

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
LEGISLATIVE RESEARCH COMMITTEE

Re: Medical School

LOUIS JALBERT, Chairman

Hearing held in Room 228, State House,  
Augusta, Maine on August 18, 1965 at  
1:30 p.m., Eastern Daylight Savings  
Time.

Stenographic Reporter

Sharon Shaw



Appearances:

Dr. Charles Hannigan - Chairman, Maine Medical Association,  
Auburn  
Dr. Daniel Hanley - Executive Secretary, Maine Medical  
Association, Brunswick  
Dr. Paul Pfeiffer, Waterville  
Dr. Lawrence Cutler - Chairman, Board of Trustees of  
University of Maine, Bangor  
Dr. Merle Bacastow - Director of Medical Education at  
Maine Medical Center, Portland  
Dr. James M. Faulkner - Medical Educator, Boston,  
Massachusetts  
Dr. Frederick Hill - Waterville  
Dr. Henry Peterson - Chairman Board of Trustees at  
University of Houston, Texas and Chairman of Alumni  
Association of Baylor University of Houston, Houston,  
Texas  
Dr. Bowman - Pineland Hospital and Training Center, Supt.  
Carlton Main - Blue Shield & Union Mutual  
Dr. Lawrence Bailey - Osteopathic Association, Brunswick  
Dr. George Wilson - Director Bingham Association, Bingham  
Dr. William E. Schumacher - Director, Bureau of Mental  
Health  
Dr. Dean Fisher - Director of Bureau of Health, Wayne  
Commissioner William T. Logan, Jr. - Education Department,  
Augusta

CHAIRMAN JALBERT: Before I bring this hearing to order, first I would like to ask one of the members to explain the purpose of the hearing. To get off to a quicker start I think we should read the order as presented to the 102nd Legislature. I would like to ask the Vice-President of the Committee, Senator Floyd Harding to read the order before we get going with our hearing, Senator Harding.

SENATOR HARDING: "WHEREAS, Maine has no medical school and it appears that creation of such a school can help relieve the present shortage of physicians and insure an adequate future supply of physicians and make conveniently available to Maine citizens the increasingly complex and effective facilities of a modern Medical School Center; and

"WHEREAS, Maine must now rely on the generousities of its sister states to educate Maine physicians; and

"WHEREAS, it has no guarantee that such generosity will be continued; and

WHEREAS, the Federal Government has passed legislation to underwrite partial construction costs of medical school and hospital facilities and is currently underwriting partial operating expenses through research grants and

fellowships, and is currently discussing further subsidization of operating expenses; and

"WHEREAS, the Federal Government is orienting its Veterans Administration Hospitals to geographic medical school affiliation and is contemplating similar affiliation of proposed cancer, heart disease and stroke centers; now, therefore, be it

"ORDERED, the Senate concurring, that the Legislative Research Committee undertake a feasibility study of a medical school in Maine. Such study shall include, but not be limited to, whether a medical school in Maine is feasible; if it is feasible, where it should be located; and if it is not feasible, when will it be and what steps should be taken to make it feasible; and be it further

"ORDERED, that the Committee report its findings and recommendations to the 103rd Legislature."

Read and passed in both the House and Senate.

CHAIRMAN JALBERT: Thank you very much, Senator Harding. Now, we will return to attempt to arrive at a program. We realize the temperature in this room and do not have air conditioning and if we put the blowers on no one will be able to hear themselves think. So, we will just have to put up with the heating problem.

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So, I have asked first to present their case, the Maine Medical Association. I would submit that we would hear from the various speakers introduced by their Chairman. Then after we have heard the presentations of the Maine Medical Association and their members that we then could ask questions and go on to the other phase of the program. If that is agreeable with thought to the heat and the meeting. So that if it is agreeable with you, therefore, I shall ask the Chairman of the Maine Medical Association, Legislative Committee, Dr. Charles Hannigan of Auburn to take over the program. Dr. Hannigan. And please Dr. Hannigan, we would like to ask you to have your people who come up to testify state their name, their occupation and their locale.

DR. HANNIGAN: Thank you, Mr. Jalbert. Ladies and Gentlemen: In a recent address commemorating the old Maine Medical School, Dr. James S. Coles, President of Bowdoin College said:

"Soon after William Allen accepted the presidency of Bowdoin in 1819, he wrote to Dr. Nathan Smith, the founder of the Dartmouth Medical School, then professor of the theory and practice of medicine at Yale, about the need for medical instruction in the State of Maine. Dr. Smith encouraged him to

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pursue the project, and expressed the hope that State aid might be forthcoming. This hope was realized, for 'the first legislature of Maine, to its honor and to the material increase of the health and happiness of the people' - here I quote the late George T. Little - established, June 27, 1820, the Medical School of Maine, to be under the control of the Trustees and Overseers of Bowdoin College," granted fifteen hundred dollars for books, apparatus, etc., and authorized an annual payment of a thousand dollars."

Instruction began in the Spring of 1821, and the medical school closed its doors in 1921, primarily because its financial situation was such that it could not qualify as a Class-A school. In the hundred years of its existence, well over two thousand men received their M.D. degrees from the Medical School of Maine and another thousand were enrolled for a term or more.

Since its closing, there have been periodic attempts by the Maine Medical Association to reactivate the medical school. In the most recent session of the Maine State Legislature, a legislative order, which you have just heard read, was introduced by Mr. Louis Jalbert of Lewiston. I come before you today as the Chairman of



the Medical School for Maine Committee of the Maine Medical Association. With me today as members of the committee are: Dr. Daniel Hanley, Executive Secretary of the Maine Medical Association; Dr. Paul Pfeiffer, who has been instrumental in setting up the Maine Medical Education Foundation; Dr. Lawrence Cutler, who is also Chairman of the Board of Trustees of the University of Maine; Dr. Merle Bacastow, Director of Medical Education at the Maine Medical Center; Dr. James M. Faulkner, a prominent medical educator from Boston; Dr. Frederick Hill of Waterville; Dr. Peterson from Houston, Texas and a number of other physicians in this area who I did not know were going to be here until today and who will testify for the study.

The Maine Medical Association, at its recent annual meeting in Rockland went on record as being completely in favor of a feasibility study for a medical school in Maine, voted their complete co-operation and a sum of money to aid in this study.

At the present time, there is a definite shortage of physicians in Maine. Dr. Hanley will now speak on the existing shortage of physicians and Dr. Pfeiffer of Waterville will speak on the efforts of the Maine Medical Association to alleviate this shortage. Dr. Hanley.

DR. HANLEY: Thank you, Charles. Mr. Jalbert, Ladies and Gentlemen: There will necessarily be a great deal of repetition in what is said this afternoon. With that in mind and the situation of the heat being as it is I will excerpt my statement and try to be very brief.

The problem in Maine is not unique, but it is with us. Since the Bowdoin Medical School closed its doors in 1921, interest in developing a new school has flowed in waves across the state from time to time. Most of these have been directed toward the development of a four year school and have been brought about because of the existing shortage in the state primarily. The situation in Maine involves some pertinent factors and I would like to mention a few of them here.

The present ratio of active, practicing doctors in medicine to population is about 99 to 100,000 and the national average is about 147 to 100,000. The average age for a physician in the State of Maine is more than fifty years. These two factors combine to show that the problem is going to get more acute, not less acute.

In recent years, the enrollment of Maine students in medical school has been very low. Among the lowest in the nation. We rank 44th as a matter of fact. In the year 1900 there 1,206 active practicing physicians in the

state, in the state of a population of 694,000. In 1965, you have about 997 active practicing physicians in the state and a population of roughly a million.

It has long been recognized that there is a marked tendency for physicians to establish a practice in or near the state where they were born or where they obtained their education or professional training. A survey of the conditions in Maine as currently as 1961 showed that 43% of them were born in Maine and 82% of them attended one of Maine's major colleges or university. Of the graduates of Bowdoin Medical School who were still in active practice in this state, 86% of them were born in Maine. In contrast to these findings, only 12% of the 181 physicians born in other New England States and only 4% of the 148 physicians born in the United States outside of New England practice in Maine.

Maine has about 120 foreign born physicians. Only 2% of these attended any Maine college. The tabulation of the place of origin of the doctors in Maine indicates that 42% of them born in Maine, 23% in other New England States, 18% in other parts of the United States, these percentage figures are rounded off, and about 16% foreign graduates. Among the graduates of the Maine colleges, Maine born graduates of Maine colleges going to medical

school, Maine ranks 42nd, not 44th as I said earlier among the several states. There has been a distinct decrease over a period of years in the number of students going to medical school from Maine and only very recently has that trend been reversed. Currently, the reverse started two years ago, we have starting in 1959, 11, 13, 12 students going to medical school. Two years ago it went up to 27, last year 19 boys and girls from Maine entered all the medical schools in United States and Canada. This reversal was brought about largely through the efforts of the recruitment, aid and placement committee of the Maine Medical Association of which Dr. Pfeiffer was the original Chairman and he will speak now on the efforts of the society to bring more boys into medical school.

DR. PFEIFFER: Mr. Chairman, I am Dr. Paul Pfeiffer of Waterville. I would like to say a few words about the effort of the Maine Medical Association to get more of the people of Maine to go to medical school.

It was noted after the Second World War that once the GI bill funds had been used up that there was a steady decline in the number of applicants to medical schools and this was particularly noticeable in a State like Maine who started with a low level to begin with.

There were perhaps several factors that play in this trend. One of them being the early marriages which came into vogue, which of course discouraged people from undertaking a long course of study. Another factor being that medical education is the most expensive education that there is. And a third factor which plays an important role, is the fact that after the war the biological, physical and chemical sciences expanded tremendously and began to offer very generous scholarship aid to young men and women who might otherwise have chosen a medical career. At the same time there has always been a tradition not to help the medical student financially. The feeling being that these people should be self-reliant, strong types who are able to take care of their own financial problems.

The Medical Association realizing that they could not do too much to change the trend of early marriages and they could not do too much to stem the tide into biology, chemistry and physics, decided to see what they could do about helping boys and girls from Maine who might not otherwise be able to afford a medical education. In 1959 the Maine Medical Education Foundation was established. This Foundation set up a voluntary tax on all practicing physicians in the State of Maine of \$25 a

year and soon obtained a tax exempt status and went to various foundations for help as well. The Foundation has grown slowly but steadily and now contains a capital sum in the neighborhood of a hundred thousand dollars. And with these funds we make available loans, which are long term loans and tax, rather interest free until the individual has been in practice two years. The loans may be up to a thousand dollars per year. During this time, since the establishment of this Foundation, as Dr. Hanley has mentioned, there has been a gratifying rise in the number of students going to medical school from this state from perhaps a low in the range of eleven or twelve a year to an average now of perhaps twenty-five a year.

We have been struck by one significant sideline in this effort and that is many of the applicants who come from middle class and upper class families seem to have very little hesitation about taking out a loan from our Foundation. And it is frequently boys whom some of us know personally to come from very poor families who are the ones who hesitate most to borrow money for their future education. Perhaps we are reaching the end of the barrel as far as the middle and upper class students are involved and from now on if we

are to have a large increase in applicants to medical schools, we may have to make greater efforts to make available outright scholarship funds rather than long term loans and hope to attract some of the bright, young men who come from poor families. As yet there has been very little support from the general public for this Foundation. We are hoping that as the word gets around there will be more of this. Donations, as I mentioned before, are tax deductible and may be made in the name of a beloved friend or relative that died and will be, can be thought of as a living monument to the future of medicine in Maine. Thank you very much.

DR. HANNIGAN: Thank you Dr. Hanley and Dr. Pfeiffer.

Regarding Dr. Pfeiffer's remarks about the poor boy in medicine, there is no question that a Maine Medical School will enable many boys and girls from poor families to become doctors because of lower tuition and the possibility of living at home.

Maine, I feel, does have a primary responsibility for educating its own physicians. As other states feel the increasing need for physicians to fill unmet needs of their own in medical care, preferences for places in medical schools will be given to students who will

practice in the state which subsidizes their education. Basically, Maine has and must accept a responsibility for training its own doctors. It also has a duty to help eliminate the nationwide physician shortage which presently exists.

The medical school is a training and referral center and can set a standard for excellence in medical care for the entire state. The modern medical school represents a health care complex where the very latest in diagnostic and therapeutic techniques are available. This will make it easier for our citizens to get the more complicated forms of treatment and studies that are beyond the resources of our community hospitals. It is true that many of our citizens go to Boston and New York for such treatment now. However, these represent the more wealthy patients. For the patient of average means, comparable facilities within this state would be more economical and more homelike and familiar to him in time of severe physical and emotional stress. This center also would be able by precept and example to maintain and elevate the quality of medical care throughout the state. It would offer postgraduate training in the form of internships and residencies and would offer postgraduate refresher



courses for practicing physicians. It would offer facilities for the use of charity patients from the entire state. In the economic sense, it would represent a tremendous asset in the form of salaries of its personnel to the community and surrounding area in which it is located. Much of this potential revenue is now lost to out-of-state medical centers such as the Lahey Clinic and New England Medical Center, to name just a few. Also the outstanding medical school health center can attract millions of dollars from private and Federal sources for research. And I have given each of you gentlemen a reprint from a recent article in the JMA, the medical center in the community and I think this would be well worth your while to read and to study.

Dr. Bacastow, Director of Medical Education at the Maine Medical Center will now speak on the effects of a medical school on postgraduate medical education and how this will benefit Maine. Dr. Bacastow.

DR. BACASTOW: Thank you, Dr. Hannigan. Mr. Jalbert, Members of the Research Committee, Ladies and Gentlemen: We made some changes in our plans and I have a good bit more material which I will submit to the entire committee in written form, but I will abbreviate some of the essential features at this time and submit the written

material later as I said.

Two important points I think should be made. One is that a feasibility study for a medical school should be made at the earliest opportunity. Secondly, I think it ought to be made clear that if it is decided that we have a medical school that we cannot promise every community, every town, village and hamlet will have a physician. And I think this promise ought to be made clear now. Maine may have more physicians but this may not meet the objective as some people believe. Other, many other very important objectives obtained and these are described in a publication by the Association of American Medical Colleges and written by Dr. Lowell T. Coggeshall, "Planning for medical progress through Education". In my report, I will abstract some of the important points made by Dr. Coggeshall in his report to the Executive Council of the Association of American Medical Colleges.

The education of a physician might be divided into four major areas, the premedical education, medical school, his internship and residency and his continuing education. Premedical education may last as long as three or four years. Medical school lasts four years. The internship and residency lasts now on an average of

about 4.6 years and a continuing education for a physician, formally known as postgraduate education has been identified as a life long process.

I would like to just spend a few minutes on the last two phases of this physician's education, the internship and residency and continuing education. The intern, and I think it would be well to define what an intern is and what a residency is. I think that most people do not understand these terms. The intern is the physician in the first year following medical school, first hospital year following medical school. Almost all internships at present last one year. This is an in hospital training type of experience. The intern at this stage is much better qualified than most of us were starting our internship twenty years ago.

The residency is the physician has gone on training beyond the internship. He is akin to the postgraduate student, the student who may be going on for a masters degree or a Phd. degree. It is important to know kind of steps are involved in the education of a physician and almost all physicians now go beyond this internship and go into a residency. As I said 4.6 years is the average number of years spent beyond medical school in the hospital training.

These internships and residencies, we believe are a very important source of physicians. At the hospital at which I am familiar and have worked for several years in Portland, we have been fortunate to obtain a complete program for interns for some six years. Under the national intern program, we have received twelve rotating interns and these interns have all been from American schools. Many of these interns go into residency at our hospital. We know for a fact that if an individual comes to our hospital for training, spends his year as an internship and a year as a resident, he will subsequently practice in Maine. In the six years I have seen 72 interns start their program and finish it at our hospital. They have come from 28 medical schools and from twenty different states. The majority of them come from one medical school since we have an affiliation with one particular school. Sixty-three of these seventy-two, correction, 44% of our interns have come from Maine. This means that the interns coming in from outside the state are ultimately, since half of them stay with us, we are acquiring more physicians from outside the state than we are really entitled to and fortunate to supply these physicians to the State of Maine.

It is difficult yet to see what the total result will be because many of these individuals must spend two years of military training and since they spend a year in internship and anywhere from two to four years in residency, we aren't certain as to what this total will be in another five or ten years. It appears that we will be acquiring physicians for the state. A similiar type of programs should be encouraged and developed.

So far as continuing education programs are concerned, I think all three of the larger hospitals in this state have carried on various types of continuing education. The need for continuing education in medicine is as important as it is in any of the sciences, but for additional reasons. The fact that the individual must keep up with his own particular field is one very vital consideration. But in order to attract physicians to the state, opportunities for continuing education must exist. One of the questions many interns and residents, candidates, ask when they are looking at the program in the hospital with which I am connected, will ask, what opportunity will I have to further my education to keep up with the progress in medicine? And if we do not have this opportunity close at hand or provide some

means of getting it, it will be less attractive to the candidate for practice within the state. It is difficult for a dedicated physician, and there are many of them inspite of what many people believe, we find a lot of the young physicians who are coming to us as prospective intern, prospective residents are really very dedicated, fine people. They find it difficult if they are practicing in a small, isolated community to leave their community to take postgraduate education. Postgraduate education must be brought to them. A medical school is one of the means of providing it, this continuing education for the physician and there must be a constant means, constant source of this education.

In summary, I would like to make two requisitions, one of which I started with. I think a feasibility study should be made forthwith and secondly, <sup>if</sup> a feasibility study recommends the development of a medical school then we ought to find the means and wherewithal for developing the school. If it is decided that Maine, that a medical school is not feasible at this time, I think this is important, Mr. Chairman, that the Legislature of this State not drop the ball and say, all right there is no medical school therefore we are no longer interested in medical education. I think that you

have got to be interested in medical education and you have got to find means of supporting some different type of program if it's not a program with a medical school then some other form of continuing education for the state and its citizens. Thank you.

DR. HANNIGAN: Thank you Dr. Bacastow.

Government subsidy of medical school construction and operating expenses has been introduced and there is a possibility of more help from this important source. As set forth in Public Law 88-129, up to two-thirds of the cost of medical school and hospital construction may be underwritten by the Federal Government. At present, the bulk of Federal money for research grants and fellowships is going to a few medical schools such as Harvard, Columbia, NYU and the University of Michigan. Since this puts to further disadvantage the less affluent schools, a more equitable means of Federal subsidy is currently being contemplated. By the time a Maine Medical School is established, its operating expenses may conceivably come from Federal subsidy. Currently, Connecticut at Hartford and Massachusetts at Worcester are developing new state supported schools. Exact estimates of costs for construction and projected operating expenses can be obtained from their legislatures. It

would seem advisable for the Maine Legislature to discuss the medical school experiences of Connecticut and Massachusetts with their respective legislatures. Costs for construction of a hospital medical school center will be between thirty and forty million dollars with annual operating expenses of two to four million dollars. Although some money may be obtained from charitable trusts, the people of Maine will have to advance substantial funds for medical school construction and operating costs. However, the annual cost of two to four dollars per person will be returned many times over in improved availability and quality of medical care.

Current Federal trends in Veterans Administration Hospitals and proposed regional health centers represent another important reason for Maine to develop its own medical school. Veterans Administration Administrator William J. Driver testified before the Senate Veterans Committee as follows; and this was just recently and this was in the hassale over closing of VA hospitals including the one in Montana:

"I am convinced on a national basis the decision is sound (the closing of VA Hospitals).

The plans are in line with the policy of affili-



ating VA Hospitals with big medical schools and complexes. To the extent that this policy is continued and strengthened, our medical program will be improved."

This emphasis is also noted in the President's Health Message of 1965.

"To meet these objectives, such complexes" these will be complexes for the treatment of cancer, heart disease and strokes, these complexes should be "(1) regional in scope; (2) Provide for a variety of diseases-heart disease, cancer, stroke, and other major illnesses; (3) Be affiliated with medical schools, teaching hospitals, and medical centers; (4) Be supported by diagnostic services in community hospitals; (5) Provide diagnosis and treatment of patients, together with research and teaching in a coordinated system; and (6) Permit clinical trial of advanced techniques and drugs ...

"I recommend legislation to authorize a 5-year program of project grants to develop multi-purpose regional medical complexes for an all-out attack on heart disease, cancer, stroke

and other major diseases."

This demonstrated Federal emphasis on geographical location of Government VA Hospitals and proposed health center complexes near medical school centers means two things:

(1) It is a threat to the continued presence of the Togus VA Hospital in Maine.

(2) It means that Federal health center complexes are going to be located in New Hampshire, Massachusetts, Rhode Island, Vermont and Connecticut, and not in Maine.

The answer to this situation which threatens existing Maine Federal health facilities and contemplated Federal health care facilities is a Maine Medical School. By this means, we can not only keep our existing facilities and qualify for expanded VA facilities and but certainly also qualify for proposed Federal health center programs.

Dr. Cutler, Chairman of the Trustees of the University of Maine, will now speak in favor of this school. Dr. Cutler.

DR. CUTLER: Chairman Jalbert and Members of the Legislative Research Committee: I am Lawrence Cutler and I am in private practice at Bangor.

I wish to state that I support without reservation

the establishment of a medical school in Maine. The need for this is great in order to supply further and continuing medical leadership in Maine and to fill the great need for physicians in our cities and communities. This need has long been documented and there is a definite short supply of physicians to meet these needs adequately.

The establishment of a medical school in Maine will help tremendously in supplying many communities with adequate medical and surgical services which residents of these communities are unable to obtain without traveling great distances.

It is a matter of record that the University of Maine Board of Trustees looked favorably upon the establishment of a medical school in 1960. At that time a survey committee from the American Medical Association and the Association of American Medical Colleges visited the Orono Campus. However, because the final report contained a recommendation for a feasibility study, the Board of Trustees did not wish to siphon off the necessary funds to accomplish this when the desperate need for this money existed in the current facilities of the University educational program.

At this time, although I am not in a position to

speaking for the Board of Trustees of the University of Maine, I believe that any recommendations made by the Governor and the legislative body of Maine to establish a medical school would be considered favorably.

The establishment of a medical school is consistent with the general philosophy of the University of Maine in offering as many opportunities as possible for properly qualified Maine students to receive higher education in Maine. Thank you.

DR. HANNIGAN: Now, I would like to call on Dr. Hill of Waterville. Dr. Hill.

DR. HILL: I must apologize for being late. Due to the scarcity of physicians, I had to handle an emergency. I wouldn't go into great detail.

I am one of the younger men in medicine today and as such I wish to endorse the idea of a medical school being established in our state if it is in any way possible to finance it. This is not a need in Maine alone. All over the country we are showing the scarcity of doctors and this is going to increase. As we have seen these great advances in scientific development which has been passed on to medicine, we have been privileged to have facilities and equipment and things to do some things that were unheard of years ago. We can now save

lives and shorten illness by these, but these new things take a great many more people. Medicine has been fractured you might say, has been broken up so that more people are doing less but doing it better.

Now, somewhere we have got to keep our supply of doctors up if we are going to take advantage of these. One way, of course, would be to put a school in here in Maine. I would hope that it could be done. I would think it would be very necessary for you to use your good judgment and to try and do this. I would go a little further and say perhaps one of the greatest things needed in medicine today is a relatively new program aimed at developing family care physicians. Now, Yale is picking this up and I think it is very much worthwhile if any such program is done in Maine that we have certain tie-ups with Yale which is pioneering in this field.

Now if, and I say just if, if in your good judgment you find that it is impossible to finance this as you would like, I would then suggest an alternative which would not be perfect but it would certainly be better than what we have and that is a two year medical program, such as Dartmouth has had for many years. Now the reason for that is a two year program has certain advantages, they have smaller classes and they don't go into the

clinical phase too much. There is very little attrition in these two year programs. And all those universities who like Dartmouth, at the close of their second year were able to put their students into four year programs because the attrition at the average four school is at the end of the second year. I happened to go to Harvard a thousand years ago. At the beginning of our third year we filled up all of the drop-outs and almost took the Dartmouth contingency. So, either solution to this problem that can be financed, I certainly want to endorse more medical education in Maine. Thank you very much.

DR. HANNIGAN: Thank you very much, Dr. Hill. Dr. Hill, as you know, is considered by many of us to be the dean of Maine Physicians.

Before this meeting I met a physician from Houston, Texas, born in Massachusetts, but who has grown up in Portland. He is the Chairman of Board of Trustees of the University of Houston and Chairman of the Alumni Association of Baylor University of Houston. Dr. Peterson.

DR. PETERSON: Mr. Jalbert, Chairman, Ladies and Gentlemen: It is indeed a pleasure to find myself once again, usually an annual occurrence here in Maine and following the same hobby that I have for the last seven or eight years.

Support of a medical school in Maine is not a new thing for me. I have been interested in it very much since 1916. I graduated in 1917 from Maine and at the time of my graduation there was a war service which I might enter into, which I did in the Rainbow Division there, but Maine treated me kind of rough I thought. They had no medical school for me when I finished and they haven't had one all these fifty years. I am sure that the Legislature at that time felt and I am sure they were quite correct, that if Maine couldn't have a Class A school they didn't want any. So, since they were so classified as a Class C school by the Carnegie people at that time, which I think was debatable and even is now, I think it is a sad thing, that fifty years have gone by and we have not really done very much about the institution of a medical school in Maine. I feel quite sure the legislators that did away with the medical school in 1916 had no notion whatsoever that this sort of a situation would develop. Now, I'll try to be as brief as I can. I wrote these few notes since I have been up here, and I have talked with several about it and I'll give you those people and what they thought about this thing a little later.

But what has followed, first of all, gentlemen, I

thought we were going to discuss and I am sure that is the purpose of the meeting to discuss the feasibility of a school in Maine. And the feasibility, as I recall it, means is it capable of achievement and is it practical? Now, I think we have those two questions to answer this afternoon in our discussion. So, first of all let us look to see what actually has happened, suggest what we might do about it and then take up the question as to whether or not it's feasible and whether or not it's practical.

Now, since 1916, as you have already been informed, I am sure quite definitively, those students desiring post-graduate work in medicine have been forced to go out of the state for training, and having gone out of the state, which many of them cannot afford to do, and having spent three or four or five years beyond graduation as an intern, assistant resident or some teaching experience, they cannot come back to Maine even though they are deeply rooted there. The medical environment in Maine is not suited for practice, for teaching and for research; practice, yes; research, no; which are the interests, I believe of the best qualified in the medical profession. A good doctor must remain in an environment suited to his further growth and development. I finished the University of Maine as I indicated in 1917 and spent four years there. I spent a year at Oxford,



four years at Hopkins in Baltimore, five years after graduation in Baltimore. I totaled fourteen years. I had thought of teaching. I had a post open to me at Rochester, New York as an associate professor of surgery under Johnny Morton up there. I thought they were having a great deal of a problem in Rochester at the time and you have it here. Wherever you have your school you are going to have a turning down proposition. Some doctors in the city who are not connected with the medical school, for example, are going to feel like the hail of a medical school takes patients away from the. Now, that's a very sad thing and a rather hopeless attitude and I hope we have none of that in Maine. But after having, seeing that that was the situation in Rochester, New York, I came back here and some of you may recall Dr. Herbert Twitchell, who was Professor of Surgery at the old medical school years ago, friend of mine. I asked him, should I come back to Portland. And he said, no, Henry, you shouldn't because you will miss the environment of the medical school. And, so, taking his advise I went down to Houston, Texas and have been on the staff at Baylor as Professor, Clinical Professor of Surgery since.

Now, I have also had a rather interesting experience with the formation of a medical school or the setting up of

an old one and that's what we are doing here, rejuvenation of an old medical school. Baylor had had some trouble in Dallas, left Dallas and come over to Houston. They were not fearful of taking that chance. They came over to Houston with seventeen truckloads of equipment, that's all they had. They had no medical school whatsoever. Montgomery Ward has just built a very lovely store there but they didn't realize that once in a while we had such things as floods in Texas. And the old Bile, Buffalo Bile, raised to the second story window in their brand new store. So, what did they do? They are not slow in taking action, even as they agree the President was not slow, but nevertheless, they moved leaving that water-soaked building for Baylor to enter and enjoy for about six or seven years until a medical school was built out in the medical center. I asked Dr. Olson, the President and Dean, how much the transfer cost the University at the time and amazingly it was seventy-five thousand dollars. But, Henry, he said, you must be realistic when you talk to these people. I will give you some other interesting figures just a little later which I obtained only yesterday morning from Dr. Olson as to the financial operation of the Baylor Medical School.

Now, I was on the committee then that planned the

role for Baylor and the medical center at Houston and I was also a member of the committee of three. We like to keep our committees small there. We feel like they act more precisely and perhaps quicker than a larger committee, for the selection of personnel. And I am amazed and joyful indeed when I think what that school has accomplished in the last twenty years. And those of us here in Maine who raise a hopeless cry that the cost of this thing is too great, we can't do it, that's a hopeless attitude that I hope no one has because it will never be any cheaper than it is at the present moment.

Now then, if we might go back, what has happened since 1916? Those students, as I have indicated, went out of the school, would say out of the state for that training and after having gotten their training they looked back upon the area of the country in which they were deeply rooted and much to their surprise learned that the environment was not suitably for practice, yes, any amount of it. But, it was not suited for teaching, nor was it suited for research. A good doctor must remain, as I indicated, amongst an environment that is suited for growth for a doctor. The larger cities in Maine have some very superior doctors. For the most part these are those not only firmly rooted as citizens of Maine. The statistics

given just a few moments ago indicate that very definitely. A majority of Maine people come back here. For the most part these are those not, the large cities in Maine have some very superior doctors, for the most part these are those not only firmly rooted as citizens of Maine, but their antecedents were also doctors of generations past.

It is the hinterlands that suffer. One recognizes competition to be good for one in whatever field of endeavor he chooses to enter. These five states, where there are no medical schools provide fertile soil for those who fared poorly in medical school, who have had by grade and experience had their fill of competition. One finds the hinterlands to be filled with a large proportion of the poorer trained doctors. It is my understanding that Portland has had great difficulty in securing the necessary quota of interns in years past. One year they had one intern. This is according to Dr. Ike Webber, whom you all know, a man of great capabilities, a man of integrity, a man who surely has Maine at the bottom of his heart. He says, one year but one intern. Some years in previous years they had none. The fact that few came to the state would indicate that either few medical doctors plan to locate in the state or are unhappy with intern facilities found there. Most individuals like

to intern where eventually they hope to practice, depending upon the effectiveness of internship progress. Excellent hospitals with effective internship programs draw doctors into the state. The Portland Medical Center has made great strides in increasing their number of interns. I believe to quota for the first time this year.

Now then if their teaching is good, that quota will be fulfilled year after year. If it is bad, it will decline. They won't have any again. So, they come there depending, looking for teaching, adequate teaching, that's what they expect within their internship. As a matter of fact that is all they get. They only get about a dollar, a hundred and forty dollars a quarter. So, they certainly don't go there for the money. They go there for the teaching.

Now, the next point. The coming of industry to a state, I think it helps it, but that question will be debated I am sure and it's a question that has to be considered, I think, very carefully. Well, at any rate it isn't going to hurt the state for industry to know that we do have good schools. That's the first thing that they ask - what about the schools. If the schools are good that is a point remarkably in its favor. They rarely think about the hospital because they think they

are never going to be sick. But then, they want to know something about it when they do get sick. So, they always ask about that. Now then, whether or not a good medical school will help industry then in this state is somewhat questionable.

To summarize then, the greatest possession of any state and this state particularly is its youth. It should make provision for post graduate medical instruction at home. I don't know why postgraduate instruction in law and no postgraduate instruction in medicine. That always seemed a very peculiar thing to me. I can't somehow seem to make that make what we used to call in this good state good common sense, but nevertheless, we have it.

Every effort should be made to retain its most brilliant minds in medicine, science and engineering for the progressive, effective development of our state.

Now, some of the things I might have said here, might have annoyed some of you people. I might not be quite in keeping with what you have in mind. A few of you will agree with me in that. Now, then the nature of the problem. Some outstanding citizens have been contacted who possess a love of the state, and are deeply interested in its welfare. These included Dr. Jacques, Assistant Dean of the Portland Branch University of Maine and

Arthur Benoit of Portland. I called Dr. Elliott of the University of Maine in Orono, President of the University, who assured me that he is really interested in this. Also, I saw Claude Clement, Depositors Trust Company, Belfast, President for 4-H and his heart is out to you in this state. I also thought it would be a nice idea to contact the president of education, or Board of Education, contact them and so I did and I want to tell you a little story. About three years ago when I was here I tried to get in touch with May Craig. As you know, I enjoy seeing her. She is a very fine woman and I tried to get in touch with her and I couldn't locate her and when I went home I wrote a letter to her indicating that I had tried to get in touch with her and had failed and I am sorry to say but do so. And in due time I got a letter from Miss May. I had asked her what she thought about Maine Medical School and if she thought as I did about it, would she not publize the need for it a little bit. That was the purpose of my letter. Being way down in Texas I couldn't do much of this publicity work. But at any rate, my letter, my reply from Miss May said, I know the Dunfreys very well. We were staying at the Eastland Hotel. I hadn't asked Miss May about the Dunfreys particularly. And then she said

I have always been greatly in favor Passamaquoddy, some maquoddy, I don't know, Passamaquoddy Dam Project. Well, I had said nothing about that either and I didn't know you people had any water problem up there until this summer. But at any rate, it was an effort.

Now then, the press I find is all for this thing and should be a great help. Then I talked to Dr. Ike Webber, Chief of Staff, Medical Center, Portland, Maine and he told me he endorsed what I had to say heartily. Now the interesting thing about this, if one looks at it is you will find that I haven't contacted too many doctors and the reason for that is simply this, my doctor friends here will excuse me if I do tell the truth about it, there are some even in Houston, Texas, that's my own Harris County Medical Society, my own society, this matter of Baylor coming over to Texas was presented to the Harris Medical Society by Mr. F. M. Wall, who is the Chairman of the Chamber of Commerce and a wheel horse in our city and a wheel horse organization. Now then he presented that to the doctors there in Houston in Harris County Medical Society and made what I call a most excellent presentation. And the doctors did what so often is done. I now they didn't think much of it but in order to seemingly be interested in it they advised that



study the program. Now I find that if you want to kill anything in the world, all you have to do is to have repeated study of the program and I am so sorry that you are going to have or hope to have any long study to determine whether or not this is needed, to determine whether or not this is feasible, because it doesn't take that kind of a study. And I do want you to have excellent advise, excuse me, excellent advise, that is necessary, but to study this thing on and on and on you are not going to get it and I'll tell you why you are not going to get it in a few minutes.

All of these people, oh, I saw also Dr. Donald Fowler, who is head of, he is Mr. Donald Fowler, head of Porteous Mitchell. I talked to Bob Fogler, only night before last. He is one of our real alumni of whom I am real proud. Any of you who are from Maine remember "Old Bub" as we used to call him. And I also talked to Mr. Sam Collins, an old alumnus and a very fine citizen of this state and he is for it too. Now, these individuals have a deep interest in and love of Maine, and in contacting them one could, I felt, be quite confident that no personal interest would color their replies to interrogation. All are in accord, all are in accord that a Medical School for Maine is a primal need. Some there

were, but not all, who raised the question of Maine's financial capability to meet the costs, which cost most assuredly will be quite large. In essence, money was considered to be the problem. There are several points of view or attitudes that one might take with reference to this rather accurate evaluation. I think we all agree that this is a very expensive thing, but what to do with a very expensive thing, I think that is the problem. We shouldn't take a hopeless attitude. If we don't get anywhere, we never will as long as we say the problem is too great.

Now our sensitivities have indeed become calloused and would be if we surround ourselves with an atmosphere devoid of hope and so engulfed with hopeless thinking that we abandon all efforts at resolution. Maine's financial shortcomings are no greater than many of its sister states who have shown desire, courage and indefatigable effort to solve a similar problem, some having two, three, or even four medical schools. A further certainty might be expressed that the cost of a rebirth of the Maine Medical School will never be any less painful than it is at the moment. There are several factors which make vigorous effort at this time more than likely to be fraught with success and what are some of them?

Our President, a former teacher in Houston, Texas, in the system in which I was head for ten years, a member of the Trustees for twenty-three. I know him very well. He is, I know him to be certainly sympathetic. He certainly has a desire that he has something to do, that he wants to do something for the poor, I am sure are genuine. There are many of his attitudes though and methods of going about this that I am not particularly fond of. However, most of us have reached the conclusion, here I fought federal aid for twenty-two years and I have at last come to see our Board of Education just two weeks ago accept federal aid in order they could have these funds. You'll find yourselves or you do find yourselves in the same position. This is the thing that I don't see how we can turn down. We can turn it down, yes, but what are we going to say or what is going to be said or how are our grandchildren going to feel hear their granddaddies they passed this up when it might have been done for us, atleast part of the burden would have been borne at that time by the federal government.

Now, although Mr. Johnson is deeply concerned, not only with the physical welfare of our citizens, but he is also profoundly interested in education. He is also a spender of monumental portions, an attribute I know

frowned upon by conservatives, New Englanders of the Northeast. However, most of us have reached the conclusions that no matter how noxious and nauseating these mountainous expenditures have been, and will continue to be, in all fairness to those who must of necessity pay the bill, and now in the not too distant future, perhaps it might be sound judgment to attempt to secure from the federal government now a small fraction of that which they, our children, will be called upon to pay later. The acceptance of federal aid would appear to be mandatory if the high cost of the construction, operation and maintenance of a medical school is to be achieved.

Arizona, I am familiar with that situation, was out there lately, poorer by far than Maine has already planned the expenditure of 10.2 million of dollars for a hospital in Phoenix to serve the clinical years, the third and fourth of a medical school. It is my understanding from newspaper accounts that Arizona will pay only two million of this and the federal government the rest. That seemed to me incredible. I just thought that way out of line and wanted to obtain some notion about what Maine might expect to gain in way of assistance. I wrote to the President and also Jack Valente, his aide, who has appeared with me many times on educational programs.

Whom I know very well and asked the definitive question as to how much these good Maine folks might expect in way of aid, did they make a valiant effort to meet a compelling need in this area of education and health. I also suggested to our President that he probably, and this is the political angle of it, should group these five impoverished states and work out a plan to meet the needs of all. He looks at this grove and that grove and he likes a basket full. And I think it's wise not to appear too selfish and it's wise for an outsider like me suggest that. You couldn't do it, I don't think.

In all probability in the not too distant future we will have come to that point in our affairs that our people will resist the farther encroachment upon the financial stability of our nation. They may not understand the erudite platitudes being offered in explanation of the gradual depletion of our gold reserves, but they will, as they are even now beginning to understand the terrific tax increase that is rendering the ownership of home or land a losing venture. Mr. Johnson will very likely be faced with the necessity of some degree of fiscal responsibility for our Medical School in Maine.

Just to, since I haven't gotten any report from Johnson yet, he has had his hands full of riotous living

as you all know in the last few days and I am sure he is not concerned with this. But since I didn't have any definitive figures to give you, I called up our Dean yesterday morning, Dean Olson, Stanley Olson, Baylor Medical School to ask him a little bit about Baylor's finances. Just to give you some comparative notion as to what a school in Maine might cost. Now there are two factors that have a great deal to do with this of course, whether you have a hundred students, whether you have seventy-five students, or you have fifty. I have heard some advocate fifty students for Maine. I have heard some advocate more than that, but the point is that with this medicare you are going to need half as many students again. So, if you needed fifty before, you'll need seventy-five as soon as that is introduced.

CHAIRMAN JALBERT: Dr. Peterson, I notice that you have a script in front of you, sir. And in the interest of time I wonder if you would file it with the committee as time is of essence. We have several other witnesses.

DR. PETERSON: Well, you know, Mr. Chairman, I have one of these little things in my ear and all you have to do if you don't like what is said is turn it off and I have often wished that everybody who listened to me had one of them so they might turn it off. But I have enjoyed this

very, very much indeed and thank you so much, sir.

CHAIRMAN JALBERT: Thank you, Dr. Peterson.

DR. HANNIGAN: Thank you. (Applause)

Thank you very much Dr. Peterson. Your interest and love of Maine is with you still and we appreciate it a great deal and also your being here emphasises to my committee and to the State, I think itself, the number of outstanding men of medicine that we have lost by not having a medical school. I can think of Dr. Best of Toronto, the man who was the co-discover of insulin, Dr. Ledbetter at the Massachusetts General Hospital. This is what we are trying to do to get this school going. I also agree with you that I think there is a need for this. However, before a medical school can be created a study, a feasibility study has to be done by a feasibility study group acceptable to the American Medical Association Council on Medical Education and Hospitals and the Executive Council of the Association of American Medical Colleges. Dr. James Faulkner of Boston, Massachusetts has recently done a study of opportunities for medical education in Idaho, Montana, Nevada and Wyoming for the Western Interstate Commission for Higher Education. This feasibility study is the first step. Now, Dr. Faulkner, who is also a member of the American Medical Association Council on Medical Education

and Hospitals and has recently finished a study, will tell us just what such a study involves. Dr. Faulkner.

DR. FAULKNER: Mr. Chairman, Members of the Committee on Legislative Research: I think the Maine Medical Society deserves congratulations on the interest they have shown in stimulating medical education within the state, and for taking active steps to encourage students to go into medicine which is already showing results.

I am going to be very brief in describing what a feasibility study for Maine might entail. In the first place it seems to me we ought to define what we're after, what are the needs which we are trying to fill by having a medical school. We need to establish the needs and we need to quantify them just as much as we can. First need as has already been pointed out, is for more practicing physicians. No question that Maine is well below national average from the point of view of practicing physicians and the number, the proportion for it. There is a need for more opportunity, as Dr. Bacastow pointed out, for postgraduate medical education, both at the intern and resident level and continuing education for practicing physicians. There is a need for, perhaps we need to establish whether this is true or not, an improved opportunity for Maine residents to study medicine. We



don't know whether they are yet being discriminated against because of the pressure on the medical school. But, this fact needs to be established and we should have projections as to whether this might occur in the future if it hasn't already happened.

Now, the need for more physicians in the state, this need needs to be broken down. We need comparative figures. How much of the low doctor-population ratio may be due to the fact that Maine is predominantly a rural state? Now, doctors are flocking to the cities. The new doctors graduating from medical school are going primarily to the city. This is a phenomenon which you can see all the way across the country, and it is not something that establishing a medical school would be likely to influence in itself.

The question of whether Maine should have a two year school or a four year school has a bearing on this doctor question because a two year school is a very much less recruiting device for doctors than a four year school. And this is partly due to the fact that the four year school encourages the establishment of internship-residency programs, which in turn as Dr. Bacastow has pointed out, is a very strong telling factor in bringing these men to settle in the state. Many times because they

marry a pretty nurse in the same hospital who is a resident in the state and this is a factor in keeping them.

There are other factors too, other than the medical school in the state which play a part in attracting doctors, the economical outlook for the state and its future, the educational opportunities for children. What about the public schools? What about the cultural advantages? These are all factors which play a role in bringing doctors into the state. Now from the point of view of whether there are opportunities for residents of Maine to obtain a medical education, I am going to touch upon that a little bit further on.

A study of this sort would involve a study of the financial, economic, tax resources of the state, the projections over the next decade or so. How much is going to be available in the state budget for education in general. How much is going to be needed for our younger, expanding population. How much is going to be needed for higher education in general. We need to make some educated guesses as to how much will be available from federal sources. We have statements about a lot of funds coming in from Washington, but the actual appropriations have not been very large. We don't know how much of a factor they will be when they get spread over

fifty states. We need very good academic studies, split down into age groups and projections over the next ten or twenty years. How many people of college age are coming in? How many are going to be graduating from college? We know the population is aging and that this is going to create a still greater need for more physicians.

We need a very careful study of the academic resources of the state at the different levels, particularly at college level and educational resources in the form of nursing schools and training for the axillary medical sciences. We need an analysis of clinical resources of the state. One of the things, one of the factors that makes this a tough problem from Maine's point of view is the Maine campus of the University is located so far from the Maine clinical resources in the state. And it has been pointed out that there are really very few Maine residents entering medical school each year. It ran along 12, 15, 16, 14, jumped up to 27 in 1963, largely due to the efforts of the Maine Medical Association, which put on a recruiting program assisted by three medical schools in Boston. They arranged a trip down there for pre-medical students and really put on quite a show for them and almost double the number

entered medical school the following year. However, it has fallen back to 19. This is a pretty small number. If Maine had the average number of students entering medical school each year, it ought to have at least forty-five. That's the average number across the country per million entering medical school each year, but even that is hardly large enough to justify the establishment of a medical school. Sixty is about the minimum size for medical school. So, unless Maine anticipated a population growth going up to a million three hundred thousand in the reasonably near future there might be some question about the economy of entering upon a four year medical school in the state.

As far as a two year school is concerned, it is more feasible to have a smaller size school. Dartmouth is a very good example of this. In New England in 1963, there 479 places in the freshmen classes of the six New England medical schools and there were only 325 residents of New England entering all of the medical schools that year. So, there was an excess of capacity in the medical school classes in the New England schools over the number of residents entering medical school and the number of places expected to be available in New England by 1970 would be about 610, an increase of 88%.

As I am sure you are aware, Maine does stand very low in the list of states in the proportion of bachelor degrees awarded to population. I think it is 38. This is probably quite an important factor in causing the low number of students entering medical school. I think the financial factor is also undoubtedly an important one and as was pointed out, it fell off when the GI Bill of Rights tapered off, the number of students that could afford to go to medical school fell off. It is a very unfortunate situation when only the children of the well to do can go to medical school.

In this country now, four states with population less than a million support medical schools. North Dakota and South Dakota, each of which have two year schools, Utah and Vermont. Now, in addition to having a rather small population, Maine unfortunately has a rather low income, fiscal income per capita. Since in 1962 it stood 38th among the states. Total personal income in Maine for 1962 was one billion, nine hundred fifteen million. New Mexico, which has just started a two year medical school, was next with one billion, eight hundred sixty million, North Dakota - 1,459,000,000. South Dakota - 1,860,000,000. Vermont - 1,782,000,000. I mention these figures because I think they are important if, certainly if Maine is going

to have to bear the major financial burden of a medical school. And I think Maine is going to have to foster its bachelor degree programs perhaps more than it has if it is going to produce the raw material to enter medical schools. And I am very hopeful that Maine will also provide scholarships which will compete with the graduate fellowships which pay very well and allow a man to marry and to support a child or two while he is going on with his studies. Medicine, the study of medicine, has suffered considerably from competition with this type of fellowship aid.

So, in order to undertake such a study I think it would be necessary to organize a group of consultants, outstanding medical educators and probably an economist to carry out the capital study which shouldn't take longer than a year and should provide the facts which your committee will need in order to make a judgment. It will be end up by being the question of choices. It's always choices between one need and another need and it will be up to you to decide which are the most compelling choices. There is no question that something needs to be done to solve Maine's problem in medical education.

DR. HANNIGAN: Thank you very much, Dr. Faulkner.

I would like to close in summary by saying that I have no doubt that Maine needs and must soon have a medical school.

The development of such a school will provide a convenient means for Maine youth to pursue medical careers. It will also demonstrate that Maine has accepted responsibility for the education of its own physicians, and will no longer depend completely on the generosity of its sister states.

The affiliated hospitals will provide excellent postgraduate training at the internship and residency levels, which will fulfill the needs of the Maine Medical School graduates and will attract graduates from other schools. The necessary forty to fifty new doctors who must be recruited yearly to maintain and improve the standards of medical care will by these means be easily attracted. The proposed medical school will be a hub from which the best and latest of medical ideas will spread to physicians and hospitals throughout the state, thereby achieving the best possible patient care.

It will also be a center to which Maine people can come with obscure and difficult diseases for the most sophisticated diagnostic and therapeutic techniques which are now beyond the resources of most community hospitals and in the near future will be beyond the resources of all community hospitals.

The need for such a medical school was apparent to

our first state legislature in 1920 which created the Maine Medical School at Bowdoin. Many able physicians, some of whom still practice in this state, graduated from that school. It closed in 1921 because Bowdoin College did not feel it had the financial resources to meet the proposed improvements, which were necessary to maintain accreditation. It has now become widely accepted that many of these expenses must be borne by the population at large if this important health need is to be met.

I have encountered no one who argues that we do not need a medical school in Maine. I have met several people who say that it will cost too much. It will cost an estimated two to four million dollars a year to maintain the proposed medical school and hospital facilities. The proposed plant itself, with medical school, hospital and nursing school will cost in the neighborhood of 35 million dollars, of which the federal government may provide up to two-thirds.

This is indeed expensive. However, at the present time, in Maine we have an estimated 300 million dollar investment in health care facilities. We spend in Maine an estimated 130 million dollars a year on health care. How can we afford not to guarantee the availability and quality of these facilities? The very health and welfare



of the people of Maine demand the creation of a medical school. Thank you.

CHAIRMAN JALBERT: Thank you very much, Dr. Hannigan. I noticed in Dr. Pfeiffer's remarks that the cost would be approximately, for a feasibility, around a thirty thousand dollar figure on it, we were told. And I was wondering if, knowing the financial strife of this committee, realizing that someone will have to go somewhere to get some funds, I note in the audience some people that he might be able to help us out of a financial dilemma. He has got money for studies on retirement and money for studies on state personnel law, which has gone on for two years. I notice some members of the Council, particularly the President. I am referring to Councilor Blais of the Third District. I notice the President of the Council is here and I think he has heard my remarks and I wonder if he might be able to throw some light as to how I could come up with some money. I'm going to have some other questions before I get through with you.

COUNCILOR BRODERICK: Mr. Chairman, Members of the Research Committee, Mr. Slosberg: Personally, speaking personally for the moment atleast, I feel that the establishment of a medical center in Maine is certainly

desirable. The cost of such a program, of course, would be immense. Also I would feel that the cost of a preliminary study, a feasibility study, in itself would entail certain expenses. Now to that end, I have taken it upon myself this week to poll all members of the Executive Council and they are all unanimously in accord that they would consider favorably an order drawn upon the Contingent Account, an appropriation in an amount that we do not know at the moment to underwrite this type of study. I would assume also that there are other foundations, organizations, I understand that the Maine Medical Center perhaps, rather the Maine Medical Association itself may be able to contribute something in this area. It is my understanding from Dr. Faulkner's speech heard here a moment ago, that the cost may range between twenty-five and thirty-five thousand dollars. I feel that this problem can be overcome and all members of the Council feel that this is a legitimate area where perhaps we could go to the Contingency Account at the proper time and draw on that account for this purpose in underwriting the feasibility study. This certainly is the logical starting point so that we will know what we are getting into in the overall cost figure, location and the various other needs.

CHAIRMAN JALBERT: Thank you very much, Councilor Broderick. (Applause)

I note two others in the audience that we might be able to tax. I know that Commissioner William Logan from the Department of Education and Commissioner Dean Fisher from the Department of Health and Welfare at different times have been able to come up with a new, rounded silver dollar. I am speaking now, there certainly must be some area Dean, I know in higher education bills there might be some areas we might be able to tax. I would like some comment from the top of your head, most of you, your thoughts as to what you would be willing to contribute to this fine program.

COMMISSIONER FISHER: Before I make a contribution, I would like to ask two members of the committee, both of whom have much experience on the Appropriations Committee, how do you like asking for money?

CHAIRMAN JALBERT: Rodney Ross has been very loyal to this committee, of Brownville, he would like you to note that as today is his sixtieth birthday he would like to be excused. I think he got his birthday party in the plaque given to him as Rodney Ross, Speaker of the House. I think that all of us here, all the committee members here wish you a good time at your birthday party and wish you

many, many more. (Applause)

REPRESENTATIVE ROSS: Thank you.

COMMISSIONER FISHER: Rather than take any of your time to make a formal statement before this committee, I would like to say this. In the department we recognize this problem. It has been discussed and I feel it has the co-operation of everybody and on this basis with the co-operation of Governor and Council and contributions on their part and we would be more than happy to help.

COMMISSIONER LOGAN: I came to this hearing for two reasons, as one interested in higher education and a survey of higher education. Obviously a feasibility study for medical school, higher education could be part of that study. You know as well as I do that the Appropriations Committee authorized a fifty thousand dollar study all over the state and public institutions in the State of Maine. I personally cannot see why a portion of this should not be used for the feasibility of a medical school. I would recommend that a portion of this allocation for a feasibility study.

CHAIRMAN JALBERT: Thank you. I think, the questions that we held until the Medical Association presented its case could be asked now. Do any of the members have any questions? If not, are there any more present that

wish to testify? Dr. Schumacher, Dr. Bowman.

A MAN: Mr. Chairman, I would like to say that if the Council would oblige us with a Council order, they could take the salaries of the physicians we are unable to hire and donate these to this cause of this feasibility study.

DR. BOWMAN: I am a little bit depressed with the frequent reference to the huge amount of money that is required to run a medical school. The figure was mentioned between three and four million dollars. We are spending ten million dollars on the mentally ill and retarded a year. I do not know why you can't spend three or four million, or why we can't spend three or four million dollars on the entire population of the State of Maine.

There are some observations that I would like to make, I have written down. I shall not repeat them because I think you have a copy of it. But there are some other thoughts that I have had since I have been sitting here listening. It appears to me that the Dean of physicians in the State of Maine made not once reference to a feasibility study. He spoke very ardently about the need for a medical school. Now, I would like you to scrutinize the so-called need for feasibility study for a medical school very carefully, because I can already see several things in the making that will throw a monkey wrench

possibly into this development. One is the reference to Maine youngsters going to medical school, is there only twenty-five or nineteen, we must have atleast fifty. Shall we perpetuate the situation where we send our boys and our money to Vermont, to Boston, when we can have the benefits of the economic involved here in the State of Maine? I don't think we can afford not to have a medical school.

I would like to address myself to those people who are hostile towards industry, because they are in favor of recreation and they feel that recreation and industry are a poor match. I think that science and recreation tranquility are a great match. I think that Maine should have many cultural and scientific institutions such as a medical school. The poor State of West Virginia is running a medical school on a cent tax on soda. Why can we not do this to raise this money in this manner? The State of West Virginia is one of the poorest in the country.

I would like to suggest also that if a feasibility study is being conducted that great care be taken in choosing the so-called consultants. I submit that we are facing possible competition in the consultants who might not want us to have a medical school and this is of no reference to any person, but I submit that there is a strong

possibility that the people who are now benefiting from our not having a medical school are hostile towards our having one and they will find statistics to prove that they should not have one.

I would like to suggest that the fact that Maine is a rural state, a medical school would have tremendous repercussions among our practitioners because they wouldn't have to go so far away to get graduate education.

Now, lastly I would also like to make reference and here I will speak as an individual only to a support that I would like to list and I do not know if it is forthcoming, but I certainly hope so. When I was a youngster our family physician was a homeopath physician and the allopathic physicians use to sneer them because the allopaths always thought that they were feeding drugs that were not really drugs, having a psychological effect in the form of a cure. Well, I survived this form of treatment and became an allopath and then became a psychiatrist. I am talking about our osteopathic friends. I would like to see the Osteopathic Association of Maine would support this program and that we would find ways and means to live together and share this together. I have stuck my neck out very wide, but I have no investment in the struggle between allopath and osteopath and many

states in the country have buried their differences and I would hope that we would have co-operation on both sides of the medical fence. Thank you.

CHAIRMAN JALBERT: Excuse me, sir. One moment, sir. Do any members of the committee have any questions on any previous testimony or Dr. Bowman's remarks?

SENATOR HARDING: I have a question that I would like to direct to Dr. Faulkner. I understand Dr. Faulkner, that you estimate the cost to be thirty million for the construction of a medical school and teaching hospital. Now, if you were to assume that the medical school were constructed adjacent to existing facilities as far as a teaching hospital is concerned, in other words a hypothetical solution may be to use the Maine Medical Center as a teaching hospital, what difference in cost would that make.

DR. FAULKNER: That would reduce it by a great deal, maybe by as much as twelve to fourteen million dollars, almost half, half the cost. The cost of a hospital is a very large part of the cost of a four year medical school.

SENATOR HARDING: One other question, Dr. Faulkner. I think doctor, one of the doctors here mentioned that the federal government contributes two-thirds of the cost of construction. Do you think they contribute anything towards the cost of the teaching program?



DR. FAULKNER: They are going to from now on make contributions, which look as if they might amount to from two hundred to four hundred thousand dollars a year per school depending upon the amount of students. This is in the present legislation which I think just went through.

CHAIRMAN JALBERT: I think Dr. Bowman made a comment on those outside of the profession that would be retained, possibly a medical concern or another concern outside of that we perhaps would form a forum and it might be an idea to form a committee that would work with this research committee and question whether there need be a planning committee. I notice that one individual that I know is here and he has served on many of these and may be able to throw some light on this. His name is Carleton Main, a good friend of mine, works with insurance company, may be able to comment on this as to what his thinking might be.

MR. MAIN: I didn't come to make a speech, Louie. I guess I came for two reasons, one because we belong with Blue Shield representing a very sizeable portion of the medical profession and we are greatly interested in good medical treatment in the State of Maine. And, as long as I am given the opportunity I would like to offer any of the services of Union Mutual, exclusive of a financial

contribution, to this survey or any other aspect of your work. So far as a supplemental committee or a laymen's committee or additional committee to your survey committee on this subject, I think the legislative members are perfectly capably of reaching a conclusion on this. I do foresee, however, the possibility of this developing publicly or in the public mind into the proponent, the medical profession and the opponent, conservatives that want to save money and it sort of puts the Legislature in the middle and it might be feasible to have non-legislators that will share that kind of burden. And perhaps there are people in the state that have some knowledge with various aspects of this proposition that might be helpful.

CHAIRMAN JALBERT: Thank you very much.

DR. BOWMAN: I would like to make one further comment in regard to economics. The research funds that are being distributed by the National Institute of Health are going into hundreds of millions of dollars each year are earmarked to a great extent limited to institutions affiliated with medical schools. Pineland Hospital received a quarter of a million dollars. I dare to say we would have received one or two million dollars if we had been affiliated with a medical school. I think this is of terrific importance when you talk about economics. And I just think that because

we don't have enough BS candidates we shouldn't have a medical school, it also implies that because you are sick already you don't need a doctor, why don't you die.

CHAIRMAN JALBERT: Thank you, Dr. Bowman. I would like to submit that, I would like to state to include in the record letters from the Honorable Margaret Chase Smith, United States Senate; Honorable William D. Hathaway, member of Congress; Maine Teachers Association; H. S. Moore of the Veterans Administration Center in Togus; Dr. Hill, who has spoken here. Dr. Bowman has submitted a statement. Dr. Schumacher has submitted a statement to us and I wonder if you have any comments Dr. Schumacher.

DR. SCHUMACHER: Mr. Chairman, Members of the Committee: One of the primary problems in the provision of mental health services is the procurement of physicians and most of the physicians that we solicit are from without the State of Maine. They will not even come to the state and see what this would be like here because they consider it a wilderness area. And, if we had a medical school in Maine to introduce people to the state, whether they were Maine residents or from outside the state, I am sure that we would overcome this misinformation which they have.

One additional factor which would improve our programs and our recruiting is affiliations with the teaching programs

of medical school. Certainly, it is very attractive for a clinician working in a facility to have a part-time teaching appointment and students working under him. In addition to this it might give him some type of salary augmentation and teaching stimulates people to think and to keep their information current and to study and to improve themselves.

Personally I am a graduate of a two year medical school who transferred for the third and fourth year to another medical school. I went to Dartmouth and to Vermont. I know that the two year medical school is the more expensive to run as far as the cost of capital construction, initial classrooms are necessary, but clinical facilities do not have to be as large. Four year schools require extensive numbers of hospital beds available and for the students' instruction. Certainly, a two year school would overcome some of the disadvantages that we would see, provide teaching, stimulation, research, the attraction of teaching and research staff. It would bring physicians in training into our state and it would also give the opportunity for Maine people a chance to attend a local medical school. It seems to me that also that one of our primary difficulties in attracting physicians is the inability to provide professional and cultural stimulation,

adequate education for children and so forth. This would be overcome if a medical school contemplated where to be located in one of our major metropolitan areas.

Additionally, I would just like simply to say that, I also would like to say what Dr. Faulkner said, that the number of Bachelor Degrees receipts in this state are remarkably low and we recruit all of our professional personnel for advance training from college graduates. College graduates also supply us with all our teachers and all our management people in business and I think Maine has to look not only toward higher level education, but also to undergraduate education, in large amounts heavily subsidize. I would simply like to say that if they ever put a moratorium on new road construction for one year we could build two or three colleges and a couple of medical schools too. We spend a lot of money on highways, we should spend some on people. Thank you.

DR. PETERSON: Mr. Chairman, I wonder if I might have this chance to say what I didn't have a chance to say before.

CHAIRMAN JALBERT: Dr. Peterson, please, we would like to have you hold, please, if you don't mind for just two minutes then I would, I am sure that we would call on you. I mean if you would hold until we hear some of the others

then you can probably speak again.

DR. PETERSON: I'm sorry. I thought this was the last of the speakers.

DR. BAILEY: Lawrence W. Bailey, Osteopathic physician, Brunswick, Maine, representing the Maine Osteopathic Association. Mr. Chairman, Members of the Committee: First of all, I would like to commend those who initiated this particular hearing that we might get into a feasibility study. We should go back that far and commend you as legislators in seeing that such existed. Secondly, we would like to thank Dr. Bowman for his kind ovation.

Because of the heat and the hour, I would intentionally keep my remarks brief by simply making this for the record if I may.

The Maine Osteopathic Association would like to go on record as recognizing the seriousness of the physician shortage in Maine and wholeheartedly endorses the concept of energetically seeking to correct the shortage by whatever means are realistically and economically feasible. Thank you.

CHAIRMAN JALBERT: Thank you very much. I certainly would be remiss as Chairman of the Research Committee if I didn't recognize another outstanding member of your profession, a former member of this committee, former Speaker of the House, Roswell P. Bates.

If there are any individuals who are leaving who would like to write to the committee endorsing the program, we would appreciate it. Now, Dr. Peterson, I think you would be kind to us if you would hold it down. From one young fellow to another.

DR. PETERSON: Well, I have displayed a bit of ignorance of Maine's due order of decorum, I guess and I hope that you will forgive me, sir.

What I wanted to say was simply this - in order to have something concrete to place before you, I called our Dean down there yesterday morning to get some notion as to how much this cost might be. Because I feel that these Maine folks are very aversatile what they owe to indebtness, but I also think that when I hear sixty-five million, eighty-five million being talked about, why that in itself is a rather disappointing figure to hear. He simply said this to me that the hospital would cost fifteen million dollars. The basic science school would cost ten million dollars. That's according to their study and past experience. Already on the books, the government agrees to meet that two for one. So that your cost of the hospital and basic buildings, facilities and so on would be only eight million and three hundred thirty-three thousand dollars. The government providing the other sixteen

million six hundred sixty-six thousand dollars or whatever it might be.

Now then, the cost of salaries, maintenance, upkeep, the budget for Baylor University this year is two million dollars. A hundred students, seven hundred and fifty dollars a year for four years is three thousand dollars. That's three hundred thousand dollars per year income from students tuition. There is on the books federal aid for operation between, you can anticipate getting four hundred to six hundred thousand. I have indicated taking the middle figure, five hundred thousand, three hundred thousand from tuition, that's eight hundred so you can expect an annual expenditure of about a million two hundred thousand dollars. Thank you.

CHAIRMAN JALBERT: Now, are there any others who would like to go on record. We would appreciate it. However, I would like to take a poll of those in favor of this project. Will you rise and then I will ask those who are opposed.

DR. WILSON: Sir, may I make a short statement before that? I am George Wilson, Director of the Bingham Association in upper Maine.

We are certainly in favor of a feasibility study. I think it would be wise to remain open minded as to a medical school, a two or four year school would not necessarily be the answer to those seeking better medical coverage for Maine.



I think that Dr. Faulkner very wisely pointed out, a medical school in Maine, a two or four year, is perhaps not going to be the answer to all our medical coverage. He wisely pointed out the rural areas, the sparsely populated areas are areas of need. A medical school in itself is not going to guarantee filling the need in those areas. I think I read a very interesting article in the Boston Sunday Globe. It covered fourteen rural communities in central Vermont staffed by a group of five physicians. Curiously enough, only one of these physicians graduated from the University of Vermont, four others Harvard Medical School and other type of schools around the country. Where a person graduates from medical school does not insure that he will be a resident physician in that community for a lifetime. I don't believe, as Dr. Bowman seemed to indicate, that we should select consultants that have made up their minds already as to what is best for Maine. If we are going to have a study, it should be done impartially and objectively with members who have open minds seeking answers to real questions. Thank you.

CHAIRMAN JALBERT: I would like to thank you very much and also state here, sir. I would like to state we have met once before with Dr. Faulkner and not once but several times and I think it is gratifying, no doubt his associates, competitive associates that he used the attitude that

that we believe he used, that not once has he incurred that, not certainly once has he but encouraged that and indicated that he too would be willing to make a study. I mean he indicated to us and to us here that these people are in it with just an open mind for what comes next. It is certainly gratifying and I want to take this opportunity to thank you Dr. Faulkner for having given us in most cases your best knowledge on the subject with no thought at all about personal gain.

Now, if there are no other - Dr. Hannigan?

DR. HANNIGAN: I just wanted to mention to the committee that the Maine Medical Association at Rockland in June did appropriate twenty-five hundred dollars to be used for this feasibility study.

CHAIRMAN JALBERT: Dr. Hannigan, I'll tell you. You make the check out in the proper amount, you make the check out and I'll call you up and tell you where to send it.

SENATOR SNOW: I have a second question for Dr. Faulkner. What relation does Senator Harding's question have to the locating of a school near an establishment like the Maine Medical Center, isn't it also true that it is recommended that a medical school be part of a university complex. From a topographical point of view what would be the answer?

DR. FAULKNER: Well, this is a real problem, because the University of Maine main campus in Orono is so far from the main clinical facilities at the Maine Medical Center in Portland. The general thinking among medical educators now is that a medical school should be on a university campus. The advances in medicine over the last twenty years, many of them derive from the basic sciences of physics and chemistry and mathematics and more recently they have been closely allied with behavioral sciences and sociology and the whole medical curriculum is enriched greatly by being on a university campus. So, that this is the dilemma here in Maine and how that can be resolved, there is a branch of the University in Portland, but I'm not acquainted with how much that has developed. And as far as a four year school is concerned, you'd either have to split it and have two years up in Orono and two years in Portland or separate the basic sciences from the rest of the University, put them in Portland so that in order that you could take advantage of all the great, really excellent facilities that are available in Portland.

SENATOR SNOW: My next question - would a feasibility study show some other solution, might recommend a medical school, might recommend against a medical school, in the latter case is this type of study designed to show some