

Officers' Conference
Monday, March 18, 1946

Present: RBF, JHW, AJW, JM, WW, AG

RBF: Reports appropriation of \$5,000 for expenses of entertaining UNO representatives - action at closed session of Executive Committee.

There will be no Executive Committee meeting in April.

AG's idea about condition of medical schools as subject of Foundation interest. And WW's observation that if Committee on Review of Program has plan for meeting with head of each division separately after April Board meeting, the subject of the medical schools be brought up in that way before the Committee.

AG asked to set forth the idea.

AG: Questions the assumption made in the reorganization of 1927-1928 that medical education is on the high road and more or less taking care of itself. The war and the postwar call for a review of policy. The following things are cogent and important; from 1930-1936 no doubt that medical schools lost between 20% and 40% of income; have noticed following important phenomena in the medical schools - salaries cut, subordinate posts rubbed out, forward plans paralyzed or put on shelf except as result of ad hoc gifts. Resultant uncertainty reflected in younger generation's decision not to go into academic medicine. About 1937 came temporary relief. There was little picking up, and some pickup in terms of attitude of younger generation. With the war came a cataract of very unfortunate developments; acceleration of pre-medical and medical training; schools had tuition guaranteed; students went into uniform; numbers increased by 10% to 25%; saving in overhead from constant operation; faculties cost less; junior men were lost, the one saving factor being the dean's list. With the end of the war there came immediately a tremendous wave of veteran doctors, many with inadequate training, pressing for graduate work or internships - the most laborious and time-consuming kind of education. Two other things are in the picture: requests from foreign countries for advanced work for their students, e.g., French Government fellows; various foundations have extraordinary large amounts of money for research which may give rise to grants available which cannot be honestly placed.

The level of education, research and teaching is going to deteriorate seriously in the next five to ten years, mostly because central expenses are not adequately provided. Full time is on the skids - will only be saved by group practice. To do research work there must be free time and younger men to tackle part of the research; and stability of a career concerns young men who can go into private practice or health work.

Recommends substantial allocation to central expenses of some of the best schools to do three things; call a halt on deterioration; enhance likelihood that research money will be well spent; what the Rockefeller Foundation does is closely watched by public and can set example and influence private donors

- AG: Enumerates schools on geographic or area basis (suggestion \$1,000,000 endowment each for 10 schools.
- WW: These interests overlap interests of NS Division - preclinical subjects suffer fastest. Very large proportion of it common to all fields. Seems sensible procedure to put common ideas before Appraisal Committee. One very large Undefined element in situation which makes action unwise - namely, clarification of position of Federal government with regard to support of cultural enterprises - believes there will be clarification by December.
- AJW: Problem of direct interest and importance to IHD from several angles. An operating division with a medical staff and type of activities will be directly dependent for its results on quality of personnel. In the development of public health in general, funds are increasingly available from state and federal government. Major problem is personnel to spend. It is a problem of medical schools, not of schools of public health. IHD for almost ten years has been strengthening central administrations of schools of public health - supporting some research in addition.
- JHW: A proper officers' question. Foundation always under obligation of continuity as well as of venturing into new fields. History warrants priority in medicine and public health. Medical schools have proved their capacity to use money wisely in the public welfare. Emphasis on teaching can be roused in other directions. Shortage of doctors in country districts, increased call for social medicine and the level of medical fees is measure of shortage of doctors. Observation: general question of where emphasis of Foundation money goes - does it go toward general support of where it has been, or does it go toward backing of those areas of strategic importance in the world today not likely to be otherwise provided for, e.g., psychiatry and social medicine, agricultural work in Mexico, philosophy, peace, in the social field and government? Another question that perhaps is worth raising has to do with details of figures: would this be contribution to endowment? Answer: Yes. What percentage would it be in total budget? \$75,000 addition to budgets ranging from \$400,000 to \$500,000. Would assume that study of finances of medical schools might be reasonable as basis of consideration. For four or five years the situation would be better than before because tuitions will be up. Study trend of budget, prewar, and trend of gifts. AG protests that medical schools do not share this prosperity - increase in tuition not in their picture. JHW holds to desirability of examination of school finances. Speaks for use of foundation funds to point toward things vital in particular fields.
- JM: Humanities more and more faced with questions of underlying continuity. One thing certain about Federal Government - Humanities will not get any of the money - no relief in that quarter.
- Colleges tend to get all gifts - graduate schools not so fortunate
- ABF: If the Government should discover that they are not getting what they want, there might be amendment of purposes (i.e., if research cannot be "honestly placed" might devote funds for recruitment or training purposes).