	Joseph F. Volker, D.D.S. Vice President for Health Affairs University of Alabama Medical Center 1919 Seventh Avenue South Birmingham, Alabama 35233	January 1, 1967	2½	$318,046
ALBANY NEW YORK	Northeastern N.Y., and portions of Southern Vermont, and Western Massachusetts	1,900,000	Albany Medical College of Union University at Albany Medical Center	Frank M. Woolsey, Jr., M.D. Associate Dean and Professor and Chairman, Department of Postgraduate Medicine Albany Medical College 47 New Scotland Avenue Albany, New York 12208	July 1, 1966	3	373,254
ARIZONA	Arizona	1,635,000	College of Medicine University of Arizona	Merlin K. DuVal, M.D. Acting Dean University of Arizona College of Medicine Tucson, Arizona 85721	April 1, 1967	2¼	119,045
ARKANSAS	Arkansas	1,940,000	University of Arkansas Medical Center	Winston K. Shorey, M.D. Dean, University of Arkansas School of Medicine 4301 West Markham Street Little Rock, Arkansas 72201	April 1, 1967	2¼	360,174
BI-STATE	Eastern Missouri and Southern Illinois	4,700,000	Washington University School of Medicine	William H. Danforth, M.D. Vice Chancellor for Medical Affairs Washington University 660 South Euclid Avenue St. Louis, Missouri 63110	April 1, 1967	2¼	603,965

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
CALIFORNIA	California	18,600,000	California Committee on Regional Medical Programs	Mr. Paul D. Ward Executive Director California Comm. on Regional Medical Programs Room 302 655 Sutter Street San Francisco, California 94102	November 1, 1966	2 2/3	$223,400 1,099,968
CENTRAL NEW YORK	Syracuse, N.Y. and 15 surrounding counties	1,800,000	Upstate Medical Center State University of New York at Syracuse	Richard H. Lyons, M.D. Professor and Chairman, Department of Medicine State University of New York Upstate Medical Center 766 Irving Avenue Syracuse, New York 13210	January 1, 1967	2	289,522
COLORADO-WYOMING	Colorado and Wyoming	2,300,000	University of Colorado Medical Center	C. Wesley Eisele, M.D. Associate Dean for Postgraduate Medical Education University of Colorado 4200 East Ninth Avenue Denver, Colorado 80220	January 1, 1967	2½	361,984
CONNECTICUT	Connecticut	2,800,000	Yale University School of Medicine and University of Connecticut School of Medicine	Henry T. Clark, Jr., M.D. 272 George Street New Haven, Connecticut 06510	July 1, 1966	2	406,622

** Supplementary Grant

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
GEORGIA	Georgia	4,400,000	Medical Association of Georgia	J. W. Chambers, M.D. Coordinator for Georgia Regional Medical Programs Medical Association of Georgia 938 Peachtree Street, N.E. Atlanta, Georgia 30309	January 1, 1967	2½	$240,098
GREATER DELAWARE VALLEY	Eastern Pennsylvania and portions of New Jersey and Delaware	8,830,000	University City Science Center	William C. Spring, Jr., M.D. Science Center Building #1 3401 Market Street Philadelphia, Pennsylvania 19104	April 1, 1967	1	1,531,494
HAWAII	Hawaii	800,000	University of Hawaii College of Health Sciences	Windsor C. Cutting, M.D. Dean, College of Health Sciences 2444 Dole Street Honolulu, Hawaii 96822	July 1, 1966	2	108,006
INDIANA	Indiana	4,900,000	Indiana University School of Medicine	George T. Lukemeyer, M.D. Associate Dean Indiana University School of Medicine Indiana University Medical Center 1100 West Michigan Street Indianapolis, Indiana 46207	January 1, 1967	2½	384,750

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
INTERMOUNTAIN	Utah and portions of Wyoming, Montana Idaho, and Nevada	2,200,000	University of Utah School of Medicine	C. Hilmon Castle, M.D. Associate Dean and Chairman Department of Postgraduate Education University of Utah Salt Lake City, Utah 84112	July 1, 1966	2	$456,415
IOWA	Iowa	2,760,000	University of Iowa College of Medicine	Robert C. Hardin, M.D. Dean, University of Iowa College of Medicine Iowa City, Iowa 52240	December 1, 1966	2	291,348
KANSAS	Kansas	2,200,000	University of Kansas Medical Center	Charles E. Lewis, M.D. Associate Dean University of Kansas Medical Center Kansas City, Kansas 66103	July 1, 1966	2	197,945
LOUISIANA	Louisiana	3,500,000	Louisiana State Department of Hospitals	Joseph A. Sabatier, M.D. President Louisiana State Medical Society 134 North 19th Street Baton Rouge, Louisiana 70002	January 1, 1967	2	490,448
MAINE	Maine	985,000	Medical Care Development, Inc.	George T. Nilson (Acting) Field Director Bingham Associates Fund Maine Department of Health and Welfare Augusta, Maine 04332	May 1, 1967	2	193,909

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
MARYLAND	Maryland	3,520,000	Steering Committee of the Regional Medical Program for Maryland	Thomas B. Turner, M.D. Dean The Johns Hopkins University School of Medicine 725 N. Wolfe Street Baltimore, Maryland 21205	January 1, 1967	2	$518,443
MEMPHIS	Western Tennessee, Northern Mississippi, and portions of Arkansas, Kentucky, and Missouri	2,400,000	Mid-South Medical Council for Comprehensive Health Planning, Inc.	James W. Pate, M.D. Professor and Chairman Thoracic Surgery Section 951 Court Avenue Memphis, Tennessee 38103	April 1, 1967	2¼	173,119
METROPOLITAN WASHINGTON, D. C.	District of Columbia and contiguous counties and Maryland (2) and Virginia (2)	2,050,000	District of Columbia Medical Society	Thomas W. Mattingly, M.D. District of Columbia Medical Society 2007 Eye Street, N.W. Washington, D.C. 20006	January 1, 1967	2½	203,790
MISSOURI	Missouri	4,500,000	University of Missouri School of Medicine	Vernon E. Wilson, M.D. Dean, School of Medicine University of Missouri Columbia, Missouri 65201	July 1, 1966	3	398,556

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
MOUNTAIN STATES	Idaho, Montana, Nevada, and Wyoming	2,200,000	Western Interstate Commission for Higher Education	Kevin P. Bunnell, Ed.D. Associate Director Western Interstate Commission for Higher Education University East Campus 30th Street Boulder, Colorado 80302	November 1, 1966	2	$876,855
NEBRASKA-SOUTH DAKOTA	Nebraska and South Dakota	2,200,000	Nebraska State Medical Association	Harold Morgan, M.D. 1408 Sharp Building Lincoln, Nebraska 68508	January 1, 1967	2	350,339
NEW MEXICO	New Mexico	1,000,000	University of New Mexico School of Medicine	Reginald Fitz, M.D. Dean, University of New Mexico School of Medicine Albuquerque, New Mexico 87106	October 1, 1966	2 3/4	449,736
NORTH CAROLINA	North Carolina	4,900,000	Association for Regional Medical Programs in North Carolina	Marc J. Musser, M.D. Executive Director North Carolina Regional Medical Program Teer House 4019 North Roxboro Road Durham, North Carolina 27704	July 1, 1966	2	287,266 148,585**

**Supplementary grant

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
NORTHERN NEW ENGLAND	Vermont and three counties in Northeastern New York	550,000	University of Vermont School of Medicine	Robert W. Coon, M.D. Professor and Chairman Department of Pathology University of Vermont Medical School Burlington, Vermont 05401	July 1, 1966	3	$294,770 21,416**
NORTHLANDS	Minnesota	3,600,000	Minnesota State Medical Association Foundation	J. Minott Stickney, M.D. Minnesota State Medical Association 200 First Street Southwest Rochester, Minnesota 55901	January 1, 1967	2½	370,904
OHIO STATE	Central and southern two-thirds of Ohio (61 counties, excluding Greater Cincinnati area)	4,480,000	Ohio State University College of Medicine	Richard L. Meiling, M.D. Dean, Ohio State University College of Medicine 410 West 10th Avenue Columbus, Ohio 43210	April 1, 1967	1	109,417
OHIO VALLEY	Greater part of Kentucky and contiguous parts of Ohio, Indiana, and West Virginia which comprise the Ohio Valley	5,900,000	Ohio Valley Regional Medical Program	William H. McBeath, M.D. Director, Ohio Valley Regional Medical Program Rosalie Road, Route #2 Lexington, Kentucky 40504	January 1, 1967	2	346,760
OKLAHOMA	Oklahoma	2,500,000	University of Oklahoma Medical Center	Ben I. Heller, M.D. University of Oklahoma Medical Center 800 N.E. 13th Street Oklahoma City, Oklahoma 73104	September 1, 1966	2	177,963

** Supplementary Grant

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
OREGON	Oregon	1,900,000	University of Oregon Medical School	M. Roberts Grover, M.D. Director, Continuing Medical Education University of Oregon School of Medicine 3181 S. W. Sam Jackson Park Road Portland, Oregon 97201	April 1, 1967	2¼	$219,168
ROCHESTER, NEW YORK	Rochester, New York and 11 surrounding counties	1,200,000	University of Rochester School of Medicine and Dentistry	Ralph C. Parker, Jr., M.D. Clinical Associate Professor of Medicine University of Rochester School of Medicine and Dentistry Rochester, New York 14627	October 1, 1966	2 3/4	306,985
SOUTH CAROLINA	South Carolina	2,500,000	Medical College of South Carolina	Charles P. Summerall, III, M.D. Associate in Medicine (Cardiology) Department of Medicine Medical College Hospital 55 Doughty Street Charleston, South Carolina 29403	January 1, 1967	1	65,906
TENNESSEE MID-SOUTH	Eastern and Central Tennessee and contiguous parts of Southern Kentucky and Northern Alabama	2,600,000	Vanderbilt University School of Medicine and Meharry College of Medicine	Dr. Stanley Olson Professor of Medicine Vanderbilt University Nashville, Tennessee 37203	July 1, 1966	2	265,841

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS)	TOTAL FIRST YEAR AWARD
TEXAS	Texas	10,500,000	University of Texas	Charles A. LeMaistre, M.D. Vice-Chancellor for Health Affairs University of Texas Main Building Austin, Texas 78712	July 1, 1966	3	$1,271,013
VIRGINIA	Virginia	4,500,000	Medical College of Virginia and University of Virginia School of Medicine	Kinloch Nelson, Dean Medical College of Virginia 12th and Broad Streets Richmond, Virginia	January 1, 1967	2	291,454
WASHINGTON-ALASKA	Washington and Alaska	3,200,000	University of Washington School of Medicine	Donal R. Sparkman, M.D. Associate Professor of Medicine University of Washington School of Medicine Seattle, Washington 98105	September 1, 1966	2 5/6	266,248
WEST VIRGINIA	West Virginia	1,800,000	West Virginia University Medical Center	Clark K. Sleeth, M.D. Dean, West Virginia University School of Medicine West Virginia University Medical Center Morgantown, W. Virginia 26506	January 1, 1967	2½	150,798
WESTERN NEW YORK	Buffalo, New York and 7 surrounding counties	1,920,000	School of Medicine, State University of New York at Buffalo in cooperation with the Health Organization of Western New York	Douglas M. Surgenor, M.D. Dean, School of Medicine State University of New York at Buffalo 101 Capen Hall Buffalo, New York 14214	December 1, 1966	2	149,241

REGIONAL DESIGNATION	PRELIMINARY PLANNING REGION	POPULATION EST. 1965	COORDINATING HEADQUARTERS	PROGRAM COORDINATOR	EFFECTIVE STARTING DATE	PROGRAM PERIOD (YRS.)	TOTAL FIRST YEAR AWARD
WESTERN PENNSYLVANIA	Pittsburgh, Pennyslvania, and 28 surrounding counties	4,200,000	University Health Center of Pittsburgh	Francis S. Cheever, M.D. Dean, School of Medicine University of Pittsburgh M-240 Scaife Hall 3550 Terrance Street Pittsburgh, Pennsylvania 15213	January 1, 1967	2½	$340,556
WISCONSIN	Wisconsin	4,100,000	Wisconsin Regional Medical Programs, Inc.	John S. Hirschboeck, M.D. Wisconsin Regional Medical Programs, Inc. Room 1103, 110 East Wisconsin Avenue Milwaukee, Wisconsin 53202	September 1, 1966	2	344,418

LIST OF DESIGNATED STATE PLANNING AGENCIES FOR COMPREHENSIVE HEALTH PLANNING AS OF 8 MAY 1967

Director of Comprehensive Health Planning
c/o Ira L. Myers, M.D.
State Health Officer
State Board of Health
State Office Building
Montgomery, Alabama

Director of Comprehensive Health Planning
c/o Wallace J. Chapman, M.D.
Commissioner, Alaska Department of Health and Welfare
Alaska Office Building
P.O. Box 3-2000
Juneau, Alaska 99801

Director of Comprehensive Health Planning
c/o Dr. John M. Peterson
Director, Economic Development Program
Office of the Governor
Little Rock, Arkansas

Director of Comprehensive Health Planning
c/o Lester Breslow, M.D.
Director of Public Health
2151 Berkeley Way
Berkeley, California 94704

Director of Comprehensive Health Planning
c/o R. L. Cleere, M.D.
Director of Public Health
State Department of Public Health
4210 East 11th Avenue
Denver, Colorado 80220

Director of Comprehensive Health Planning
c/o Franklin M. Foote, M.D.
Commissioner of Health
State Department of Health
State Department of Health
79 Elm Street
Hartford, Connecticut 06115

Director of Comprehensive Health Planning
c/o Floyd I. Hudson, M.D.
Executive Secretary
State Board of Health
State Health Building
Dover, Delaware 19901

Director of Comprehensive Health Planning
c/o Murray Grant, M.D.
D.C. Dept of Public Health
300 Indiana Avenue, N.W.
Washington, D.C. 20001

Director of Comprehensive Health Planning
Executive Office of the Governor
Tallahassee, Florida

Director of Comprehensive Health Planning
c/o Dr. John H. Venable, Director
47 Trinity Avenue, S.W.
Atlanta, Georgia

Director of Comprehensive Health Planning
c/o Dr. Walter B. Guisenberry
Director of Health
Hawaii Department of Health
Kinau Hale
P.C. Box 3378
Honolulu, Hawaii 96801

Director of Comprehensive Health Planning
c/o Terrell O. Carver, M.D.
Administrator of Health
Idaho State Board of Health
Statehouse
Boise, Idaho 83701

Director of Comprehensive Health Planning
c/o Franklin D. Yoder, M.D.
Director of Public Health
Illinois Department of Public Health
State Office Building
400 South Spring Street
Springfield, Illinois 62706

Director of Comprehensive Health Planning
c/o Andrew C. Offutt, M.D.
Secretary of State Board of Health
and State Health Commissioner
State Board of Health
1330 West Michigan Street
Indianapolis, Indiana 46207

Director of Comprehensive Health Planning
c/o Arthur P. Long, M.D.
State Department of Health
Commissioner of Public Health
State Office Building
Des Moines, Iowa 50319

Director, Comprehensive Health Planning
c/o Andrew Hedmeg, M.D.
President, State Board of Health
and State Health Officer
State Board of Health
Civic Center
P.O. Box 60630 - 325 Loyola Avenue
New Orleans, Louisiana 70160

Director of Comprehensive Health Planning
c/o Raymond T. Olsen
Director, Minnesota State Planning Agency
Executive Office of the Governor
St. Paul, Minnesota 55101

Director, Comprehensive Health Planning
c/o Mr. Philip V. Maker
Office of State and Regional Planning
and Community Development
Executive Office of the Governor
Jefferson City, Missouri

Director, Comprehensive Health Planning
c/o Dr. John S. Anderson
State Board of Health
Cogswell Building
Helena, Montana 59601

Director of Comprehensive Health Planning
c/o E. A. Rogers, M.D.
Director of Health
State Department of Health
State House Station, Box 94757
Lincoln, Nebraska 68509

Director of Comprehensive Health Planning
c/o Mary M. Atchison, M.D.
Director, Division of Public Health
State Department of Health and Welfare
State Health Building
61 South Spring Street
Concord, New Hampshire 03301

Director of Comprehensive Health
c/o Roscoe P. Kandle, M.D.
State Commissioner of Health
State Department of Health
P.O. Box 1540
Trenton, New Jersey 08625

Director of Comprehensive Health Planning
c/o John R. Amos
State Health Officer
State Department of Health
Capitol Building
Bismarck, North Dakota 58501

Director of Comprehensive Health Planning
c/o E. L. Rankin, Jr.
Director, State Department of Administration
Administration Building
116 West Jones Street
P.O. Box 1351
Raleigh, North Carolina 27602

Director of Comprehensive Health Planning
c/o Dr. Emmett W. Arnold, Director
Ohio Department of Health
450 East Town Street
P.O. Box 118
Columbus, Ohio 43215

Director of Comprehensive Health Planning
c/o A. B. Colyar, M.D.
Acting Commissioner
State Department of Health
3400 North Eastern
Oklahoma City, Oklahoma 73105

Director of Comprehensive Health Planning
c/o Thomas W. Georges, Jr., M.D.
Secretary of Health
Pennsylvania Department of Health
State Capitol
Health and Welfare Building
Harrisburg, Pennsylvania 17120

Director of Comprehensive Health Planning
c/o E. Kenneth Aycock, M.D.
State Health Officer
State Board of Health
J. Marion Sims Building
Columbia, South Carolina 29201

Director of Comprehensive Health Planning
South Dakota State Planning Agency
c/o Executive Office of the Governor
Pierre, South Dakota

Director of Comprehensive Health Planning
c/o R. H. Hutcheson, M.D.
Commissioner of Public Health
State Department of Public Health
Tennessee Department of Public Health
Cordell Hull Building
5th Avenue North
Nashville, Tennessee 37219

Director of Comprehensive Health Planning
c/o Mack I. Shanholtz, M.D.
State Health Commissioner
State Department of Health
Bank and Governor Streets
Richmond, Virginia 23219

E. H. Jorris, M.D.
State Health Officer
State Board of Health
1 West Wilson Street
Madison, Wisconsin 53701

Director of Comprehensive Health Planning
c/o Mario R. Garcia-Palmieri, M.D.
Secretary of Health
Puerto Rico Department of Health
Ponce de Leon Avenue
San Juan, Puerto Rico 00908

Director of Comprehensive Health Planning
c/o Ralph B. Hogan, M.D., Director
Department of Public Health and Welfare
Territory of Guam

LIST OF STATES THAT HAVE NOT DESIGNATED ANY PLANNING AGENCY
AS OF 8 MAY

ARIZONA	Hon. Jack Williams
AMERICAN SAMOA	Hon. Rex Lee
KANSAS	Hon. Robert Docking
KENTUCKY	Hon. Edward T. Breathitt
MAINE	Hon. Kenneth M. Curtis
MARYLAND	Hon. Spiro T. Agnew
MASSACHUSETTS	Hon. John A. Volpe
MICHIGAN	Hon. George Romney
MISSISSIPPI	Hon. Paul B. Johnson
NEVADA	Hon. Paul Laxalt
NEW MEXICO	Hon. David F. Cargo
NEW YORK	Hon. Nelson A. Rockefeller
OREGON	Hon. Tom McCall
RHODE ISLAND	Hon. John H. Chafee
TEXAS	Hon. John B. Connally
UTAH	Hon. Calvin L. Rampton
VERMONT	Hon. Philip H. Hoff
VIRGIN ISLANDS	Hon. Ralph M. Paiewonsky
WASHINGTON	Hon. Daniel J. Evans
WEST VIRGINIA	Hon. Hulett C. Smith
WYOMING	Hon. Stanley K. Hathaway

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

NATIONAL INSTITUTES OF HEALTH
BETHESDA, MD. 20014
AREA CODE 301 TEL: 656-4000

May 8, 1967

Dear Mr. McNulty:

Your briefing of April 24th on the function and status of the American Association of Medical Colleges' newly formed Council of Teaching Hospitals was both informative and helpful to this office. The opportunity to discuss with you and Miss Beirne our plans for a hospital study is also appreciated.

The survey design is still in the preliminary phase; it has not yet been approved by the Bureau of the Budget. I am hopeful that the following description of our purpose will be of use to your Executive Committee:

> The survey will provide information not now available -- in terms of the research, teaching and continuing education activities of the voluntary and state and local hospitals. The data requested will make possible a systematic appraisal of the resources -- manpower, funds and facilities -- devoted to these activities and an evaluation of them within the framework of the Nation's investment in medical and health-related research and education. The design includes the affiliated or subsidiary research institutes or educational organizations which may conduct the research or education activities of the hospital. Excluded will be the hospitals owned by a medical school or by an organization owning both a medical school and the hospital because these hospitals are included in the National Science Foundation's survey of college and university scientific activities.
>
> The survey design calls for two phases:
>
> (1) a post card screening of <u>all</u> non-Federal government and voluntary hospitals to determine the universe of hospitals engaged in research and teaching and the dollar levels of these activities for each hospital. Approximately 2,400 of the 6,400 hospitals surveyed by postcard reported expenditures for research, for training or for a combination of research and training, as follows: 200, research only; 1,300, training only; 900, research and training.

(2) a mail questionnaire to the hospitals with these activities requesting data for the hospital's most recent fiscal year and pay period on:

(a) operating and capital expenditures, by source of funds, for R&D, teaching and continuing education;

(b) allocation of operating funds for R&D by scientific discipline and disease category;

(c) the number of hospital personnel by level of training and scientific discipline of training engaged in R&D and teaching;

(d) the number of participants in training programs and continuing education courses by the scientific discipline of the course.

(e) a summary of anticipated program developments for the next five years.

I hope this statement will be useful to you and I shall be happy to make available to you copies of the survey questionnaire at the earliest possible date.

Sincerely yours,

Herbert H. Rosenberg
Chief, Resources Analysis Branch

Mr. Matthew F. McNulty, Jr., Director
Council of Teaching Hospitals
Association of American Medical Colleges
1501 New Hampshire Avenue, N.W.
Washington, D.C. 20036