Speech By: ROBERT MORGAN Attorney General of North Carolina UNC Faculty Club Chapel Hill, N. C. April 10, 1973

THE NEED FOR A MEDICAL SCHOOL AT EAST CAROLINA

THANK YOU, DR. GOTTSCHALK AND MEMBERS OF THE UNC FACULTY CLUB, FOR YOUR VERY COURTEOUS INVITATION EXTENDED SOME TWO MONTHS AGO TO SPEAK TO YOU TODAY. NO ONE COULD HAVE FORESEEN THAT THIS OPPORTUNITY WOULD BE SO TIMELY FOR A CANDID DISCUSSION OF A TOPIC THAT ONCE AGAIN IS RECEIVING THE FULL ATTENTION OF PEOPLE ALL ACROSS THE STATE AS WELL AS THE "POT SHOTS" OF ALMOST EVERY ONE OF THE LARGER NEWSPAPERS.

The topic suggested for me is <u>The Need for A</u> <u>Medical School at East Carolina University</u>. The question of developing a second state-supported medical school has been the subject of heated debate for almost ten years now. Study after study has been called for and done. Most people feel that the question was answered when the General Assembly took the required initial steps to establish a MEDICAL SCHOOL AT EAST CAROLINA UNIVERSITY. BUT JUST THREE DAYS FROM NOW A GROUP OF OUT-OF-STATE CONSULTANTS, EMPLOYED BY THE BOARD OF GOVERNORS, WILL HOLD THEIR FIRST MEETING AND BEGIN YET ANOTHER STUDY.

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MEANWHILE THE PEOPLE OF NORTH CAROLINA CONTINUE TO SEARCH IN VAIN FOR MEDICAL HELP. EVEN IN OUR LARGER CITIES, WHERE PHYSICIAN-TO-POPULATION DATA APPEAR ON THE SURFACE TO BE ADEQUATE, PEOPLE CANNOT OBTAIN PRIMARY MEDICAL CARE. THIS IS EVIDENT IN THE FILES OF THE STATE MEDICAL SOCIETY IN THE FORM OF NUMEROUS LETTERS REQUESTING THE AID OF THE SOCIETY'S LEADERSHIP IN LOCATING A DOCTOR.

There is indeed a documented need for another four-year medical school in North Carolina. Let us review these facts, many of which are found in public documents such as the Report of the Medical Study Committee of the Board of Governors or applications from the UNC School of Medicine to various federal agencies for special program funds.

North Carolina for some years has ranked 11th or 12th in population among the 50 states. In terms of every commonly used index of health measurement it has ranked near the bottom of the 50 states. And, in spite

OF ALL OF THE STEPS TAKEN OVER THE PAST EIGHT OR TEN YEARS TO IMPROVE THE HEALTH CARE OF OUR PEOPLE, WE CONTINUE TO MERELY MAINTAIN OUR DISMAL BACKWARD POSITION.

A RECENT REPORT, PREPARED BY THE SOCIAL RESEARCH Section of the UNC Division of Health Affairs for the North Carolina Department of Mental Health, clearly states the problem and proves that we have not even remotely approached a solution. For any improvement in health care requires "many types of medical manpower and facilities necessary for the general well-being of the population."

The national average of physicians to people is one doctor per 613 people. In North Carolina we have only one physician for each 970 citizens, on top of this - consider that six well supplied metropolitian centers in North Carolina contain 43% of all our physicians. Yet even those metropolitan counties have problems as noted in a news article a few days ago which described the efforts of a North Mecklenburg Community to raise funds to attract physicians to establish practice there.

The fact that 87 of our 100 counties are far below the state's average of people-to-physician should be of great concern to the entire state. But of even greater

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CONCERN IS THE FACT THAT <u>60 OF OUR 100 COUNTIES HAVE MORE</u> <u>PEOPLE PER DOCTOR TODAY THAN IN 1963</u>. CAN WE HONESTLY CALL THIS PROGRESS?

Most of us are aware that rural counties suffer greatly from an ever decreasing and ageing number of doctors; 21% of our active rural doctors are over 70 years old. But how many of us are aware that in the past ten years the number of people per family doctor has increased startlingly in 82 counties, that many thousands of children do not have a pediatrician in their county or even a neighboring county, and that many women do not have an obstetrician-gynecologist nearby.

According to this report prepared for the Department of Mental Health, the elderly people of our state, and now over 10% of our population is over the age of 60, need the care of many types of medical specialties to supplement the care rendered by a family doctor...If a family doctor could be found. The specialties mentioned as particularly relevant to medical problems in the elderly are ophthalmology, dermatology. Orthopedic surgeons, and otolaryngology. The Report states that these specialties are even more lacking in numbers than pediatrics and ob-Gyn.

IT IS OBVIOUS TO ALL THAT NORTH CAROLINA FOR YEARS HAS HAD TOO FEW PRACTICING DOCTORS. FIVE YEARS AGO THE N. C. REGIONAL MEDICAL PROGRAM PINPOINTED A VERY DISTURBING FACT WHEN IT REPORTED THAT BETWEEN 1957 AND 1968 OUR STATE'S POPULATION INCREASED 12%, BUT THE PRO-PORTION OF OUR DOCTORS ENGAGED IN PRIVATE PRACTICE DE-CREASED BY 5%.

What has North Carolina done to solve its medical manpower problem? We have done study after endless study? Time and again reports have been issued that continue to document the fact that we are standing still or even falling further behind the needs of the people while the heads of our three four-year medical schools and the spokesman for the State Medical Society would have you believe we are forging rapidly ahead.

Ten years ago the three medical schools admitted 115 North Carolinians to their first-year classes; this was 55% of their total combined first-year enrollment, This year, a decade later and after all of the hue and cry over the critical need for more doctors, they admitted 175 North Carolinians - still only 55% of their combined first-year enrollment,

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DURING THE MEETINGS OF THE MEDICAL STUDY COMMITTEE OF THE BOARD OF GOVERNORS A FEW MONTHS AGO, THE TWO PRIVATE MEDICAL SCHOOLS WERE REQUESTED TO PROJECT THEIR WILLINGNESS TO MAKE MORE PLACES AVAILABLE FOR NORTH CAROLINA STUDENTS. BOWMAN GRAY GRACIOUSLY CONSENTED TO ADMIT_Z MORE AND DUKE Z MORE BEGINNING IN 1976; COUPLED WITH THIS GENEROUS (?) COMMITMENT ON THEIR PART IS A REQUEST FOR THE NORTH CAROLINA GENERAL ASSEMBLY TO DOUBLE THE STATE'S FUNDS, FROM \$3,000 TO \$6,000, PAID TO THESE SCHOOLS FOR EACH NORTH CAROLINIAN ENROLLED.

IF I HAD KNOWN BACK IN 1967 THAT THIS WOULD BE THE UNCARING ATTITUDE OF THESE TWO PRIVATE MEDICAL SCHOOLS, I WOULD NEVER HAVE BROACHED THE IDEA THAT THE STATE SHOULD ASSIST THEM. EVEN MORE INDICATIVE OF THEIR UNRESPONSIBLE OUTLOOK IS THE FACT THAT ONE DEAN TOLD THE BOARD'S COMMITTEE THAT ALL QUALIFIED NORTH CAROLINA STUDENTS ARE BEING ACCEPTED INTO THE THREE FOUR-YEAR SCHOOLS.

I wonder where he has been these past few years when the number of North Carolinians applying for admission to medical school has more than doubled while the number of available places has only slowly gone up. Perhaps he is so inaccessible that parents of students who have "B" or better college grades and above-average MCAT scores

CANNOT PLEAD WITH HIM FOR HELP.

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This is only one small example of unpublished viewpoints among our present medical school leaders that I find incredible' Yet, time and again responsible state agencies and officials have accepted their opinions without question whenever the subject of another medical school is discussed.

Another of our medical education leaders seems to be unable to make up his mind on the question of another medical school. Several years ago in response to an inquiry he replied that a two-year medical school at East Carolina was a very appropriate development. About two years ago he spoke to the annual meeting of the Association of American Medical Colleges and called for a vast increase in the number of medical students to be educated...almost twice as many as are admitted nationally today. Then he testified before a congressional committee in Washington that the rational solution to the doctor shortage in regions similar to eastern North Carolina was to locate new medical schools in these regions.

How does he reconcile that thinking, voiced out of the state, with his in-state comments calling not only for no new schools but, also, stating that the present entering enrollment of the three four-year schools will meet North Carolina's needs:

We cannot confine our critical thinking to just the two private medical schools; the School of Medicine here in Chapel Hill may feel slighted if we do not consider its role these past few years.

IF EAST CAROLINA NEVER DEVELOPS A DEGREE-GRANTING MEDICAL SCHOOL, IT STILL HAS PROVIDED A GREAT SERVICE TO THE PEOPLE OF NORTH CAROLINA. FOR SINCE 1965, WHEN THE MEDICAL SCHOOL HERE REALIZED THAT IT COULD NO LONGER SIT QUIETLY AND UNCONCERNED WITH THE GROWING DEMAND FOR MEDICAL MANPOWER, LIFE HAS BEEN EXTREMELY BUSY FOR YOUR MEDICAL DEAN AND HIS FACULTY. ENTERING CLASS ENROLLMENT HAS INCREASED 53%...FROM 72 PER CLASS TO 110. FACILITIES HAVE MUSHROOMED; STATE AND FEDERAL DOLLARS HAVE POURED IN. AND EACH TIME EAST CAROLINA HAS REQUESTED APPROVAL AND FUNDING TO BEGIN ITS SCHOOL, THE CHAPEL HILL MEDICAL SCHOOL HAS RECEIVED ANOTHER HUGE CHUNK OF THE STATE'S

BUDGET. THOSE OF US ASSOCIATED WITH ECU HAVE BECOME YOUR MOST VALUABLE PATRON.

The most recent example of this rather unique approach to expansion of this School of Medicine occurred this year. East Carolina requested \$1.1 million for the 1973-75 Biennium to add the second year to its medical school. This request was not approved by the Board of Governors. Instead they recommended that the General Assembly appropriate \$12.32 million for a new medical school building in Chapel Hill, \$9 million to expand N. C. Memorial Hospital, and \$1.28 million for Duke and Bowman Gray in the vain hope that more North Carolinians could be accepted there - a total of \$22.6 million. This seems a bit unreal and illogical to me but perhaps my thinking is peculiar.

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Four years ago a study committee of state Legislators spent countless hours evaluating the shortage of doctors in our rural areas. It proposed, and the Chapel Hill medical school seemed to agree, that one way to attack the problem was to establish meaningful relationships with community hospitals in the <u>Rural</u> areas. Then medical students, interns, and residents would receive

A PART OF THEIR CLINICAL TRAINING IN THESE HOSPITALS; PERHAPS SOME COULD EVEN BE RECRUITED TO PRACTICE THERE. FUNDS WERE APPROPRIATED.

Two years ago the Board of Higher Education reiterated this same proposal and even specified the communities to be involved. More funds were appropriated by the General Assembly. But since the UNC School of Medicine may have used the previous funds to help finance affiliations in the <u>"rural"</u> communities of Charlotte, Greensbord and Raleigh, the 1971 Act required the approval of the Advisory Budget Commission before any dollars could be spent.

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I UNDERSTAND THAT THE FIRST REQUEST RECEIVED BY THE BUDGET COMMISSION FROM THE UNC SCHOOL OF MEDICINE TO ESTABLISH A TEACHING PROGRAM IN A RURAL COMMUNITY HOSPITAL WAS A REQUEST TO INSTALL A COBALT UNIT - A TREMENDOUSLY EXPENSIVE X-RAY TREATMENT APPARATUS - IN THE NEW HOSPITAL IN ROCKY MOUNT': WISELY, I THINK, THE BUDGET COMMISSION DID NOT APPROVE THAT REQUEST.

THERE ARE MANY OTHER EXAMPLES WE COULD REVIEW THAT DOCUMENT THE LACK OF CONCERN, INDEED THE LACK OF

RESPONSIBILITY, WHICH THE STATE-SUPPORTED MEDICAL SCHOOL APPEARS TO SHOW FOR THE BASIC MEDICAL NEEDS SO RAMPANT THROUGHOUT NORTH CAROLINA. BUT I HASTEN TO ADD THAT THE BLAME FOR THIS SITUATION IS NOT TO BE PLACED TOTALLY AT THEIR DOORSTEP.

MANY MEDICAL SCHOOLS ACROSS THE COUNTRY FOLLOWED THE SAME DIRECTION THAT UNC TOOK DURING THE "GOLDEN ERA" OF THE FIFTIES AND SIXTIES. FEDERAL DOLLARS POURED FORTH IN EVER INCREASING AMOUNTS, BUT NOT TO SUPPORT MEDICAL EDUCATION DIRECTLY. INSTEAD THESE DOLLARS WERE EARMARKED FOR RESEARCH, BOTH BASIC AND CLINICAL RESEARCH. RESEARCH PROGRAMS MUSHROOMED, FLOURISHED, AND REQUIRED MANPOWER. WHO CAN FAIL TO UNDERSTAND THEN THAT ALL BUT A VERY FEW MEDICAL SCHOOLS FOCUSED THEIR ENERGIES AND ATTENTION WITHIN THEIR WALLS WHILE OUTSIDE IN THE COMMUNITIES PEOPLE BEGAN TO MURMUR, ONLY QUIETLY AT FIRST, THAT DOCTORS WERE HARD TO FIND.

WITH THE ADVENT OF MEDICARE, MEDICAID, MORE AFFLUENCE, AND MORE PUBLICITY ABOUT THE MIRACLES ACCOMPLISHED IN MODERN MEDICINE THESE MURMURS HAVE GROWN NOW TO AN

EAR-SHATTERING DIN FOR MORE PRACTICING DOCTORS ACROSS THE COUNTRY AND EVEN ACROSS NORTH CAROLINA.

CAN ONE STATE-SUPPORTED MEDICAL SCHOOL JOINED BY TWO PRIVATE SCHOOLS, WHO HAVE SET A PERCENTAGE QUOTA ON THE NUMBER OF NORTH CAROLINA RESIDENTS ADMITTED, MEET OUR NEEDS? I THINK NOT.

Can the UNC School of Medicine expand to class sizes of at least 250 students per class over the next five or six years in order to even begin to solve North Carolina's shortage? I do not believe so. Apparently the Dean here agrees with me. An article in a recent issue of the UNC Alumni News quotes him as being very concerned that the numbers of medical students needed have preoccupied everyone to the point that the quality of medical education will surely suffer.

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Yet, as the REport of the Board of Governors states, "There is an urgent need to increase the number of physicians trained in North Carolina, with special emphasis on the training of those who are residents of the state."

The need for a second state-supported four-year medical school is documented. Why should it be at East Carolina University?

THE ANSWER IS SO SIMPLE AND OBVIOUS THAT I CONTINUE TO BE AMAZED WHEN ANYONE RAISES THE QUESTION.

What other institution has repeatedly moved to develop a medical school? Who else has continually pushed for expanded opportunities in medical education for North Carolina students? And who else has been the target for all of the barbs in the metropolitan newspapers since 1964, but more recently has received the praise and support of countless people throughout the state for the efforts it has made?

EAST CAROLINA UNIVERSITY IS THE ONLY INSTITUTION AUTHORIZED TO DEVELOP A MEDICAL SCHOOL. EVEN NOW THAT AUTHORIZATION STILL EXISTS IN THE GENERAL STATUTES; IT WAS NOT DELETED WHEN THE 1971 SPECIAL SESSION OF THE GENERAL ASSEMBLY CREATED THE BOARD OF GOVERNORS AS THE AUTHORITY FOR HIGHER EDUCATION IN NORTH CAROLINA. AND, LEGALLY, THE SCHOOL OF MEDICINE AT EAST CAROLINA UNIVERSITY HAS THE RIGHT TO REQUEST DIRECT FUNDING BY THE 1973 GENERAL ASSEMBLY TO IMPLEMENT ITS SECOND-YEAR PROGRAM.

We chose instead to request this next step in our development through the Board of Governors. We took President Friday quite seriously when he assured us that we would receive fair and objective treatment from his Office and from the Board.

LET'S LOOK AT WHAT HAPPENED.

No sooner had the appointed study committee of the Board waded into its task than one Board member stated to a reporter that East Carolina was not qualified to develop and operate a medical school; its academic programs were weak and inadequate and its faculty was poorly educated and trained.

Then look at the report presented by the Medical Study Committee of the Board of Governors. Read it while remembering that the Committee was charged to study the East Carolina budget request to expand to a two-year medical school. Page after page of the Report speaks to the complex problems in health care across the state and what steps the UNC School of Medicine supposedly undertook to solve these problems. Look at the two tables in the Appendix to the Report, but do not look casually as most do. They are carefully prepared for the casual reader to

BE IMPRESSED WITH THE GREAT STRIDES IN EXPANSION MADE BY THE DUKE, BOWMAN GRAY AND UNC MEDICAL SCHOOLS AND THE EVEN GREATER STRIDES TO BE TAKEN OVER THE NEXT SEVEN YEARS. HOWEVER, IF YOU STUDY THESE TABLES, YOU WILL NOTE THAT THESE THREE MEDICAL SCHOOLS WILL BEGIN TO GRADUATE ONLY $\underline{37}$ MORE NORTH CAROLINA DOCTORS IN $\underline{1980}$ THAN THEY ARE NOW COMMITTED TO PRODUCE. DUKE WILL GRADUATE $\underline{3}$ MORE, BOWMAN GRAY, $\underline{7}$ MORE, AND UNC, $\underline{27}$ MORE, BUT ONLY IF THE TAXPAYERS COME UP WITH 22.6 MILLION ADDITIONAL DOLLARS.

This report, however, does contain a great deal of objective and factual information. Much of the physician manpower data that I used earlier is taken from it. And, perhaps fortuitously, the Report of the Board of Governors clearly points out that the costs for developing and operating a four-year medical school are no where near the \$100 million figure so irresponsibly tossed about these past few years.

As a matter of fact, if you examine the estimated costs for developing a new four-year school as compared to the various UNC budget requests to expand its present facilities, you will discover that the new school costs are cheaper and that by no later than 1980 it could begin

PRODUCING AT LEAST TWICE THE NUMBER OF NORTH CAROLINA GRADUATES PROPOSED BY THE UNC EXPANSION.

The call for a study to <u>EVALUATE THE NEED</u> FOR A NEW FOUR-YEAR MEDICAL SCHOOL IS SIMPLY NOT IN KEEPING WITH THE CONTENT AND CONTEXT OF THIS REPORT. THE REPORT ITSELF IS THE COMPREHENSIVE STUDY WHICH VERY CLEARLY DOCUMENTS THE NEED.

Since the Board of Governors approved the Report almost three months ago, the Medical Study Committee has selected the consultants to undertake the proposed study. The five men chosen are all academic medical educators and administrators. Here North Carolina is plowing new ground. Every other state that has used consultants such as these has used them to advise the state <u>How</u> to develop new medical schools, not to decide <u>if</u> a new school is needed.

ONE ADDITIONAL POINT SHOULD BE KEPT IN MIND AS WE LOOK AT THE MEMBERSHIP OF THIS CONSULTANT GROUP WHICH BEGINS ITS WORK ON APRIL 13. TWO ARE FROM NEW YORK AND

ONE IS FROM A NEIGHBORING STATE MEDICAL SCHOOL THAT HAS FOUGHT SUCCESSFULLY ANY ATTEMPT BY A DEVELOPING NEW SCHOOL IN THE SAME STATE TO OBTAIN ANY STATE SUPPORT.

I SUGGEST THAT THE FACTS I HAVE GIVEN YOU ARE MORE THAN SUFFICIENT TO PROVE THAT EAST CAROLINA HAS NOT RECEIVED AND CANNOT RECEIVE FAIR, OPEN, AND OBJECTIVE TREATMENT BY THE BOARD OF GOVERNORS AND ITS SENIOR STAFF. AND IF THIS IS NOT ENOUGH, CONSIDER THE FACT THAT NOT ONLY IS THIS CONSULTANT GROUP TO ADVISE THE BOARD IE IT SHOULD RECOMMEND DEVELOPMENT OF A FOUR-YEAR MEDICAL SCHOOL BUT, ALSO, IN RECENT WEEKS NEWS ARTICLES QUOTE PRESIDENT FRIDAY AND CHAIRMAN DEES AS EXPECTING THE CONSULTANTS TO ADVISE WHERE THE SCHOOL MAY BE LOCATED.

Fayetteville and Charlotte were mentioned in these articles, and, almost as an afterthought, Greenville is remembered. This kind of maneuvering is irresponsible in my opinion. There is now a medical school in Greenville, created by the Board of Higher Education and the General Assembly with plenty of blood, sweat and tears. How a few members and the staff of the Board of Governors can conveniently ignore this fact defies belief.

The only time Fayetteville has surfaced in this issue these past ten years was shortly after the Board's Report was released when a Fayetteville newspaper suggested that that city be considered. Charlotte was interested in 1964, but in 1971 and again a few weeks ago the head of the Mecklenburg County Medical Society renounced any idea of developing a medical school in Charlotte.

DURING MY FEW MINUTES WITH YOU I HAVE OPENLY PRESENTED THE FACTS AS I KNOW THEM. I BELIEVE THAT IS WHY YOU INVITED ME TO BE WITH YOU. EAST CAROLINA HAS ADVANCED ITS CONCEPT OF A SOLUTION TO ONE OF THE MAJOR PROBLEMS IN NORTH CAROLINA THROUGH ALMOST NINE YEARS OF PERSISTENT PUSHING, PULLING AND PRODDING OF THE DECISION-MAKERS IN THE STATE. ONCE AGAIN WE CALL UPON THOSE DECISION-MAKERS TO HEED THE PEOPLE ACROSS NORTH CAROLINA.

WITHOUT AN ADVOCATE IN THE ORGANIZED MEDICINE ESTABLISHMENT, THE MEDICAL EDUCATION ESTABLISHMENT OR THE MEDICAL RESEARCH ESTABLISHMENT, WHAT IS TO BE THE FATE OF THE PUBLIC? THEY WILL NOT BE SATISFIED WITH PATCHWORK APPROACHES TO THE PROBLEM; THEY WILL NOT SWALLOW THE "MORE OF THE SAME" OLD SOLUTIONS THAT FAIL TO MEASURE UP TO THE PUBLIC NEED.



The problem of meeting the medical manpower needs of our state should be of as great concern to you, the Faculty of this great university, as it is to the people all across North Carolina; I would hope that you join with me in calling for responsible action.

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