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REPORT  
of the  
SPECIAL HOUSE COMMITTEE  
on the  
NEED FOR A SECOND  
MEDICAL SCHOOL

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1969

APRIL 1969

THIS REPORT  
IS DEDICATED  
TO THE  
MEMORY OF  
SENATOR HAROLD R. POPP

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A REPORT TO THE MEMBERS OF THE  
LEGISLATURE AND THE CITIZENS OF MINNESOTA

Pursuant to direction of the 1967 session of the Minnesota Legislature, the House Rules Committee appointed a committee from members of the House Appropriations Committee to a continuing study of the need for expanding medical education and the possibility of a new medical school in Minnesota.

There has never been a time in the history of medical education in Minnesota, when as much interest is being directed toward its growth and diversity. This committee has heard from three groups, namely; N.A.M.E., Board of Trustees of the Mayo Foundation, and the Northern Minnesota Council on Medical Education, all of whom outlined plans for a new medical school. The University of Minnesota explained the proposal for expansion of the Health Sciences at the University's Minneapolis Campus and suggested plans for further extension in other parts of the state.

It appears there are exciting possibilities for expansion, innovation and new programs for medical education in Minnesota. This committee outlines, in this report, immediate steps that it feels should be taken as well as plans extending into the future. After personal visits to medical schools in various parts of the nation and hearing plans in other states, the committee sees a sense of urgency entering into the need for Minnesota to start plans immediately for whatever course future expansion will follow. The competition for federal funds grows more intense each year. A word of caution is noted however. In spite of ever increasing demands for more medical practitioners in all areas of health sciences, the Legislature must recognize the limits of Minnesota's resources and its ability through taxes to support all the demands of the people of the state. The committee agrees that if expansion in the scope as anticipated by all of the proponents of the plans suggested in this report are put into operation vast sums of money must be raised by private subscription. Medical education is a costly necessity and a quality product demands huge expenditures both for buildings and programs.

In view of these admitted high costs and demonstrated needs, the Minnesota Legislature must weigh carefully its financial support so that the highest priority goes to those areas of greatest urgency in meeting the medical demands of the people of Minnesota now and in the future.

We are proud "after four years of study" to make these recommendations to you, our colleagues, in the House and Senate.

Richard W. Fitzsimons, Chairman

## COMPENDIUM

Many changes have occurred in the four years this special House Committee has been studying the problems of the shortage of physicians, the feasibility of graduating more medical doctors and the need for a second medical school. Changes have occurred or are planned to occur in the curriculum to allow more flexibility in meeting the individual needs of the student; changes are contemplated in course structure to permit accelerated graduation and different emphasis than the traditional structure; a boarded specialty in family practice has been established with quite rigorous requirements that should bring professional prestige to this specialty; and there is wide-spread interest in innovative approaches to the delivery of medical care to the people. With the rapid technological and scientific changes it is quite evident that a review must be made of the traditional methods of the delivery of medical care. With the increasing demands for medical care and the nationwide shortage of physicians some serious consideration must be given to developing new patterns for the delivery of medical care.

It would be shortsighted to believe that merely changing medical education programs to produce more primary physicians at the expense of other specialties, medical researchers, or medical teachers, would solve the problem. Certainly a proper balance is needed. Without medical research some of the truly fantastic changes that have occurred would not have taken place. Without the specialists the treatment of the more difficult or unusual diseases or certain segments of medical care would not be available. Without the medical teacher, it would not be possible to expand the present

medical schools, staff new medical schools, or to properly staff the teaching and non-teaching hospitals so as to attract more graduating physicians for their post-graduate medical education.

An area that requires additional study is how to attract additional graduates for their post-graduate medical education. Studies indicate a high degree of correlation between where a physician takes his post-graduate work and where he decides to practice. In Minnesota, as well as nationwide, there are more internships and residencies available than there are students. Some of the Minnesota hospitals consistently fill almost all of their positions while others have a great deal of difficulty attracting graduates. Some seem to be able to attract only foreign doctors who usually will be returning to their homeland. This is not meant to be critical of the practice of training foreign doctors, but this trend must indicate their programs are not the most attractive to the United States graduate. Some surveys have been made which would indicate what the graduate looks for in his post-graduate work. These surveys should be useful in examining the programs in Minnesota and determining what is needed to fill the existing vacancies in the programs. Study should be given also to the expansion of the programs that presently are filled. Problems do exist in the programs. For example, the private hospital programs must be supported from the fees charged their patients or from other private sources. At some point in time the State must decide what role, if any, it should play in these programs.

The problem of getting additional doctors to practice in rural Minnesota has no easy solution. Simply increasing the number of graduates will probably not have any sizeable effect. The trend to special programs for family practice offers no assurances that the graduate will practice in a rural area. Financial considerations do not appear to be a major

determinant. Rather, a variety of factors appear to affect the doctor's decision as to where he will practice. Among these factors are personal, social, cultural, professional, economic, and financial considerations. It would appear that only through innovative approaches to the delivery of medical care is there any hope that more medical care will be available in rural Minnesota. Such approaches may not assure that every village will have a doctor but should assure that reasonable and adequate medical services are available when and where needed or within a reasonable distance.

Several groups have advocated the beginning of a second medical school. This school would continue the increase in graduate physicians in Minnesota which has already begun with the increase in the class size at the University. Such a school to be eligible for Federal funds must have a reasonable assurance of receiving accreditation. Even with this assurance the Federal funds would probably not be immediately available as the applications exceed available funds. Even with the Federal funds approved up to half or more of the financing must come from non-Federal sources. Within the total state resources only a small portion of the non-Federal financing could be provided at any one time. Therefore, any group that would expect to go forward with a second medical school should anticipate that the major portion of the non-Federal financing must be provided from private sources.

The members of this committee have visited medical schools throughout the country. These were both new and established schools. Some were financed from private funds and some were financed from public funds. Some followed the traditional course structure and others were trying innovative approaches to medical education. These visits gave the members the benefit of the experiences of the other schools and assisted the members in reviewing the



various proposals that were submitted to them. These visits made quite clear that Minnesota is not alone in its search as to how to provide more and better medical care for its citizens.

The information gathered during this biennium, as well as the information gathered during the preceding biennium, which was commented upon in our report of December 1966, has been carefully reviewed and discussed. While individual members of the committee might personally desire to have the emphasis changed in one area or another, a general consensus developed as to how Minnesota should proceed in an attempt to provide more and better medical care. From this consensus we developed the recommendations that are included in this report.

## SUMMARY OF PROPOSALS

In the various meetings held, and by separate submission, proposals were presented by both individuals and groups. These proposals presented alternative courses of action that could be taken to improve the delivery of medical care and increase the number of physicians in this state. Each of these proposals represented investment of a large amount of time and effort by the individuals involved and the committee is very grateful for their efforts. For the sake of brevity these proposals are presented here only in a brief summary form. Copies of the complete presentation are available for review by anyone who would be interested in the total presentation.

### NORTHERN ASSOCIATION FOR MEDICAL EDUCATION

The Northern Association for Medical Education, an organization with a statewide membership of doctors and citizens, has for ten years proposed the establishment of a medical school in Saint Paul, to relieve the shortage of medical practitioners in the region. It plans to rotate its faculty and students in clinical facilities and doctors' offices throughout the state to teach the care of people who are most in need. By this, and through the application of electronic communication it hopes to raise the quality of care away from the medical center.

In its proposal, N.A.M.E. requests that the Legislature provide a grant of \$500,000 in this biennium to be matched by private funds for planning

and development. It asks that the Legislature establish a mechanism whereby the state would provide partial support for the operating budget of the school. N.A.M.E. plans to construct the school with funds being provided by private philanthropy, matched by federal funds. Its timetable, if the Legislature acts, is to admit its first class of 64 medical students in the fall of 1972.

BOARD OF REGENTS OF THE UNIVERSITY OF MINNESOTA

Their proposal can be best summarized from the recommendations they made in April 1968. These included:

1. Implementation of the plan presented to and supported by the 1967 Legislature for developing health science facilities and staff on the Twin Cities Campus of the University of Minnesota.
2. Establishment of a clinical training program in St. Paul-Ramsey Hospital for 100 undergraduate medical students and a like number of residents.
3. Establishment at Duluth of various collegiate and graduate programs that would provide the base for planning toward the development of preclinical programs in the 1970's and a clinical program in the 1980's.
4. Join with Mayo Clinic Board of Governors in a study to explore the feasibility of establishing a distinguished nationally oriented medical school in Rochester.

BOARD OF TRUSTEES OF THE MAYO FOUNDATION

In November 1968, the Board stated they favored the development of undergraduate medical education as a part of the activities of the Foundation. They indicated a need for an exploration in depth of a suitable academic affiliation, or alternatively, its independence as a degree granting institution. It was also indicated that this was a statement of policy rather than a final commitment because of many problems such as funding, academic affiliation and organizational development. Therefore, no time schedule is possible without the resolution of the various considerations in the areas indicated.

NORTHERN MINNESOTA COUNCIL ON MEDICAL EDUCATION

Needs for a second medical training facility in Minnesota have been demonstrated. Public need for additional medical service is evident, particularly in the areas of the state not readily served by the Twin City metropolitan area.

Duluth recommends itself as a site for a second medical school for the following reasons:

1. Duluth serves a wide area of Minnesota which is presently experiencing a critical shortage of qualified medical personnel. While the Twin City metropolitan area with the University's medical school presently serves the metropolitan area and much of southern and central Minnesota, a medical school in Duluth would serve north central, northern and western Minnesota.

2. Duluth is an established medical center, with 174.3 physicians per 100,000 people. The national ratio of doctors to people is 141 per 100,000 people. Three modern and expanding hospitals will provide a combined capacity in excess of 1,200 beds, and existing modern and new clinical facilities provide services in the medical disciplines and in the fields of mental health and physical rehabilitation.
3. The presence of the Duluth campus of the University of Minnesota provides a University framework for a medical school, essential for proper accreditation and high medical and professional standards.
4. The Duluth Campus of the University of Minnesota provides a curriculum base which makes it unnecessary to develop new and duplicating programs elsewhere. The use of the Duluth Campus of the University of Minnesota will allow significant economies in the development of a second medical school with estimates showing capital costs in the area of \$10,000,000 and operational costs in the area of \$10,000,000 spread over a 14 year period. A complete four-year medical school built in Duluth would require a total investment of approximately \$21,000,000.
5. Location of a second medical school in Duluth would best meet the pressing need for primary contact and family physicians since Duluth serves the area which

most needs this type of physician. A medical school in Duluth will also contribute to the trend in medical practice which sees physicians returning to medical school for refresher training and education, at the same time that students in training would be serving in the physician's absence.

6. The fact that Duluth is a major medical center, together with the presence of U.M.D. will provide an environment which will enhance and support the entire medical education program desired.

#### UNIVERSITY OF NORTH DAKOTA

Although a formal proposal was not submitted to the committee, the results of a study conducted by that school were made available to the members. This study projected the costs of doubling the enrollment in the preclinical classes, the baccalaureate nursing program and other allied health profession classes. The clinical programs could be offered when conditions permit and as needs demand. This total project would be related to the development of a larger and more comprehensive medical center. Capital costs and operating costs, under this proposal, would be partially borne by Minnesota in return for an agreement that a certain number of the expanded enrollment would be set aside for Minnesota residents.

#### ACADEMY OF GENERAL PRACTICE

In their proposal they recommended:

1. Immediate increase in the class size of the University of Minnesota Medical School. In addition, implementation of the Family Practice Department must be accomplished as

promptly as possible.

2. The immediate establishment of a second medical school.
3. The development of research programs so as to develop more efficient patterns of medical care that would provide more efficient utilization of the physicians' services.

MINNESOTA STATE MEDICAL ASSOCIATION

The following resolution was adopted by the House of Delegates of the Minnesota State Medical Association on May 13, 1968:

"WHEREAS, the Minnesota State Medical Association is dedicated to the provision of health care to the citizens of the State of Minnesota; and

WHEREAS, the Board of Regents of the U. of M., in a statement dated April 19, 1968, did outline a program to expand and advance education for the health sciences in Minnesota to include the following:

1. Expansion of health science facilities on the Twin Cities Campus of the U. of M.
2. Establishment of a clinical training program in the St. Paul-Ramsey Hospital.
3. Development and expansion of the health science programs at the U. of M. Duluth leading to the establishment of a preclinical program in medical education in the 1970's and a clinical program in the 1980's.
4. Applauding the discussions of an expansion of undergraduate medical training programs currently being held by the Mayo Clinic Board of Governors.

THEREFORE, BE IT RESOLVED that this assembly endorse and support the intent and purpose of this statement by the Board of Regents of the U. of M.

BE IT FURTHER RESOLVED that the Minnesota State Medical Association continue its close contact with the Interim Legislative Committees in order to be in a position that allows support for any worthwhile plan to meet the expanding needs for health manpower in the State of Minnesota."

PAUL M. ELLWOOD, JR., M.D.

The election of the site for a second medical school should be based on the evaluation of the following points:

1. The form of financing offering the greatest assurance of stability while affording the fullest possible measure of freedom and self-determination in pursuing academic and scientific excellence.
2. Accessibility to teaching hospitals offering valuable and varied clinical experience.
3. The academic environment most likely to foster overall excellence and to attract and retain a distinguished faculty.



4. Methods of dealing with the sensitive question of how the medical school might help assure an adequate supply of physicians to all areas of the state and to the various branches of medical practice without exerting undue influence on the career choices of its graduates, and finally, of course, conformity to standards and policies assuring that the school will meet the requirements of accreditation.

He further suggested the following course of action:

1. Call for detailed, fully-developed proposals presenting suggested methods of fulfilling the criteria listed earlier.
2. Call for analysis of methods of strengthening Minnesota's ability to recruit and retain physicians and the costs thereof in contrast to the cost of establishing a second medical school.
3. Challenge the applicants to propose bold, imaginative and innovative approaches to the basic problem before you -- namely, how to educate physicians in sufficient numbers and with the required skills to meet the changing conditions and needs that will confront medicine in the 1980's and after.

#### TEACHING HOSPITALS OF MINNESOTA

Representatives of the teaching hospitals noted that physicians tend to practice where they had their residencies or internships. They also noted there are more residencies and internships than there are graduates so the individual can, to a great extent, pick his own location. Four of the factors

that influence the young physician in his choice are, first, is the program accredited; second, is there a good teaching staff; third, are they serving patients whereby the trainee can assume responsibility for their supervision; and fourth, is there University affiliation. Therefore, to increase the numbers of graduates taking their internships and residencies in any particular area, the hospitals with the attractive programs must enlarge their programs and the hospitals with the unattractive programs must strengthen their programs to make them attractive to the graduates. Although exact figures were not available, they estimated the total cost is in the area of \$11,500 per intern, per year and \$13,000 per resident, per year.

#### PANEL OF MEDICAL SCHOOL DEANS AND MEDICAL ECONOMISTS

The following is a summary of recommendations included in the "Report of the Panel of Medical School Deans and Medical Economists to the Minnesota Senate Subcommittee on Medical Education":

- "1. The State of Minnesota should mobilize all of its many relevant resources to improve the distribution, effectiveness and efficiency of medical care. The fullest possible use should be made of the Regional Medical Programs to bring services from the medical teaching institutions out into the rural areas and urban ghettos. In addition, the Regional Medical Programs should provide continuous studies of manpower needs, resources and distribution in Minnesota. The Mayo Clinic should be encouraged and, if necessary, assisted in developing satellite group practices throughout rural areas in its portion of the state.

For this purpose the state might provide modest sums of planning money (about \$50,000 - \$100,000) to permit the support of proposals which are deemed to have merit.

2. The panel can offer nothing which is new toward the solution of the problem of construction. Recent cut-backs in federal aid plus continuing inflationary costs have made this problem a difficult one throughout the nation. The panel believes that additional federal funding must and eventually will be provided.
3. The panel believes that the first priority for the location of a new medical school for Minnesota should go to Duluth for the following reasons:
  - a. It is the site of a branch of the State University capable of developing the academic base directly in association with the new medical school. This academic base could also provide for effective affiliated programs to train much needed allied health professional workers.
  - b. The two major local hospitals appear capable of supporting the clinical program of a medical school.
  - c. The start of a new school in Duluth offers great potential for eventual growth to at least 200 students per class. Hence, an investment in a new school here can start a program capable of real expansion at a lower future marginal cost than the creation of additional smaller schools.
  - d. That area of Minnesota would be aided greatly as regards new house staff and improved medical standards.
  - e. More students might be expected to settle in nearby areas spreading more physicians about the state. As a special case in point, the teaching programs of modern medical schools are becoming increasingly more involved with their neighboring communities. This should help attract new graduates into the rural areas of Minnesota by making them more familiar with rural medicine during the training phase of their career.
  - f. The personnel of the University visited by the site team were impressive. Their plans, timetable, dedication and understanding of the problems involved were excellent.

4. The State should increase substantially its support for the existing state medical school at Minneapolis. It would be disastrous if support for a medical school at any other location meant that the state's present medical school would fail to receive the additional support it requires. It is recommended that (1) the state's support for this school be raised to about \$11,000 per student, and then (2) approval should be given for its plans for expansion, shortening its program by one year, further development of its family medicine track and the other features of its proposal. The forty more students provided by this expansion of the first-year class can be trained effectively by this already excellent school. This number will, however, about use up this school's ultimate potential for expansion, so the state should also consider other locations to provide the additional graduates it will require.

The panel has no objection to the plan to admit more graduates of the two-year schools in the Dakotas, but does not believe this offers any practical and predictable hope for meeting the goals which the Senate Subcommittee has set. Many medical schools now compete and will continue to compete actively for these graduates of two-year schools.

5. The panel viewed the NAME proposal with interest. Because of the many uncertainties at the present time it recommends that the proposers be encouraged by means of a "one shot" legislative planning appropriation sufficient to permit them to consolidate their position, attract university sponsorship and interest foundation and private contributions. The costs

of medical education being as high as they are, the state would do well to keep the door open to the possibility of these major potential sources of private funding.

6. The Mayo program does not appear to follow the guidelines as well as that proposed by the other agencies. It more clearly fits the pattern of a national rather than a state school. It will no doubt train top quality specialists and research people to serve our great universities and teaching hospitals. Moreover, its class size will be small and there appeared to be little interest in eventual expansion to a major effort comparable to the potential at Duluth. The university does not possess the same potential for academic backup at Rochester which is available at Duluth and St. Paul.

If the State can do so, however, the panel does recommend a contribution on an annual per-student basis for the Mayo program. There is no doubt that these students will receive excellent medical training in this location.

7. The program at Hennepin County Hospital should be supported. One of the best ways of attracting new physicians into the state and keeping them there lies in the excellence of the State's internship and residency program. Hennepin County Hospital is prepared to receive this help now. The Minneapolis Hospitals complex is not so prepared at present. However, this group of hospitals should be encouraged to continue to plan together, develop their firm relationships with the University of Minnesota and its medical school and

and further develop their physical plant programs. Eventually this program should also receive state support.

8. The Family Practice Program at the existing medical school and Hennepin County Hospital are particularly worthy of support. The recent approval by the AMA of family medicine as a medical specialty makes these programs even more significant.
9. In conclusion the panel would like to emphasize that the entire field of medical care, medical research and medical education is in a great state of change. Undoubtedly a major portion of the costs in all of these fields will continue to be met by federal funds. It can be expected that the extent and diversity of this federal support will increase. For this reason it is important for the State of Minnesota to do the following now:
  - a. Raise the level of support at its existing school.
  - b. Begin the efforts toward the development of a new school at Duluth, expanded classes at Minneapolis and support for students who might be trained at the Mayo Clinic.
  - c. Offer a modest single planning grant to NAME in the hope that this will stimulate the development of more concrete plans.
  - d. Offer project grants to groups with meritorious plans for improving the distribution of medical care.

- e. Support selectively the early developments in family medicine programs.
- f. Aid the clinic training programs at certain selected hospitals

If the state of Minnesota can undertake a program of this nature it will be in the best possible position to make rapid and effective use of existing and future federal funding programs as well as of new scientific discoveries and innovations in medical technology and personnel."

## RECOMMENDATIONS

### NORTHERN ASSOCIATION FOR MEDICAL EDUCATION

N.A.M.E. has been a pioneer in the effort of interested physicians and citizens of the upper-midwest in seeking support for a second medical school from private funds. In view of the facts presented to this subcommittee, we recommend that the N.A.M.E. organization receive an appropriation of \$200,000. This appropriation should be used by them for planning in an effort to stimulate their endeavors for private support and academic affiliation. This appropriation, in no way, should be considered as Legislative direction for any state appropriation by future sessions of the Legislature. The N.A.M.E. group should report to the 1971 session of the Legislature, the progress made during the interim.

### UNIVERSITY OF MINNESOTA MINNEAPOLIS

We urge the 1969 session of the Legislature to provide the necessary financing of the plans for the Health Science complex on the Minneapolis campus that were authorized by the 1967 Legislature. After extensive hearings and study it appears this is the quickest and most economical method of increasing health manpower in all of the Health Sciences.



UNIVERSITY OF MINNESOTA DULUTH

The Duluth proposal as suggested by the Board of Regents has great appeal to the subcommittee. We recommend that the 1969 session of the Legislature appropriate sufficient money for planning, including buildings and staff needs, and to add staff at the University of Minnesota Duluth to begin the study of the preclinical years. The subcommittee further recommends that if sizeable new buildings become necessary to fully implement this program in future years, a strong local effort be made to provide the financial support together with federal funds and limited state funds, to do the job of building. The subcommittee feels that only the preclinical years program should be authorized at this time. Authorization for the proposed clinical years should be left for consideration at a future session of the Legislature, based on needs and resources as they exist at that time.

ROCHESTER

The subcommittee has not had too much opportunity to explore in depth the Rochester plan. It is our recommendation that there is no need of a specific recommendation at this time other than to commend this plan for consideration by whatever committee of the Legislature might be reviewing the continuing study program during the interim. This review should include consideration of stipends to certain students attending the proposed school.

### NORTH AND SOUTH DAKOTA

After four years of review, the subcommittee is convinced that the two medical schools in North and South Dakota must be an integral part of any final long range plans for a new medical school in the upper midwest. We recommend that any continuing plan by any of the groups planning a clinical years program include these two medical schools in their consideration. We recommend the University of Minnesota strengthen its academic liaison with the North and South Dakota medical schools. We further recommend that the Minnesota Legislature strengthen its liaison with the North and South Dakota Legislative bodies that are charged with the responsibility of changes, if any, in their two medical schools.

### POST-GRADUATE MEDICAL EDUCATION

We recommend that during the next interim the standing committees on Medical Education of the House and Senate study post-graduate medical education and its relationship to the supply of medical services in Minnesota and make recommendations to the next Legislature pertaining to the role the state should have in post-graduate medical education.

### CONCLUSIONS

The cost of medical education is extremely expensive. The subcommittee concludes that there is no low-cost-quick way in achieving the eagerly sought goal of many more medical practitioners. Since the Minnesota Legislature is going to be involved in this critical area for several years to come, we feel it incumbent on the 1969 session of the Legislature to authorize a continuing study of the whole subject of the health sciences during the interim. As the single state agency involved in the overall study of all aspects of higher education, the Higher Education Coordinating Commission should be kept advised of any studies or progress made by any of the groups involved in carrying out these recommendations.

APPENDIX

The Committee wishes to express its gratitude for the individuals and organizations who either appeared before the Special House Committee on Another Medical School or submitted information for the Committee's use.

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of the Educational Facilities, Division of Manpower  
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Dr. Robert E. Ulstrum, Associate Dean, College of Medicine

Stanley P. Wenberg, Vice-President, University of Minnesota

John Westerman, Administrator, University Hospitals

MEMBERS OF MEDICAL STAFF AND OTHERS FROM THE UNIVERSITY OF  
NORTH DAKOTA AND THE UNIVERSITY OF SOUTH DAKOTA:

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of North Dakota

Dr. George Knabe, Dean, School of Medicine, University  
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Dr. Edward L. Moulton, President, University of South  
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Dr. George W. Starcher, President, University of  
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Dr. Gerald Tracy, from Brown Clinic, Watertown, South  
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Services of the South Dakota State Medical  
Association, and of the Committee on Medical School  
affairs within the committee

Representative George Unruh, from North Dakota and  
Chairman of the Legislative Research Commission