

574 Speech by Dr. Alan Gregg at Harvard Medical School Alumni Dinner,
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HARVARD

WHAT WE OWE

Alumni gatherings usually sound the overtones of mutual admiration, free from any suspicion except the suspicion that we are just a shade better than the hapless spawn of other schools. The degree of reluctance we may have in admitting this inescapable fact measures our maturity. But Daiquiris are the harbingers of Eternal Truth, and the Superego has at last been defined in chemical terms as the alcohol-soluble fraction of the personality. So we are good - very good.

Let us, however, bear in mind what Sir James Barrie at the St. Andrews Dinner in London in 1928 said to his fellow Scots: "I have always thought that it was r-right and prroperr for Scots resident in London to assemble at least once a year and examine that gr-rave question, 'Is there any defect in the Scots' character?'"

So let us take it as a fact that this is a distinguished audience. Let us admit this promptly, the better to get on to the subject of this talk - which is, "In what way could this audience be memorably distinguished?"

I would submit that there are three factors that would make the alumni of any medical school really distinguished. First, if they had been selected with quite extraordinary wisdom (and culled during the four years in school), they would be distinguished in later life - distinguished for their imate capacities and character. They would have remarkable careers even if they had been merely tattooed instead of well educated. Secondly, if the medical school possessed unusually good facilities and a notably fine corps of teachers, the alumni could rightly ascribe their status and record as graduates to what the school gave them - I repeat - gave them. Thirdly, and this is still not quite proven, or perhaps I could suggest that it awaits proof, the alumni of a medical school could strike

out in a new and remarkable direction by giving their school such loyalty and support as no medical school has ever had. In that way the alumni could become distinguished and deserve the credit for it.

Most alumni meetings exude friendship and reminiscences. Very pleasant, but little of excellence or verifiable consequence. If you are as near an elite as I think likely, you will not be just seeking strength to meet your daily needs. You will instead be looking for an undertaking that is worthy of your strength and quality. You will not be content with the distinguished heritage and the distinguished education that was yours: you will, quite simply and directly, seek a distinguished future. You owe your heritage and your education to others. What do you owe to yourself?

Is the day of the privately endowed and controlled medical school drawing to a close? Is private initiative and rugged individualism to be reserved to the making of money but not to ways of giving it? If this question seems to you too nearly sensational to be realistic, let me record three or four facts that give me pause.

Between 1911 and 1931 around 100 million dollars were given in buildings and endowment of medical education in the United States by two or three foundations. This 100 million from foundations was matched by other private donors. Thus 200 millions were put into medical education. You could not accuse me of exaggeration if I say that what 200 millions bought between 1911 and 1931 would take 400 millions to buy or build now - indeed 500 to 600 million dollars might be a more accurate estimate. The private medical schools feel now the heavy loss in the buying power of their endowment income - another understatement. Tuition increases do not make up for the losses due to inflation; income from tuition amounts at present to less than 10% of the overall income of your school.

About two months ago the President of Johns Hopkins, Lowell Reed, told me that the sum total of income from tuition, endowment income, and present

alumni support amounts this year to what per cent would you guess of the total expenses of the university? 18% - I repeat - 18%. The rest of the support comes from short term grants, government and others. You can't run a university on any such huge proportion of soft money and unpredictable income as 82%.

I used to wonder when I was in Europe from 1924 to 1931 what use it was to be a witness there of the effects of inflation on medical education. It was everywhere a worse inflation than we have here. I didn't suppose we should ever have inflation in the United States, but none the less I learned the signs and symptoms of academic anemia. And now we have them here in the United States. And I will tell you bluntly that I've come to the conclusion that we Americans have had such a steady exposure to success stories, happy endings, growth, prosperity, and expansion that we don't even recognize the signs of institutional breakdown.

The distinctive feature of the private medical school is that it is not accountable to the general public opinion of the electorate that determines the level of performance of the state-supported medical school. The privately endowed school can be better than the state-supported school, and let us be honest and both record and remember that it can be worse - witness the proprietary schools of yesteryear. The best of the private schools have furnished the standards for the state schools; in fact, such private schools have provided the standards by which they are themselves now to be judged. Furthermore, by their very success in raising the general level of medical education the private schools sacrifice their preeminence unless in some new and imaginative way they again take the lead.

Are we as alumni going to sit by and content ourselves with regarding ourselves or occasionally indulging in criticizing the curriculum? The foreign student of university education who comes to this country does well to focus attention on three aspects of our universities that are peculiar to the New World - Presidents, Trustees, and Alumni Organizations. They don't exist in other countries. The role of the alumni in support of our universities excites our visitors' surprise and admiration.

But gentlemen, I don't urge you to raise by some reputable percentage the alumni support of your medical school, the Harvard Medical School. I suggest to you that you could give unparalleled distinction to the Harvard Medical School by making the accepted, observed, and bounden obligation of every graduate of the Harvard Medical School to give \$100 a year for the whole of his professional life to his School: in other words, perhaps indeed in all but the words of the Hippocratic oath, to take on a significant share in the education of your successors.

Tom Lanman tells me we have 5500 alumni. Let's suppose 2000 cannot contribute anything (though token payments of five or ten dollars from younger graduates would help). That leaves 3500. \$350,000 is the income at $4\frac{1}{2}\%$ on \$7,777,000 of endowment. By loyalty and generosity each of us can take his full share in making an equivalent of \$7,777,000 endowment. We have as doctors the incomes that enable us to do it. We have good enough reasons - for we would only be paying back a part of what we received free that enables us to be members of the best paid profession in the United States.

We have at the Harvard Medical School facilities and a faculty that justify such support. We have a head start in those points widely acknowledged: we have all the circumstances that invite initiative.

Such a decision by the Harvard Medical Alumni toward their school would give us distinction not only among American medical schools. We would give our school the place of distinction among all the graduate schools in the world. Indeed it is within our power by so doing to take the lead in giving Harvard the first place among all the universities in the world.

We have onlookers everywhere.

We have, in short, an opportunity for excellence, an opportunity to change the status of our profession and the role of alumni of all medical schools. It is the quality of our response to an opportunity, and what that response can mean in the financing of professional education, that really matters.

There come times in the lives of most of us when we like just for once to be active individually in something new and great, when we can partake in a development of heroic and historic size. For the medical profession, following our leadership now, to take the burden of medical education would be such a new event, such a fine event, and such a joining together in something beyond and above ourselves, that I have run the risks of presenting and commending a remarkable opportunity to a distinguished company. The essence of the matter lies in the word WE - not YOU or THEY, but WE.

Alan Gregg
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