AGENDA
COUNCIL OF DEANS
Friday, October 31, 1969
4:00 p.m. - 5:00 p.m.
Room 207 - Convention Center

1. Roll Call
2. Minutes of Meeting, May 9, 1969
3. Chairman's Report
4. Reports from Regional Groups
5. Proposed Bylaws for the Council of Deans
6. Consideration of Limitation of Federal Contributions to Faculty Salaries
7. Other Business
8. Report of Nominating Committee
9. Election of Officers
10. Adjournment
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS MEETING
May 9, 1969
Georgetown West Room
Washington Hilton Hotel
Washington, D. C.

Present: Council Members:

William G. Anlyan, presiding
Randolph Batson
Warren Bostick
Robert M. Bucher
M. K. Callison
Robert E. Carter
Kenneth B. Castleton
Ralph J. Cazort
Kenneth R. Crispell
John E. Deitrick
James L. Dennis
Joseph R. DiPalma
J. Frederick Eagle
Peter L. Eichman
John Field
Harry H. Gordon
John Gronvall
William J. Grove
Robert C. Hardin
Theodore H. Harwood
David B. Hinshaw
John R. Hogness
Joseph M. Holthaus
Robert B. Howard
Glenn W. Irwin, Jr.
William S. Jordan, Jr.
Gerald A. Kerrigan
George W. Knabe, Jr.
Robert B. Kugel

LeRoy P. Levitt
Glen R. Leymaster
William F. Maloney
John G. Masterson
Horace Marvin
William D. Mayer
Clifton K. Meador
Manson Meads
Richard L. Meiling
Frank Moya
Kinloch Nelson
Harry B. O'Rear
John Parks
George A. Porera
Rulon W. Rawson
Frederick C. Redlich
Arthur P. Richardson
John C. Rose
Clark K. Sleeth
Donn L. Smith
Charles C. Sprague
Robert S. Stone
Emanuel Suter
Isaac M. Taylor
Joseph M. White, Jr.
Harold G. Wiggers
George A. Wolf, Jr.
Richard H. Young

I. Introduction of Mr. Trevor Thomas

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

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

Dean Anlyan reported that the Committee did not feel that the proposed
by-laws were ready for action yet but rather that they should be circulated at this meeting for discussion; the by-laws and suggestions will then go back to the regional groups and then hopefully will be presented for action at the October-November Council of Deans meeting.

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

III. National Service Plans for Medical Graduates

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

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

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

IV. Proposed By-Laws

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

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

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

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

VI. Report on Federal Programs

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

Dr. Marston told of a proposal forwarded by his office in February of 1969, commenting on the social demands for greater medical services and the perception that the medical schools and other professional schools in the country were under considerable pressure to do something about the manpower
problem. This proposal suggested that the Federal government reexamine its role and proposed a program to assist schools to expand beyond their presently anticipated enrollment and stated that in round figures that cost would be about $10,000,000 in the initial year and a steady state cost of $20,000,000 per year for an increase of one thousand students.

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

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

VII. Report by Student Organizations

SAMA

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

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

SHO

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

The SHO makes two suggestions for consideration by the AAMC: 1) that the AAMC obtain consultants from such groups as the Drug and Hospital Workers Union 1199 in order to set some guidelines for medical labor policies for medical teaching hospitals and make enlightened labor policies an important part of the accreditation process. As an immediate action the suggestion
was that the AAMC make a strong stand that the demands for union recognition and pay increases of the Charleston hospital workers be met immediately; 2) that, with regard to comprehensive health planning, the medical schools refuse to participate in these planning efforts until poor consumers and minority groups are given a "legitimate degree of participation".

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

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

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

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

1. Indicating that the Council does give high priority to the need for Federal student-assistance programs, both loans and scholarships.

2. Urging members of the Council and their faculties to support this need by writing to members of Congress stating clearly the problem presented by or which would be presented by a cutback in these programs.
3. Supporting the efforts of student organizations to obtain information and to develop position papers on this issue.

4. Attempting to enlist the support of other interested organizations and groups in a campaign to avoid a reduction in student aid funds.

5. Making the Council's position on this matter public record.

VIII. Report from the Health Services and Mental Health Administration

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

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

IX. Relationship of Student Organizations to the AAMC

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

X. Report on the Federal Health Programs Committee

In Dr. Carlton Chapman's absence, Dr. John Cooper delivered the report. Dr. Cooper reported that the Committee has been active in preparing itself to testify before the Appropriations Committee, taking the task of utilizing the opportunities available under existing legislation rather than try to instigate new legislation. Thus, one of the major points will be an attempt
to get full appropriation for authorizations now available in the current legislation. Included will be the entire scope of activities related to medical centers, such as student loan programs, health manpower support, and an attempt to at least retain the cost of living increases in research and research training. The testimony will be given on May 26.

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

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

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

XI. Report from the Executive Council

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

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

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

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

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

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

XII. Report on the Meeting of the Southern Deans

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

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

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

Dean Suter also expressed a concern over legislation which might represent an infringement on institutional academic freedom. The Chairman suggested, and Dean Suter concurred, that the New York Deans relay to the Executive Council their impressions of the impact of the recently passed New York State Legislature.
Also reported on at the Southern Deans meeting was the Joint Conference Committee on Health Care. It was highly recommended as possibly a mechanism for other states to employ.

XIII. Reid-Brademus Bill

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

XIV. Report from the Midwestern Deans

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

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

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

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

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

XV. Mr. Matthew McNulty's Resignation

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

XVI. Meeting Dates

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

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

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

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

Section 1. Name

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

Section 2. Purpose

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

*Discussed by Administrative Board on April 9-10, 1969.
Section 3. Membership

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

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

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

Section 4. Officers and Administrative Board

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

b) The term of office of all officers shall be for one year. All officers shall serve until their successors are elected, provided, however, that the Chairman may not succeed himself until after at least one year has elapsed from the end of his term of office.
c) Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

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

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

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

g) The Administrative Board shall be the executive committee to manage the affairs of the Council of Deans, to perform duties prescribed in the Bylaws, to carry out the policies established by the Council of Deans at its meetings, and to take any necessary interim action on behalf of the Council that is required. The actions of the Administrative Board shall be subject to ratification by the Council at its next regular meeting.
Section 4. (cont.)

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

Section 5. Meetings, Quorums, and Parliamentary Procedure

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

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

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

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

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

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

Section 6. Operation and Relationships

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

b) Creation of standing committees and any major actions shall be taken only after recommendation to and approval from the Executive Council of the AAMC.
Section 7. Amendments

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

MIDWEST-GREAT PLAINS

Recommends approval

NORTHEASTERN

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

SOUTHERN

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

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

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

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

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

WESTERN

hasn't considered yet.
MEMO TO: Council of Deans

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

SUBJECT: Recommendations on Limitation of Federal Contributions to Faculty Salaries, from an Ad Hoc Committee appointed by the Southern Deans and chaired by Manson Meads.

Background and Progress Report

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

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

1. Using the precedent of the Career Award program, federal funds would participate only in salary support of strict full-time faculty in accord with institutional ranges and up to a maximum level which no institution could exceed.

2. Make complete salary information of an institution available to Review Committees and Councils and rely on the process of peer rating to determine whether the proposed use of federal funds would be inflationary.

3. Federal funds could participate in the salary support of any faculty member on the basis of the customary "percent of effort" of an individual up to nationally accepted levels by rank and discipline. Each school would retain the right to supplement above these levels if it so desired.
We had the opportunity to discuss these three approaches with Ernest Allen. He advised against the first alternative because of the problems encountered by many institutions with Career Awards, and objected to the second proposal on the basis that this is a responsibility that should not be assigned to Review Committees and Councils. He was very enthusiastic about the third alternative, felt it would be well received at the federal level and that "even Mr. Fountain should be satisfied."

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

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

**Recommended Policy**

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

**Action Requested**

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

Please reply on the attached sheet as soon as possible.
RESPONSES

TO

RECOMMENDATIONS ON LIMITATION OF FEDERAL CONTRIBUTIONS TO FACULTY SALARIES

COUNCIL OF DEANS

MIDWEST-GREAT PLAINS

will be prepared to discuss issue at annual meeting.

NORTHEASTERN

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

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

SOUTHERN

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

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

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

WESTERN

haven't considered as yet.
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

80th ANNUAL MEETING

COUNCIL OF DEANS MEETING

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

JEANNE HINES,
2230 Massachusetts Avenue, N.W.,
Washington, D. C. 20008
Telephone HUDson 3-6161
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
80th ANNUAL MEETING
COUNCIL OF DEANS MEETING

Room 207,
Convention Center,
Cincinnati, Ohio
Friday, October 31, 1969
The meeting was convened at 3:08 o'clock, p.m.,
Dr. William G. Anlyan, Chairman, presiding.

PRESENT:

CHAIRMAN, COUNCIL OF DEANS:

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

PRESIDENT, A. A. M. C.

DR. JOHN A. D. COOPER

GUEST:

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

COUNCIL OF DEANS:

DR. CLIFTON K. MEADOR,
Alabama

DR. HAROLD C. WIGGERS,
Albany

DR. WINSTON K. SHOREY,
Arkansas
PRESENT: (Continued)

COUNCIL OF DEANS: (Continued)

DR. MANSON MEADS,
Bowman Gray

DR. WARREN BOSTICK,
University of California, Irvine
California College of Medicine

DR. SHERMAN M. MELLINKOFF,
University of California -
Los Angeles

DR. STUART C. CULLEN,
University of California -
San Francisco

DR. FREDERICK C. ROBBINS,
Case-Western Reserve

DR. LE ROY P. LEVITT,
Chicago Medical School

DR. CLIFFORD G. GRUKEE, JR.,
University of Cincinnati

DR. DAVID W. TALMAGE,
Colorado

DR. H. HOUSTON MERRITT,
Columbia

DR. J. ROBERT BUCHANAN (Actg)
Cornell

DR. RICHARD L. EGAN,
Creighton

DR. CARLETON B. CHAPMAN,
Dartmouth

DR. THOMAS D. KINNEY,
Duke

DR. ARTHUR P. RICHARDSON
Emory
PRESENT: (Continued)

COUNCIL OF DEANS: (Continued)

Dr. Emanuel Suter,
Florida

Dr. John C. Rose,
Georgetown

Dr. John Parks,
George Washington

Dr. Christopher C. Fordham, III
Georgia

Dr. Robert H. Ebert,
Harvard

Dr. K. Albert Harden,
Howard

Dr. William J. Grove,
Illinois

Dr. Glenn W. Irwin, Jr.,
Indiana

Dr. William F. Kellow,
Jefferson

Dr. David E. Rogers,
Johns Hopkins

Dr. George A. Wolf, Jr.,
Kansas

Dr. William S. Jordan, Jr.,
Kentucky

Dr. David B. Hinshaw,
Loma Linda

Dr. John C. Finerty,
Louisiana

Dr. Douglas M. Haynes (Actg)
Louisville
PRESENT: (Continued)

DR. JOHN H. MOXLEY, III, 
Maryland

DR. RALPH J. CAZORT, 
Meharry

DR. WILLIAM N. HUBBARD, JR., 
Michigan

DR. ROBERT B. HOWARD, 
Minnesota

DR. ROBERT E. CARTER, 
Mississippi

DR. WILLIAM D. MAYER, 
Missouri

DR. ROBERT B. KUGEL, 
Nebraska

DR. RULON W. RAWSON, 
New Jersey

DR. ROBERT S. STONE, 
New Mexico

DR. FREDERICK EAGLE, 
New York Medical

DR. LEWIS THOMAS, 
New York University

DR. ISAAC M. TAYLOR, 
North Carolina

DR. THEODORE H. HARWOOD, 
North Dakota

DR. RICHARD H. YOUNG, 
Northwestern

DR. RICHARD L. MEILING, 
Ohio State

DR. JAMES L. DENNIS, 
Oklahoma
PRESENT: (Continued)

COUNCIL OF DEANS: (Continued)

DR. CHARLES N. HOLMAN, Oregon

DR. ALFRED A. GELLHORN, Pennsylvania

DR. DONALD N. MEDEARIS, JR., Pittsburgh

DR. JOSE E. SIFONTES, Puerto Rico

DR. DE WITT STETTEN, JR., Rutgers

DR. ROBERT H. FELIX, Saint Louis

DR. WILLIAM M. MC CORD (Actg) South Carolina

DR. ROBERT J. GLASER, Stanford

DR. LE ROY A. PESCH, SUNY - Buffalo

DR. WILLIAM F. BARBA, II (Actg), Temple

DR. M. K. CALLISON, Tennessee

DR. CHARLES C. SPRAGUE, Texas - Southwestern

DR. WILLIAM F. MALONEY, Tufts

DR. JOHN J. WALSH, Tulane

DR. FRANKLIN G. EBAUGH, JR., Utah
PRESENT: (Continued)

COUNCIL OF DEANS: (Continued)

DR. RANDOLPH BATSON,
Vanderbilt

DR. KINLOCH MELSON,
Health Sciences Division of
Virginia Commonwealth University

DR. KENNETH R. CRISP철,
University of Virginia

DR. AUGUST SWANSON (Interim)
University of Washington (Seattle)

DR. ERNEST D. GARDNER,
Wayne State

DR. BERNARD SIGEL,
Woman's Medical

DR. FREDERICK C. REDLICH,
Yale

GRADUATE SCHOOLS:

DR. RAYMOND D. PRUITT,
Mayo Graduate School of Medicine

DR. ALFRED A. GELLMORN,
University of Pennsylvania,
Division of Graduate Medicine

PROVISIONAL MEMBERS:

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

DR. PIERRE M. GALLETTI,
Brown University

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

DR. CLIFFORD GROBSTEIN,
University of California - San Diego
PRESENT: (Continued)

PROVISIONAL MEMBERS: (Continued)

DR. JOHN W. PATTERSON,
Connecticut

DR. LAMAR SOUTTER,
Massachusetts

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

DR. GEORGE JAMES,
Mount Sinai

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

AFFILIATE INSTITUTIONAL MEMBERS:

DR. EUGENE ROBILLARD,
Montreal

NON-MEMBER INSTITUTIONS IN DEVELOPMENT HAVING
APPOINTED DEANS:

DR. EDGAR HULL,
Louisiana State at Shreveport

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

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

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

(Laughter.)

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

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

John.

DR. HOGNESS: Alabama?

DR. MEADOR: Here.

DR. HOGNESS: Albany?

(No response.)

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

DR. HOGNESS: Arkansas?

DR. SHOREY: Here.

DR. HOGNESS: Baylor?

(No response.)

Beirut?

(No response.)
Boston?
(No response.)

Bowman Gray?

DR. MEADS: Here.

DR. HOGNESS: California, Irvine?

DR. BOSTICK: Here.

DR. HOGNESS: California at Los Angeles?

DR. MELLINKOFF: Here.

DR. HOGNESS: California at San Francisco?

DR. CULLEN: Here.

DR. HOGNESS: California -- U. S. C.?
(No response.)

Case-Western Reserve?
(No response.)

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

Chicago Medical School?

DR. LEVITT: Here.

DR. HOGNESS: Chicago -- Pritzker?
(No response.)

University of Cincinnati?
(No response.)

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

Colorado?
DR. TALMAGE: Here.

DR. HOGNESS: Columbia?

(No response.)

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

Cornell?

DR. BUCHANAN: Here.

DR. HOGNESS: Creighton?

DR. EGAN: Here.

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

(No response.)

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

DR. HOGNESS: Duke?

DR. ANLYAN: Here.

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

DR. HOGNESS: Einstein?

(No response.)

Emory?

DR. RICHARDSON: Here.

DR. HOGNESS: Florida?

DR. SUTER: Here.

DR. HOGNESS: Georgetown?
DR. ROSE: Here.

DR. HOGNESS: George Washington?

DR. PARKS: Here.

DR. HOGNESS: Georgia?

DR. FORDHAM: Here.

DR. HOGNESS: Hahnemann?

(No response.)

Harvard?

DR. EBERT: Here.

DR. HOGNESS: Howard?

DR. HARDEN: Here.

DR. HOGNESS: Illinois?

DR. GROVE: Here.

DR. HOGNESS: Indiana?

DR. IRWIN: Here.

DR. HOGNESS: Iowa?

(No response.)

Jefferson?

DR. KELLOW: Here.

DR. HOGNESS: Johns Hopkins?

(No response.)

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

DR. HOGNESS: Kansas?

DR. WOLF: Here.
DR. HOGNESS: Kentucky?

DR. JORDAN: Here.

DR. HOGNESS: Loma Linda?

DR. HINSHAW: Here.

DR. HOGNESS: Louisiana?

DR. FINERTY: Here.

DR. HOGNESS: Louisville?

DR. HAYNES: Here.

DR. HOGNESS: Marquette?

(No response.)

Maryland?

DR. MOXLEY: Here.

DR. HOGNESS: Meharry?

DR. CAZORT: Here.

DR. HOGNESS: Miami?

(No response.)

DR. HOGNESS: Michigan?

DR. HUBBARD: Here.

DR. HOGNESS: Minnesota?

DR. HOWARD: Here.

DR. HOGNESS: Mississippi?

DR. CARTER: Here.

DR. HOGNESS: Missouri?

DR. MAYER: Here.

DR. HOGNESS: Nebraska?
DR. KUGEL: Here.

DR. HOGNESS: New Jersey?

DR. RAWSON: Here.

DR. HOGNESS: New Mexico?

DR. STONE: Here.

DR. HOGNESS: New York Medical?

(No response.)

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

New York University?

(No response.)

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

DR. HOGNESS: North Carolina?

DR. TAYLOR: Here.

DR. HOGNESS: North Dakota?

DR. HARWOOD: Here.

DR. HOGNESS: Northwestern?

DR. YOUNG: Here.

DR. HOGNESS: Ohio State?

(No response.)

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

DR. HOGNESS: Oklahoma?

DR. DENNIS: Here.
DR. HOGNESS: Oregon?

DR. HOLMAN: Here.

DR. HOGNESS: Pennsylvania?

DR. GELLMAN: Here.

DR. HOGNESS: Pittsburgh?

(No response.)

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

Puerto Rico?

(No response.)

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

Rochester?

(No response.)

Rutgers?

DR. STETTEN: Here.

DR. HOGNESS: Saint Louis?

DR. FELIX: Here.

DR. HOGNESS: South Carolina?

DR. MC CORD: Here.

DR. HOGNESS: South Dakota?

(No response.)

Stanford?

DR. GLASER: Here.

DR. HOGNESS: SUNY - Brooklyn Downstate?
(No response.)
SUNY - Buffalo?
(No response.)
(Note: Dr. Pesch apparently came later as his name is checked on the official roll.)
SUNY - Upstate?
(No response.)
Stritch/Loyola?
(No response.)
Temple?
DR. BARBA: Here.
DR. HOGNESS: Tennessee?
DR. CALLISON: Here.
DR. HOGNESS: Texas - Galveston?
(No response.)
DR. HOGNESS: Texas - Southwestern?
DR. SPRAGUE: Here.
DR. HOGNESS: Tufts?
(No response.)
(Dr. Maloney apparently came later as his name is checked on the official roll.)
DR. HOGNESS: Tulane?
DR. WAISH: Here.
DR. HOGNESS: Utah?
DR. EBAUGH: Yes — here.
(Laughter.)

DR. HOGNESS: Did somebody forget?

(Laughter.)

DR. HOGNESS: Vanderbilt?

(No response.)

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

DR. HOGNESS: Vermont?

(No response.)

DR. HOGNESS: Virginia Commonwealth University?

DR. NELSON: Here.

DR. HOGNESS: Virginia?

DR. CRISPELL: Here.

DR. HOGNESS: Washington? University of Washington (Seattle)?

DR. SWANSON: Here.

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

(No response.)

DR. HOGNESS: Wayne State?

DR. GARDNER: Here.

DR. HOGNESS: West Virginia?

(No response.)

DR. HOGNESS: Wisconsin?

(No response.)

DR. HOGNESS: Woman's?
DR. SIGEL: Here.

DR. HOGNESS: Yale?

(NO response.)

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

DR. HOGNESS: Mayo Graduate School?

(NO response.)

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

DR. HOGNESS: Pennsylvania Graduate Division?

(NO response.)

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

DR. HOGNESS: Arizona?

DR. DU VAL: Here.

DR. HOGNESS: Brown?

DR. GALLETTI: Here.

DR. HOGNESS: California – Davis?

(NO response.)

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

DR. HOGNESS: California – San Diego?

(NO response.)

(Note: Dr. Grobstein apparently arrived later, as his name is checked on the official roll.)
DR. HOGNESS: Connecticut?

DR. PATTERSON: Here.

DR. HOGNESS: Hawaii?

(No response.)

Massachusetts?

DR. SOUTTER: Here.

DR. HOGNESS: Michigan State?

DR. HUNT: Here.

DR. HOGNESS: Mount Sinai?

DR. JAMES: Here.

DR. HOGNESS: Pennsylvania State - Hershey?

DR. HARRELL: Here.

DR. HOGNESS: Texas - San Antonio?

(No response.)

Alberta?

(No response.)

Vriginal Columbia?

(No response.)

Dalhousie?

(No response.)

Laval?

(No response.)

Manitoba?

(No response.)

McGill?
(No response.)

Montreal?
(No response.)

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

DR. HOGENESS: Ottawa?
(No response.)

Queens?
(No response.)

Saskatchewan?
(No response.)

Toronto?
(No response.)

Western Ontario?
(No response.)

Philippines?
(No response.)

Louisiana State at Shreveport?

DR. HULL: Here.

DR. HOGENESS: Missouri - Kansas City?
(No response.)

Nevada?
(No response.)

Ohio Medical College at Toledo?

DR. PAGE: Here.
DR. HOGNESS: South Florida - Tampa?
(No response.)
Southern Illinois?
(No response.)
SUNY - Stony Brook?
(No response.)
Calgary?
(No response.)
Memorial - Newfoundland?
(No response.)
McMaster?
(No response.)
Sherbrooke?
(No response.)
There is a quorum.

THE CHAIRMAN: Thank you, John.

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

DR. SIFONTES: Puerto Rico.

THE CHAIRMAN: Dr. Sifontes.

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

If not, may we have a motion for adoption of
the minutes, for approval?

FROM THE FLOOR: So move.
SECOND VOICE: So move.
FROM THE FLOOR: Second.
THE CHAIRMAN: Is there any further discussion?

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

(A chorus of "ayes".)

Opposed?

(No response.)

We are going on then to the reports from the Regional meetings. Dr. Carl Chapman -- is he here? The Northeast Group? Has any substitute been delegated to speak for the Northeast group?

(No response.)

If not, perhaps one of you at the end of the Regional Reports may wish to take it upon you to give us a report from that meeting.

John Cooper, maybe you can point the finger.

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

FROM THE FLOOR: There wasn't.

DR. COOPER: What?

FROM THE FLOOR: Are you talking about the North-
east group?

There was no meeting. They cancelled it.

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

(Laughter.)

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

THE CHAIRMAN: I like this prolonged torture!

(Laughter.)

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

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

(Laughter.)

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

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

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

One by Dr. Anson Peck from Albert Einstein, and
and Dr. Joseph Eastland on the program in Indiana.

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

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

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

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

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

I believe this is about all.

THE CHAIRMAN: Thank you, Manny.

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

I guess Bud is not -- Bill, would you please use
this microphone?

Bill Mayer.

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

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

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

The following morning we broke up into our separate
sub-groups, and in the Council of Deans' group, there was one
item which came up for lengthy discussion, and this related
to the matter of relationships to the Social Security Admin-
istration.
And in essence, we arrived at the following consensus, which was simply that:

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

And we even went on, being administrators, to suggest an approach that might be taken:

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

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

THE CHAIRMAN: Thank you very much, Bill.

Is there any discussion of Bill's report? I should
have opened the floor for discussion of Manny's report, for questions and comments as well. Any questions that you would like to direct to them?

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

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

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

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

"For the purposes of these Bylaws the Dean shall be interpreted to be that individual who is charged by the institution with the administration of the educational program leading to the M. D. degree."

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

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

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

And Section 5 was approved as written.

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

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

Third was a discussion of the National Health Insurance position of the Executive Council, and the Western Deans voted unanimously to encourage the A. A. M. C. to endorse some form of National Health Insurance and to develop principles for inclusion in either the A. A. M. C.'s own legislation, or in some other acceptable legislation, which is yet to be developed.

We discussed Part B of Medicare.

We discussed the H. E. W. security clearance procedure problem, and it was suggested that each individual school could determine whether or not it wished to communicate with the Veneman Committee on this subject.

And on closing we elected Dr. Sherman Mellinkoff of U. C. L. A. to be the new Chairman of the Western Deans.
THE CHAIRMAN: Thank you, Monte.

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

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

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

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

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

DR. COOPER: May I ask one, please?

THE CHAIRMAN: Yes, please.

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

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

(Laughter.)

DR. COOPER: What does that mean?

THE CHAIRMAN: Any other questions or comments?
If not, we will move on to Item No. 5, the "Proposed Bylaws for the Council of Deans". Bob Felix is Chairman of the Ad Hoc Committee that originated these bylaws.

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

Bob.

DR. FELIX: I have nothing more than what was submitted to you, Mr. Chairman.

We went over this.

THE CHAIRMAN: Warren Bostick, you were on the Committee. Any additional comments that you have?

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

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

Now the one that I was particularly interested in
when I spoke before the Western Deans, and they concurred, was the desirability of having an appropriate mechanism for nominations from the floor.

Our feeling was that this was probably an infrequently used device, but when desirable was often very, very essential as a safety valve, and on balance, we concurred that it was appropriate.

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

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

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

Manny, did you have your hand up?

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

THE CHAIRMAN: Monte, could we have the changes that you have in writing on the table, if you have them available? It will be easier for us.

DR. DU VAL: (Handing papers.)

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

DR. FELIX: So move.

FROM THE FLOOR: Second.

THE CHAIRMAN: Any discussion?

(No response.)

All those in favor say "aye".

(A chorus of "ayes").

Opposed?

(No response.)

Next on page 2, the suggestions made:

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

The Western Deans have changed it to:

"For the purposes of these Bylaws the Dean shall be interpreted to be that individual who is charged by the institution with the administration of the educational program leading to the M. D. degree."

Manny.

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

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

DR. SUTER: Oh.
THE CHAIRMAN: So you can start de novo, if you want.

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

THE CHAIRMAN: Not yet.

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

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

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

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

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

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

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

FROM THE FLOOR: Second.

THE CHAIRMAN: Seconded. Is there any further discussion of this change?

DR. SUTER: I would like to point out that I think that the definition as it is presently in the bylaws, I think,
is too narrow, and deals only with the educational program, whereas our definition, I think, or the proposed definition, would include the activities of administration, as well as, let us say, space and appointments.

FROM THE FLOOR: Projects.

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

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

Sherm. Dr. Mellinkoff.

DR. MELLINKOFF: May I ask a question?

THE CHAIRMAN: Please.

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

They are not —

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

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

DR. COOPER: They are affiliated graduate members.

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

(A chorus of "ayes").

Opposed?
(No response.)

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

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

John, may I call on you for that one?

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

It says:

"The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as shall from time to time be recommended by the Council of Deans and be elected by the Assembly by a majority vote. The Council of Deans shall consist of the dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class."

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

DR. COOPER: Well, with regard to the -- of course, the provisional members are defined in the bylaws of the Association to include provisional institutional members.

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

DR. SUTER: O.K., thank you.

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

DR. COOPER: That's right.

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

FROM THE FLOOR: So move.

FROM THE FLOOR: Second.

THE CHAIRMAN: Seconded. Any further discussion?

All those in favor, say "aye".

(A chorus of "ayes").

Opposed?

(No response.)

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

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

Is there any disagreement before we ask for a formal motion?

In that case, may we consider the Western Deans' suggestion as a substitute for Section 3(c)? I will read it
If a dean who is entitled to vote in the Council of Deans is unable to be present at a meeting, that individual whom he shall designate in writing to the Chairman shall exercise the privilege of voting for the dean at that specific meeting."

Is there a motion for approval?

FROM THE FLOOR: So move.

THE CHAIRMAN: Is there a second?

FROM THE FLOOR: Second.

SECOND VOICE: Second.

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

(A chorus of "ayes".)

Opposed?

(No response.)

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

FROM THE FLOOR: Mr. Chairman, does that designation of a substitute, that last sentence, stay in, to the revision?

DR. COOPER: Yes.

FROM THE FLOOR: It does?

THE CHAIRMAN: Yes.

FROM THE FLOOR: O. K.

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

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

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

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

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

Is there a second?

FROM THE FLOOR: Second.

SECOND VOICE: Second.

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

(A chorus of "ayes".)

Opposed?

(No response.)

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

Monte, would you move that that be inserted?

DR. DU VAL: Yes, I will move that language to
that effect be inserted.

THE CHAIRMAN: Is there a second?

FROM THE FLOOR: Second.

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

(A chorus of "ayes").

Opposed?

(No response.)

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

FROM THE FLOOR: So move.

FROM THE FLOOR: Second.

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

(A chorus of "ayes").

Opposed?

(No response.)

It is carried.

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

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

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

THE CHAIRMAN: Right. Please.
DR. COOPER: It says:

"a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set high educational standards as prerequisites for the election of members of the Association.

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

"c) Of the 16 elected members of the Executive Council, I shall be the Chairman of the Council of Academic societies and 3 others shall be members of that Council; one shall be Chairman of the Council of Teaching Hospitals and 2 others shall be members of that Council; one shall be Chairman of the Council of Deans and 8 shall be other members of that Council."

It goes on for some other points, but the Bylaws of the Association specifically designate the Chairman of
each of the Councils as a member of the Executive Committee. And the additional members, the eight voting members, it says shall be members of the Council of Deans.

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

"A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the members of the Assembly, the committee will report to the Assembly at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any member of the Assembly at the annual meeting. Election shall be by a majority of the Assembly members present and voting."

According to the Bylaws of the Association, the recommendations for the membership of the Executive — the nominations for the membership of the Executive Council, the officers and the Executive Council are to be made by the Nominating Committee, which is appointed by the Executive Council.

I am only relating to you what the Bylaw situation is. It has, obviously, produced a great deal of confusion,
in that I think everyone agrees that the individual Councils should have the opportunity for presenting the slate of their membership to represent them on the Executive Council. However, it is only by the agreement of the Nominating Committee, according to the Bylaws, and by the Assembly, that this can indeed come to pass.

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

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

Excuse me, Ike.

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

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

They are recommending that it be nominated by voting members of the Council of Deans. However, the Bylaws of the
Association do not apparently have to recognize that; the
Nominating Committee does not have to recognize that.

THE CHAIRMAN: Ike Taylor.

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

I move the adoption of this Section as circulated.

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

DR. TAYLOR: Sure.

THE CHAIRMAN: In one package?

DR. TAYLOR: Yes.

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

Is there a second?

FROM THE FLOOR: Second?

SECOND VOICE: Second.

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

(A chorus of "ayes").

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

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

DR. COOPER: May I read the Bylaws again?

THE CHAIRMAN: Yes.

DR. COOPER: Section 11 of the Bylaws of the Association in part states that:

"Such councils with (the) "approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For (the) "purposes of particular emphasis, need, or timeliness, such councils are expected to appoint ad hoc committees and study groups; develop facts and information; and also to call national, regional, and local meetings for the presentation of papers and studies", et cetera, et cetera.

So the Bylaws of the Association, and I think, from discussions that we have had with those that were involved with them, to make certain that any activity that was the responsibility of a Standing Committee, should be considered by the Executive Council to make certain that there was not duplication of action among the Councils, and so that the
overall, in such areas where there was interest of other groups in the Association, that coordination of efforts in this regard could be undertaken, and I believe that is the reason for it.

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

And can we invoke the Taylor doctrine here to consider accepting it and bringing in modifications on subsequent meetings after consideration by the Association and the Assembly?

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

DR. SUTER: I move approval.

THE CHAIRMAN: Is there a second?

FROM THE FLOOR: Second.

THE CHAIRMAN: Is there any further discussion?

All those in favor say "aye".

(A chorus of "ayes").

Opposed?

(No response.)

Section 6(b), there doesn't seem to be any controversy.

DR. SUTER: I move that it be approved.

THE CHAIRMAN: Is there a second?

FROM THE FLOOR: Second.
THE CHAIRMAN: Is there any further discussion?

All those in favor say "aye".

(A chorus of "ayes").

Opposed?

(No response.)

We are now legal for the first time in three meetings!

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

THE CHAIRMAN: Yes.

DR. COOPER: As amended?

THE CHAIRMAN: Yes.

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

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

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

THE CHAIRMAN: In that one?

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

FROM THE FLOOR: I think the point is, Wyn, that
it is our desire to put these in, and let the A. A. M. C. Bylaws get updated to be consistent with what we think more appropriate.

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

THE CHAIRMAN: Thank you, Wyn.

DR. COOPER: May I?

THE CHAIRMAN: Mr. President.

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

FROM THE FLOOR: As circulated.

DR. SUTER: Yes.

THE CHAIRMAN: The original, as circulated.

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

THE CHAIRMAN: It is the case.

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

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

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

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

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

DR. SUTER: That's right.

FROM THE FLOOR: Of the Council of Deans.

DR. SUTER: Right.

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

DR. COOPER: That's right.

THE CHAIRMAN: Well, John, did we adopt the circulated --

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

THE CHAIRMAN: Yes.

DR. COOPER: That there was no amendment.

THE CHAIRMAN: No, I said the Taylor doctrine.

(Laughter.)

If I said "amendment", I made a mistake.
Now may we have approval of the set of Bylaws, the entire set with the amendments that we have agreed on?

DR. SUTER: I move that they be approved, as amended.

FROM THE FLOOR: Second.

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

(A chorus of "ayes".)

Opposed?

(No response.)

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

(Laughter.)

Next, if we may move to Item No. 6, the "Consideration of Limitation of Federal Contributions to Faculty Salaries".

And I have asked Manson Meads to start this discussion. And we have with us as our guest, Ernest Allen, Director of Grants Management Policy for Secretary Finch's office, who can add some additional remarks to this.

I might remind the membership of the Council of Deans of a little bit of the history of how this evolved. About a year and a half ago in the February, 1968, meeting, the Southern Deans were very concerned about the use of federal moneys for academic inflation. In fact, they were very
much concerned about academic inflation, as a complete problem.

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

Manson,

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

I would like to stress that there has been some misunderstanding of this policy, I think, and would like to
stress that it is not a policy that is aimed at control of salary inflation. There are too many factors that are beyond our control.

I would like to stress that what the purpose of this is, is to give assurance that federal funds will not accentuate the present problem.

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

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

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

And so we wish to exclude that.

Also, other areas, like O. E. O. and the like, which
are essentially service-type grants, we believe, should be excluded from this policy.

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

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

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

THE CHAIRMAN: Thank you, Manson.

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

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

And my personal opinion is that too rapid escalation is likely to put the entire grants program -- research
grants program -- particularly, in jeopardy.

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

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

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

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

But with the plateau then of appropriations, and the increasing, growing concern of the program directors about how to use their money, that contrary to official policy, they are beginning to look at such things -- even though they
are told not to -- as cost sharing percentages, indirect cost percentages, and in my opinion could very well look at -- and may be doing it now, without your knowing it or my knowing it -- at the amount of salaries that are being provided in one institution as contrasted to another.

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

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

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

The other thing I hate continually to bring to you an expression of concern about, the Subcommittee on Intergovernmental Relations -- but they have looked at salaries of career awardees. They have expressed considerable concern
about the high salaries that we were paying some of the post
doctorals, fellowships, and traineeships.

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

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

THE CHAIRMAN: Thank you, Ernest.

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

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

I think it might be appropriate for a general dis-
cussion at this point, before seeing if there is enough agree-
ment to focus down on the specific recommendation and action requested.

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

Nelson.

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

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

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

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

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

THE CHAIRMAN: Dave Rogers.

DR. ROGERS: Bill, I wanted to make sure that I
Ernest, are you saying that if a school is asking its faculty to cost share only to the extent necessary, putting in a grant proposal, that this is looked on dimly, in other words, if the grant — one shares only to the extent necessary?

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

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

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

DR. ALLEN: Well —

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

DR. ALLEN: In this instance, the gentleman who is the Assistant Secretary of Control, is on record before two Congressional Committees that he would see to it that the
cost sharing did not influence the action on this, on the re-
search grant applications.

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

THE CHAIRMAN: Bill Hubbard.

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

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

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

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

DR. MEADS: Correct.

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

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

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

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

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

FROM THE FLOOR: The two, mixed up.

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

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

FROM THE FLOOR: No.

THE CHAIRMAN: Did you?

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

DR. FELIX: Are we?

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

DR. FELIX: Well --

DR. MEADS: Cost sharing and the other; I am not
talking about cost sharing.
THE CHAIRMAN: Ralph.

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

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

FROM THE FLOOR: Yes.

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

We are strictly to institutional grants and to research and education.

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

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

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

DR. MEADS: Well, we still have to do that in Bowman Gray, in order to get this money. And I suspect you have to do it the same way.
Don't you have percentage effort that you calculate how much basic improvement and special projects grant are going in the salaries?

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

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

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

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

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

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

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

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

DR. MEADS: This has been raised before, and I
think we, the group, would accept anything, if the group felt a regional index or local index was a better approach to this thing.

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

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

THE CHAIRMAN: Bill Hubbard.

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

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

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

I think, in all probability, to be effective, it will have to be the latter. And then I would suggest that once we move to that point, it is highly probable in my own
personal opinion that this will be federal funds pure and sim-ple, and the restrictions that we would like to see put on them will be recognized as our desire, but partly implemented as a separate policy.

That is to say that I am not at all confident that Dr. Fountain — or Dr. Goldberg of the Fountain Committee would not recognize this as a generally meritorious idea, applicable to all forms of federal funding.

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

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

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

I think we are very close to the point where our annual net incomes of our faculties will become known to the legislatures. And when that happens, unless we have controls that we can display, our position as petitioners for incre-mental institutional funds will go up in a thin blue flame.
FROM THE FLOOR: That is the purpose of the resolution.

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

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

In order not to --- yes, Warren?

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

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

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

THE CHAIRMAN: Thank you, Warren.

Bill.

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

THE CHAIRMAN: I don't understand.

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

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

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

(Laughter.)

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

This, if I might speak just for another moment,
I would like to express just a mild concern of the Association
with regard to the misuse of salary data from the Association,
with regard to what effect using this salary data, which has only now been informational to the medical schools, for whatever purposes they wished to use it, now becomes a method of establishing a policy with regard to salary support.

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

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

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

But the salary data itself these days, especially with tax laws and other kinds of things, does not represent the entire benefit to the faculty member from the medical school other than -- even other than his service income from the care of patients.
These are just two areas. I am only pointing them out so that the group here understands the situation, and I am glad that Manson did point out -- and I think that this is clear in the title of the report, which his Committee made, that this really is related to the control of the salary contribution from federal funds to faculty, that it is not intended to be a control for faculty, the inflation that we are experiencing in faculty salaries, because our salary data also suggests very clearly that more and more each year the proportion of the salaries which come from other than the funds budgetted regularly in the institution for the payment of the faculty, are rising at a much, much faster rate than are the salaries which are paid from the institution's own funds, and that these, in many cases, to our view, are the major sources of inflationary trends in salaries. I just want to put that out.

But I think that you should understand then that this is a mechanism for the control of federal grant, of federal contributions to salaries, and will have some effect on inflationary practices, but will not have the effects that other measures which you could take and which we have considered at great length.

What can you do to control inflation?

In the society in which we live, with the traditions which we have, the control of salaries is a very -- it should
be undertaken only after very serious reflection, because it
does have, it does represent a real change in the attitudes
of society with regard to this particular thing. I just wanted
to make those two points.

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

Bob Howard,

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

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

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

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

THE CHAIRMAN: Sherm, did you have a comment?

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

THE CHAIRMAN: Manson, did you have any?

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

THE CHAIRMAN: Before spending time on the refinements of the recommended policy, I would like to find out how many of you are prepared to adopt a policy on this today, with a straw vote:

How many of you would favor continuing this discussion to refine a position on it today? May I have a show of hands for those in favor?

FROM THE FLOOR: Of continuing?

THE CHAIRMAN: Of continuing this discussion.

(A showing of hands.)

FROM THE FLOOR: Not voting today?

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

THE CHAIRMAN: How many would be opposed to continuing the discussion?

(No response.)

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

THE CHAIRMAN: I am afraid that the chances of the
roof falling in are greater day by day, and actually in my conversation with Bob Marston, it was please let us get to the Annual Meeting one more time.

Manson.

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

We could, at least, start discussions with the appropriate federal officials regarding this matter, not committing ourselves, but, at least, using this as a background approach to the discussion.

THE CHAIRMAN: Bob, you had another comment.

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

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

I would rather see us adopt something both workable and livable, which we could modify then, than to go home with nothing at all. I think that if we go home with nothing at
all, we are going to have something imposed upon us, and we will have no defense whatsoever.

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

THE CHAIRMAN: Yes.

FROM THE FLOOR: Mr. Chairman, isn't the real trap in this the thing that Dr. Hubbard pointed out, that if it gets to be interpreted beyond the limits of the recommendation, wouldn't we be, at least, perhaps, in a reasonable position to adopt, essentially, what has been recommended, but throw into this the proviso that if other types of federal funding, such as Medicare, et cetera, were to become involved in the discussion at this or a subsequent time, that indeed it would have to be re-discussed and, also, that a whole different set of salary data collections would have to be obtained before that could then be made reasonable.

It would mean that we would have to somehow find out ways in our geographic full-time system to interpret indeed what is important -- what people really got -- and put in a whole new set of salary figures for a basis to be calculated from.
THE CHAIRMAN: I believe this is why the Southern Deans suggested the revision of line 13 to be more specifically institutional grants and contracts for educational research, although the fear that Bill expressed will be a fear that we will have to watch on the radar screen all along.

Bill.

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

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

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

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

THE CHAIRMAN: Arthur, did you have a comment?
FROM THE FLOOR: There is just one point that I think should be clarified:

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

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

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

THE CHAIRMAN: Manson.

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

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

That can be done.

FROM THE FLOOR: I think we had better know what we are talking about, because I think there is a lot of confusion on this point.
THE CHAIRMAN: Manson, specifically, are project grants, faculty salaries — are project grants included in this or not?

DR. MEADS: Yes, sir.

THE CHAIRMAN: That is what I thought.

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

THE CHAIRMAN: Win Shorey and then Sherm.

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

The only grants, the only federal funds —

DR. MEADS: The service though.

DR. SHOREY: Are those that would come to an institution through fee for service, or contract for service.

DR. MEADS: Right.

THE CHAIRMAN: Sherm.

DR. MELLINKOFF: Well, I think that we ought to make it very clear, that point ought to be made very clear, because while Bill Hubbard may be correct that the insurance funds are going to be scrutinized in the way that Mr. Saylor, for example, has proposed with respect to the V. A., which, in my view, would be ruinous to the V. A., and therefore, to
an extent, to the medical schools, I think we ought not to leap into that fire before we are forced into it.

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

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

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

THE CHAIRMAN: Manson?

DR. MEADS: No.

THE CHAIRMAN: The only problem I can see here is that number three does not have any -- does not have enough specificity with regard to what the level of the national scale, the nationally accepted levels by rank and discipline;
there is no mention of the national mean.

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

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

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

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

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

THE CHAIRMAN: May I suggest for simplification of our parliamentary procedure and proceedings that we consider the recommended policy on page two as the beginning of our specific debate with and including the changes suggested by the Southern Deans.

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

(A showing of hands.)

All right. Do you have the page without the correction to the recommended policy?
Manson, could you come and please read the recommended policy with the changes by the Southern Deans? And then we will make a motion for its approval, and we can have modifications.

Here we are. (Handing.)

DR. MEADS: Yes, first --

THE CHAIRMAN: Ladies and gentlemen, the recommended policy reads as follows:

"Funds from federal institutional grants and contracts for education and research may be used to support the salary of any faculty member on the basis of percentage of effort in the approved program up to nationally accepted levels for each academic rank and discipline. Such levels will represent the median salary level for strict full-time faculty in the medical schools of this country as determined by the A. A. M. C. Faculty Salary survey for the year in which this policy is adopted. These levels will be adjusted annually thereafter in accord with changes in the cost of living index. Faculty salaries established on this basis may be supplemented by an institution if so desired. Federal funds may continue to be used to pay the prorata share of the cost of fringe benefits of each respective institution. This policy shall be reviewed by the A. A. M. C., and possibly revised, after a period of trial of two years."
Do I hear a motion for approval?

DR. SUTER: I so move.

FROM THE FLOOR: So move.

THE CHAIRMAN: Is there a second?

FROM THE FLOOR: Second.

THE CHAIRMAN: Is there any further discussion?

Monte.

DR. DU VAL: Would the Chair recognize a suggestion or a modification rather, in the opening sentence? Instead of saying "Funds from federal institutional grants", would it be clarified were we to say "Federal grants to institutions"?

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

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

DR. ALLEN: Mr. Chairman, may I?

THE CHAIRMAN: Ernest.

DR. ALLEN: May I suggest something to you?

THE CHAIRMAN: Yes, please.

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

DR. SUTER: Very good.

FROM THE FLOOR: Ah, very good.
THE CHAIRMAN: All right, now where does the word "discretionary" fit in?

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

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

DR. ALLEN: It might be all right.

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

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

(Laughter.)

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

So that they are going to have to develop one, and whether you included O. E. O. or not, I think, is almost academic.

DR. MEADS: O. K.

DR. ALLEN: And I think that this sort of thing, if it comes in, will immediately be picked up and be applied across the full scale.
DR. ALLEN: But the words that I used — and this might help you though, if you said for research and training, yes, it might.

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

Before we go to Sherm's point, is this change acceptable?

DR. SUTER: Yes.

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

DR. SUTER: Yes.

FROM THE FLOOR: Yes.

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

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

Now, for example, supposing that the median salary, for instance, nationally, for a particular rank, on a strict full-time scale, is $20,000, and the man is spending fifty percent of his time in that particular endeavor, then as I understand it, he would be then entitled to receive $10,000 from the grant, even though that institution, let us say, had a strict full-time salary at that level of, say, $30,000.

Now supposing he isn't strict full-time, supposing
he is not on strict full-time, he is on geographical full-time, and is getting a salary of, let us say, twelve thousand dollars instead of twenty.

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

THE CHAIRMAN: Manson, do you want to?

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

FROM THE FLOOR: What is correct?

FROM THE FLOOR: Yes, what is correct?

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

(Laughter.)

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

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

DR. MEADS: That's right.

THE CHAIRMAN: On the full-time scale?

DR. MEADS: On the --

DR. MELLMINKOFF: Regardless of what --

DR. MEADS: What is basic.

DR. MELLMINKOFF: Whether he is on strict full-time
or not?

DR. MEADS: Yes.

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

DR. MEADS: That's right.

THE CHAIRMAN: Bill Hubbard.

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

THE CHAIRMAN: Bob Howard.

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

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

THE CHAIRMAN: Well, I am sure that there are individual problems, and what we are seeking here is a common
denominator point of agreement. But I don't think we can really solve all of the individual problems.

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

DR. DU VAL: It occurs to me that an opposite question is being posed that we should look at:

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

DR. MEADS: No.

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

FROM THE FLOOR: It won't.

DR. MEADS: You still haven't --

FROM THE FLOOR: It won't.

(Laughter.)

THE CHAIRMAN: Ernest, do you have any words of wisdom on that?

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

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

(Laughter.)

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

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

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

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

I have a feeling that this group is very large, and that we are, obviously, as the longer we talk, we are digging up more and more difficult things.

I personally get a real sense of urgency about this, I feel the hot breath on my neck, as I think lots of you do,
over concerns of Budget Bureau, if nothing else.

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

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

THE CHAIRMAN: Warren, there is a motion now.

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

THE CHAIRMAN: Fine.

FROM THE FLOOR: I would like to amend it then, to amend the motion then, to delete the word "recommended policy" and have this considered as a sense motion to be referred to the Council.

THE CHAIRMAN: Is there a second to the amendment?

(No response.)

Since there is no second, the amendment then dies.

I think there are two other comments in the back.

Yes?

DR. EGAN: Dick Egan of Creighton.

I would like to make a general comment and a specific comment:

The general comment is to go beyond what Dr. Cooper and Dr. Howard mentioned about the philosophy and this approach
and we go back to the fact that once you do this, and ignore
the fact that we are in this spot because of curtailment of
training grants to support the production of faculty manpower,
you then move to this kind of— with all of this kind of an
approach, the backwards approach, and I realize the reality
of Congress, and the fact that they may not always see this
logically the way I do.

(Laughter.)

But, at least, there are other things too:
I can imagine the pressure on the Rank and Tenure
Committee to boost faculty rank in a school that attempts to
do this by merit, rather than by time in service. And I can
see a big grab for fringe benefits. And these are things that
we don't like to see.

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

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

And I think, if you put this in at the median level,
you can give us permission, sure, to supplement, the supple-
mental funds, but this is not going to get the job done, because I think that there are pretty well sustained rules of thumb that if you are going to go out and recruit faculty from other institutions, you offer not the fiftieth percentile but the seventieth percentile, and I would urge that whether this be enacted here or referred as a sense motion, that some consideration be given to this reality, to those schools that are attempting to develop a limited pool of manpower.

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

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

THE CHAIRMAN: Thank you, Dick.

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

FROM THE FLOOR: With regard to the word "median"
in line 21, and the words "strict full-time" in 22, I would like to propose that you seriously consider deleting these because I happen to be from a state where politics plays quite an important role in salary levels.

And for various reasons, if this were to be established as a policy of the Association of American Medical Colleges, it would result in lowering the income of our faculty considerably. And the necessary result would be a wandering of our faculty to other states.

So that we have no strict and no full-time faculty in our institution, and it would be impossible for us to establish one in the community in which we happen to exist.

The median salary that you speak of, when you compare the economy of this entire country, and the 101 medical schools, makes it impossible for us to stay in competition, in an economically better area, perhaps, than some areas of the fifty states.

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

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

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

Andy Hunt.

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

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

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

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

And I think that some expression of concern, the beginning of some kind of action to limit salary increases in
the medical schools is highly important.

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

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

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

THE CHAIRMAN: My understanding, John, is that this is an action of the Council of Deans that would then go to the Executive Council, and thereafter appropriately to the Assembly.

Is this right, John?

DR. COOPER: Well, it was to be considered and referred, I think, by the three Councils. Did it go to the C. O. T. H. meeting?

FROM THE FLOOR: No.

DR. COOPER: I think the Executive Council referred it to the three Councils.
DR. HUNT: Well, will this come up on Monday?

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

DR. COOPER: Right.

THE CHAIRMAN: Is this right?

DR. COOPER: Right, it could be considered at the Assembly meeting if -- and we assume one will be held in February.

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

THE CHAIRMAN: It has already.

DR. COOPER: It has already.

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

DR. COOPER: We have not had a report.


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

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

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

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

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

THE CHAIRMAN: Right.

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

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

DR. MEADS: No.

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

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

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

We have been very disturbed, and we have let our voices be heard, about the recent cuts in federal funds, the
recent curtailment in resources for our schools.

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

Frankly, I find it a little difficult to understand.

THE CHAIRMAN: Manson.

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

We are also urging for more support for our institutions.

DR. JAMES: Not in this recommendation.

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

THE CHAIRMAN: Are you ready for the question?

FROM THE FLOOR: Yes.

FROM THE FLOOR: Question.

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

(A chorus of "ayes".)

Opposed?
(A chorus of "noes").

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

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

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

DR. COOPER: Yes.

THE CHAIRMAN: I think that as soon as we find out that there was any action by the Council of Academic Societies and the Council of Teaching Hospitals that the Executive Committee should consider bringing it to the Assembly.

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

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

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

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

DR. COOPER: Bill, before we start that, I think
that we should make a very brief resume of the appropriations situation as we see it.

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

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

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

We have had a lot of contact with the Committee staff. We have been working with other members of the Committee and with Senators generally.

I think that it is terribly important that the deans respond to the suggestion that I made with regard to contact with their Senators, and not only those Senators that are on the Appropriations Committee, but the general -- the Senate
generally, because it may well come to the point of us having to try and overturn the Appropriations Subcommittee recommendations on the floor, which, as you know, is a tremendously difficult task, and is not often accomplished.

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

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

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

We have also entered into an agreement with the -- or the Federation, rather, of Schools, of Associations of Schools of the Health Professions, has adopted the same posi-
They are also, the other schools in the health professions, the other associations are making this point with the Congress.

The Organization of University Health Center Administrators, at their meeting in Vermont, also adopted this particular position, and they are working on getting it before the Congress.

And then the Ad Hoc Committee on Full Funding -- and I see John Groupenhoff here, who has been working with that group, has adopted those aspects, has agreement with those aspects of our position dealing with health manpower development, research training, research in the general area of N. I. H., and the Mental Health group, and we have some coordinated activity there.

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

We are disturbed by the reports that we have of the real lack of interest in the Subcommittee, apparently, in making any substantial changes in the House bill. So I would urge you, again, please, to use your education — please educate your Senators with regard to what this level of funding means to your own institution, and which those of you who have members on the full Appropriations Committee, or on the Subcommittee, I would urge that you try, if possible, to
meet with them personally either when they return home or in
Washington, or at least by telephone, to bring forth, to bring
out your view on the bill.

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

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

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

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

Yes?

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

That, to me, is the crucial question.
DR. COOPER: Well, there is one point that is certain, that the agencies cannot spend money that has not been appropriated.

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

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

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

And this Committee did meet once, and it became very apparent that what we were doing and in the process of doing was reacting, we were reacting to what the Social Security Administration had written or was about to write. And the Committee suggested that we establish a position of the Association on the question of Part B payments to physicians in the teaching setting, and allowed the staff the opportunity
to sort of take it from there.

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

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

This we did not, as you know, have when the Inter-
mediary Letter of 372 went out that stopped the payments.
When it became apparent that we were at the stage where we
could really negotiate a position with them, and affect what
might be sent to the field, a meeting was called of the Ad Hoc
Committee, and it was changed a bit at the request of the
Social Security Administration, so that we would have two
Deans — Dr. Mayer and Dr. Sprague — two financial officers,
two hospital administrators, and two faculty members — the
two faculty members being Dr. Chase, who was the Chairman of
the Committee, from Stanford, and Dr. Warren, Chief of the
Department of Medicine at Ohio State. The two hospital administrators were the man from Yale, Chuck Womer, and Stan Ferguson from Western Reserve.

The Committee met with the Social Security Administration people, and those besides the ones that I have just indicated, who were there — the two financial officers, by the way, were Hugh Hilliard from Amory, and Larry Martin from Massachusetts General.

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

We recognized that the intent of Medicare legislation was an insurance program that was designed to provide freedom to the beneficiary to select the hospital and physician of its choice, and we made that as an issue simply because we felt that there was some discrimination being placed upon the teaching settings in that the patients often chose the teaching settings as against the private or "so-called private service", that we did not intend to defend the abuse of Medicare, and that we believed that institutional medical care delivery systems be reviewed on an individual institutional basis to assure compliance with the intention of the Medicare regulations, so that we could establish a relationship where institution by institution would be reviewed by some Review Committee, and the stamp of approval, hopefully, placed on
them, since there are a number of variables on how medical care is delivered in the teaching setting, as you well know, of course.

Well, we then moved to the position where we suggested to them that on the basis of principle that there should be no double billings.

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

We went to the issue of making a clearer determination between A and B, since the term "supervisor" was being mixed between A and B. We suggested that it was traditional that as a physician in a care setting worked with his resident staff, he was, in fact, supervising, and that the supervising in the care setting ought to be included in the fee under B and not in A, and that under A any administrative teaching services that are clearly administrative in the teaching setting and not related specifically to the care of the patient, would be included in A, along with the house staff salaries.

Now we recognize the possibility that we are going to, hopefully, have alternative choices that the institution can make, and that in this regard it would be possible that every-
thing could go into A, and a unit, cost per unit charge, could be made per unit of service.

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

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

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

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

We would do this by taking four hospitals or five,
or four institutional settings or five, do it by service, draw or pull about 100 charts, and assign the attending the responsibility of identifying that, in fact, he was the attending, in that case, that even though the documentation did not specifically indicate it — and upon that basis establish a resumption of payments and a negotiation as to what that back payment would be.

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

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

The next item that we discussed was that we needed to address ourselves to the issue — and clarifying to the carriers, who were confused on the issue — some of the interpretation of 372.

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

The third was a glossary of terms to be established by the A. A. M. C. and the S. S. A., so that we were all talking about the same thing, when we said "supervising physician", we all meant the same thing, or "attending physician", we all
meant the same thing, and so on. And this was critical because a good many interpretations were clouded by this non-understanding.

The fourth was that the Social Security Administration would develop a technical staff, in which each of the institutions would be reviewed, so that your own settings, the way that you delivered your medical care in a teaching setting would be reviewed specifically and a mark of approval placed on it.

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

And lastly, that we did apply the fact that we had established with the Social Security Administration an appeal mechanism, informal though it was, it was an appeal mechanism where there was an impasse between the carrier and the institution involved.

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

The action, the current action -- and then I am through -- is:
One, the Association of American Medical Colleges will provide the Social Security Administration with the conceptual pattern of the most frequently employed patterns of patient care in medical education — in medical education and the teaching hospital, so that we can have possibly six prototypes that they can use and develop a protocol when they move from institution to institution.

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

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

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

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

THE CHAIRMAN: Thank you, John.

Are there any questions or comments that you would like to direct to John Cooper or John Danielson? I know that they will be around and there will be plenty of opportunity for informal consultation, but you may want to bring up some
issue of general interest at this time.

Frank Ebaugh.

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

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

THE CHAIRMAN: Thank you, Frank.

Shera.

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

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

(Appplause.)

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

The hour is late and, therefore, I am going to
dispense with my sixty-five minute report, which I was going
to give!
(Laughter.)

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

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

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

One at the Annual Meeting, such as today.

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

And one possibly in May.

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

I also want to take this opportunity to thank John Hogness for the solid work that he has put in, not only with the Program Committee but also with the Administrative Committee as a representative of the Council of Deans. We shall miss him, but I know that he will come back and see
From time to time as he seeks shelter and reclusion from his other administrative duties at the University of Washing-

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

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

THE CHAIRMAN: Manny.

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

THE CHAIRMAN: Manny, you are on the Committee.

Men had to leave a few moments ago, and would you please pre-

sent the report of the Nominating Committee?

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

THE CHAIRMAN: No, for the Chairman and Chairman-

Elect and Executive Council.

DR. SUTER: Also?

THE CHAIRMAN: That way we will open it for nomi-

nations from the floor.

DR. SUTER: All right.

The Nominating Committee would like to nominate for Chairman Charles Sprague, for Chairman-Elect Monte DuVal,

for the Council:

Dr. Cazort, Dr. Rogers, Dr. Maloney and Dr. Mel-
THE CHAIRMAN: Thank you very much, Manny. I think we know them. Are there any nominations from the floor?
(No response.)
Is there a motion to close the nominations?
FROM THE FLOOR: So move.
SECOND VOICE: So move.
THE CHAIRMAN: All those in favor say "aye".
(A chorus of "ayes").
Now may we have a motion to accept the report of the Nominating Committee?
CHORUS OF VOICES: So move.
THE CHAIRMAN: All those in favor, say "aye".
(A chorus of "ayes").
Opposed?
(No response.)
Charlie Sprague, unfortunately, had a meeting of the Board of Regents of his University, and we all know that that is the one conflict that we give priority to.
And at this point, I want to congratulate the new officers.
I want to thank all of you for the privilege of serving with you as your Chairman for this first year, of the Council of Deans, and I shall call on the Chairman-Elect,
Monte DuVal, to close the meeting.

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

And I am sure that you would also join me in extending our immediate and very, very sincere thanks to Bill Anlyan for bringing this Council of Deans through its first remarkably successful year.

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

(Applause.)

Arizona never has been able, I think, to this time, to substitute for the State of Texas, so on behalf of the Chairman, Charles Sprague, we will declare the meeting adjourned!

(Laughter.)

(Whereupon, at 5:50 o'clock, p.m., the meeting was adjourned.)