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**Collection:** Blackwell, Morton C.: Files  
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**Archivist:** kdb  
**FOIA ID:** F00-084/2, Fish  
**Date:** 3/15/07

*gt 5/8/08*

DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
A. memo	Blackwell to Elizabeth Dole re Meharry Medical College, 1p	6/25/82	<i>open d/b 5/21/08</i>

Dictated from Couer d'Alene, Idaho and forwarded before my return.

THE WHITE HOUSE

WASHINGTON

June 25, 1982

MEMORANDUM FOR ELIZABETH H. DOLE

THRU: DIANA LOZANO

FROM: MORTON C. BLACKWELL

*mcblcs*

SUBJECT: Meharry Medical College - Staffing Memorandum  
Requesting Comments by 3:00 6/23; Received this  
Office 6/24 at 3:25 p.m.

While the changes recommended are not as sweeping as the veterans organizations feared, or the civil rights organizations wanted, there is no doubt that the veterans organizations will be upset by the changes proposed.

The veterans organizations and the Vanderbilt Medical School facility feel that a deterioration in the quality of the service at the V. A. Hospital would ensue if any but the most gradual steps were taken now to increase the role of Meharry at the V. A. Hospital.

At a time when the veterans organizations are crying for the head of the Veterans Administration's Administrator, it is unwise for us to throw more fuel on the fire. Whatever we do, we should defer announcement or action until after the veterans organizations' criticisms of Administrator Nimmo have been resolved or at least toned down.

# WHITE HOUSE STAFFING MEMORANDUM

*Rec'd  
3:25  
6/24*

DATE: 6/23/82 ACTION/CONCURRENCE/COMMENT DUE BY: 3:00 TOMORROW 6/23

SUBJECT: MEHARRY MEDICAL COLLEGE

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	GERGEN	<input type="checkbox"/>	<input type="checkbox"/>
MEESE	<input type="checkbox"/>	<input type="checkbox"/>	HARPER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JAMES	<input type="checkbox"/>	<input type="checkbox"/>
DEAVER	<input type="checkbox"/>	<input type="checkbox"/>	JENKINS	<input type="checkbox"/>	<input type="checkbox"/>
STOCKMAN	<input type="checkbox"/>	<input type="checkbox"/>	MURPHY	<input type="checkbox"/>	<input type="checkbox"/>
CLARK	<input type="checkbox"/>	<input type="checkbox"/>	ROLLINS	<input type="checkbox"/>	<input type="checkbox"/>
DARMAN	<input type="checkbox"/> P	<input checked="" type="checkbox"/> SS	WILLIAMSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DOLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEIDENBAUM	<input type="checkbox"/>	<input type="checkbox"/>
DUBERSTEIN	<input type="checkbox"/>	<input type="checkbox"/>	BRADY/SPEAKES	<input type="checkbox"/>	<input type="checkbox"/>
FIELDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROGERS	<input type="checkbox"/>	<input type="checkbox"/>
FULLER	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

The attached recommendations from HHS were developed by the Meharry Medical College Task Force. A decision is needed prior to the next review of Meharry's situation by an accrediting body scheduled to meet on Monday, June 28.

Please provide views by 3:00 tomorrow, 6/24.

Thanks.

Richard G. Darman  
Assistant to the President  
(x2702)

Response:

MEMORANDUM TO CRAIG FULLER

FROM: Chairman, Cabinet Council on Human Resources

SUBJECT: Recommendations from Meharry Medical College Task Force

Attached you will find the report of the Meharry Medical College Task Force, along with its findings and recommendations. This document has been developed as a result of the 4 week effort recently completed by the Task Force and, I believe, reflects a general degree of consensus on the part of the Task Force members. The Task Force has made four specific recommendations for action which, they believe, if accepted concurrently, would markedly strengthen Meharry's ability to meet its present accreditation challenges, and more fully carry out its mission.

I have reviewed these findings and recommendations carefully, along with the background of Meharry's present circumstances, as described by the Task Force. To assist us in further discussing these issues I have outlined below what appear to be the most salient "pros" and "cons" of each of the recommendations as put forward by the Task Force:

Recommendation #1: To retire the outstanding \$29 million debt on Hubbard Hospital.

- Pros:
- o Provides Meharry with their major teaching hospital on an essentially debt-free basis, improving their financial standing as it relates to short and long-term credit.
  - o Shows highly visible evidence of Administration support for the College.
  - o Decreases the degree of ongoing DHHS involvement in Meharry's internal management.
- Cons:
- o Approximately \$30 million in new funds would have to be requested from the Congress.
  - o Could be interpreted by some other academic institutions as setting a precedent for bailing out teaching hospitals with a debt burden.
  - o There is no assurance that this will guarantee the success of the hospital.



Recommendation #2: Expand the Murfreesboro affiliation.

- Pros:
- o Provides additional resources for medical services to veterans.
  - o Provides expanded teaching resources for Meharry.
  - o Provides a resolution to the VA "access" issue that does not involve a dual affiliation at the Nashville Veterans Administration Hospital.
- Cons:
- o Additional new dollar costs of \$17 million for renovation (one time), and \$9.7 million for operation (yearly) at Murfreesboro VA.
  - o Clinical facility will be some distance (approximately 1 hour driving time) from Meharry.
  - o Requires some revision of the present service pattern in the Nashville VA.

Recommendation #3: Provide interim access to Nashville VA and other Vanderbilt teaching resources for Meharry house-staff and students.

- Pros:
- o Expand the educational resources for Meharry students at no additional cost to the Federal Government.
  - o Can be implemented in the very near future as Vanderbilt has indicated a willingness to discuss this.
  - o Allows Meharry, Vanderbilt, and VA to work cooperatively together so that all parties "win".
- Cons:
- o Does not directly provide for Meharry faculty appointments to the Nashville VA.
  - o No direct access for Meharry to VA educational support dollars.

Recommendation #4: Federal "encouragement" of additional resources for Meharry.

- Pros:
- o Uses Federal commitments as the catalyst for local action.
  - o Potential increase in clinical resources for Meharry without direct cost to the Federal Government.
  - o Allows the Administration to play a role of public leadership in resolving some local issue.
- Cons:
- o Increases the degree of Federal involvement in local affairs.
  - o Local solutions may take considerable time to work out, thereby delaying additional clinical resources from Meharry.

In addition to the comments above on the recommendations made by the Task Force, my review also indicates that there are some alternative courses of action which we might consider:

Alternative #1: Do nothing.

Under this alternative we would take no new initiatives. Present contractual and grant arrangements in existence between Federal Departments would remain in effect with Meharry, but no new steps to assist them would be taken at this time.

- Pros:
- o No new Federal cost would be generated.
  - o Re-emphasizes the fact that long-term solutions to Meharry issues must be essentially non-Federal.
  - o Consistent with the general Administration commitment to lessen Federal involvement in State and local affairs.
- Cons:
- o Appears inconsistent with the President's commitment to historically black colleges and universities.
  - o Increases perception that Meharry will eventually fail.
  - o May increase the likelihood that advocacy groups supporting Meharry would sue the Federal Government (i.e., VA) to assure access to clinical resources.

Alternative #2: Do not pay off the \$29 million loan on Hubbard Hospital.

This alternative would provide for action on all of the Task Force recommendations save that which would remove the present federally guaranteed debt for Meharry for Hubbard Hospital. The present relationship of the Federal Government as guarantor would continue. Meharry has indicated that it expects to assume full pay-back responsibilities by 1986.

- Pros:
- o Avoids the approximately \$30 million one-time cost to the Federal treasury to pay off the loan.
  - o Avoids setting a precedent under which other institutions might seek similar assistance.
  - o Re-emphasizes to Meharry the importance of putting their financial house in order over the next 5 years (under the present financial distress arrangements) so that they could assume full responsibility for the debt in 1986.

- Cons:
- o Would not resolve the single largest source of fiscal uncertainty facing Meharry.
  - o Places a disproportionate share of response to the problems facing Meharry on the Veterans Administration.
  - o Continues the Department's long-term liability under the loan guarantee, if Meharry is unable to assume full pay-back responsibilities in 1986, as projected.

Alternative #3: Require dual affiliation agreement at the Nashville Veterans Administration Hospital.

Under this alternative the essence of the request made by Dr. Lester in March would be met, and arrangements would be made for both Meharry and Vanderbilt to "share" the Veterans Administration Hospital in Nashville. This would alleviate the necessity of expanding the affiliation agreement at Murfreesboro.

- Pros:
- o Reduces the new dollar cost attendant to expanding the affiliation at Murfreesboro.



- o Provides a public victory for Meharry on the issue of "equal access" to tax-supported facility.
- o Provides clinical teaching resources to Meharry that are more convenient, and available on a more rapid time schedule than those at Murfreesboro.
- Cons: o Runs counter to a major VA operational policy against the establishment of any new dual affiliations.
- o Likely to incur the active opposition of local and national veterans service organizations.
- o Would possibly lead to the termination, on the part of Vanderbilt University, of their affiliation agreement at the Nashville Veterans Administration Hospital.

Alternative #4: Do not speak to local issues.

Under this alternative the fourth recommendation of the Task Force would be deleted. This would avoid having, as a matter of expressed Federal policy, the advocacy of any specific resolution of local issues related to affiliation agreements in the Nashville area.

- Pros: o Provides for a stance which is more consistent with general Administration policy to avoid entanglement in local issues.
- o Avoids possible charges of "interference" from either the Mayor of Nashville or the Governor of Tennessee.
- Cons: o Misses an opportunity for the Administration to use its own positive efforts towards Meharry as a catalyst for similar local efforts.
- o Fails to call to public attention a need for a broader base of local support for Meharry educational needs.

I hope this review of the Task Force recommendations, and some possible alternatives, are of assistance. I look forward to pursuing these matters with you further in the very near future.

  
Richard S. Schweiker

MEMORANDUM

TO: Chairman, Cabinet Council for Human Resources

SUBJECT: Meharry Medical College Task Force: Recommendations

FROM: Chairman, Meharry Medical College Task Force

The purpose of this memorandum is to provide background on the recent activities of the Meharry Medical College Task Force, and to set out four recommendations for your consideration.

The Meharry Medical College Task Force - Background

The Meharry Medical College Task Force is made up of representatives of the Department of Health and Human Services, the Veterans Administration, the Department of Justice, the Department of Education, and the Office of Management and Budget. It was established in mid-May, with a charge to review the present degree of Federal involvement with Meharry Medical College, and to make recommendations as to steps which the Federal government might take to assist the College in meeting its mission.

The issues of Meharry being formally placed on probation by the Liaison Committee on Medical Education, and Meharry access to the educational resources of the Nashville Veterans Administration Hospital (presently affiliated with Vanderbilt University School of Medicine) were the precipitating factors leading to the establishment of the Task Force. However, the Task Force also reviewed the wider range of issues related to the educational resources available to the College, its financial stability, and its present dealings with Federal departments and programs. Additionally, the scope of the Task Force's review was responsive to the President's Executive Order of September 1981 related to Administration efforts to strengthen historically black colleges and universities.

The specific charges to the Task Force were articulated as follows:

1. To explore mechanisms by which Meharry Medical College might be provided access to Veterans Administration clinical and educational resources in the Nashville area.
2. To explore mechanisms by which the outstanding obligations of Meharry for the \$29 million loan on Hubbard Hospital might be relieved.
3. To review the present status of performance of the Advanced Financial Distress cooperative agreement existing between Meharry and the Secretary of DHHS.

### Meharry Medical College - Background

Meharry was established in 1876 as one of a small number of institutions dedicated to the training of black physicians. It was one of only two predominantly black institutions to survive the revisions of medical education resulting from the Flexner Report (1910). Over the past century Meharry has trained in excess of 40 percent of the total number of all black physicians in the United States. Many of its students and graduates have historically come from families with disadvantaged social and economic backgrounds, and have been products of the numerous, small, predominantly black colleges in the south and southeastern United States. The graduates from Meharry have shown a strong record of practicing primary care medical specialties in areas of physician shortage, and with minority populations. At the same time, some graduates from Meharry have elected to pursue careers in academic medicine, and presently occupy faculty positions in 34 United States Medical Schools. The present enrollment at Meharry Medical College of roughly 490 students comprises approximately 10 percent of all U.S. black medical students.

Although Meharry's existence as a predominantly black medical school has always presented it with a wide range of problems, the past 20 years have been unusually difficult ones. Beginning with the move in the late 1950's and early 1960's towards a more fully integrated society, Meharry Medical College was brought into the main stream of U.S. medical education, and found itself faced with more stringent requirements related to accreditation, facilities, faculty, and patient care resources. In the 1960's and early 1970's, with the assistance of Federal, State, and private funds, the physical facilities on the Meharry campus were largely replaced and updated. However, resources available for faculty support, curriculum development, and patient care education have continued to be in short supply during the decade of the 70's and early 80's. In 1978 the College defaulted on a Federally guaranteed loan of \$29 million which had supported the construction of its on-campus teaching hospital (The George W. Hubbard Memorial Hospital). Also during the period 1972-1982 the College has been a participant in the Federally supported Financial Distress Program, which has provided funds to meet operating deficits incurred by the teaching program, and to assist in strengthening the management capability of the College.

Meharry is presently experiencing difficulties with respect to its ability to maintain accreditation as a medical school. The Liaison Committee on Medical Education (LCME), an independent, non-governmental accrediting body, is responsible for reviewing and determining a medical education institution's compliance with established accreditation criteria. The LCME has reviewed Meharry's situation and has recently required Meharry to submit information concerning accreditation issues with which the LCME is concerned.



The accreditation issues include:

1. the adequacy and quality of medical students,
2. the number of students that may be satisfactorily trained after an appraisal of:
  - a) the quantity and quality of its faculty, and
  - b) the quantity of clinical teaching sources;
3. planning for fiscal stability; and,
4. assurance of adequate academic standards.

The LCME will meet on June 28-30 and determine whether or not Meharry should be placed on probationary accreditation.

Over the last year Meharry has taken steps to address many of the Liaison Committee's criticisms of its program, but the outstanding issue of access to additional clinical teaching resources is as yet unresolved. It was this issue which led in mid-March to Meharry's request that resources at the Nashville Veterans Administration Hospital and the Nashville General Hospital, both presently affiliated with Vanderbilt University, be made available to them. The Nashville Veterans Administration Hospital has been affiliated with Vanderbilt University School of Medicine since 1947. The Nashville General Hospital is a City of Nashville medical facility operated by a board appointed by the mayor.

The Veterans Administration, the City of Nashville, and Vanderbilt University expressed reservations regarding the feasibility of Meharry's proposals. For this reason, as well as the concern that addressing the issue of clinical teaching resources in isolation would be an inappropriate and inadequate means of responding to the LCME's criticisms, the Veterans Administration, and others, brought the matter to the attention of the White House. Thereafter, the Task Force was established.

#### Task Force Findings and Recommendations

Over the past 3 weeks, members of the Task Force have met frequently as a committee, and in small working groups, to review the issues related to Meharry Medical College and Federal support for its mission. In addition, a 2-day site visit was made to Nashville in mid-June by four members of the Task Force (two from the Veterans Administration, and two from the Department of Health and Human Services) to meet personally with representatives of Meharry Medical College, Vanderbilt University School of Medicine, and the Nashville and Murfreesboro Veterans Administration Hospitals. Based upon the discussions held by the Task Force to date, information derived from the affected parties, and the Nashville site visit, the following are the general findings of the Task Force:

#### Findings

1. Meharry Medical College plays a unique and historic role in the U.S. system of medical education, and appropriate steps available to the Federal government should be taken to assure its continued viability.



2. Meharry Medical College at present faces a complex set of challenges related to its academic program, financial stability, and the management of its resources. No single solution, or set of solutions, based on Federal participation, is likely to resolve all of these issues.
3. Some of the educational deficiencies cited by the Liaison Committee for Medical Education have been addressed by the College. However, substantial deficiencies do still exist, and the fact that the Federal Government may take some immediate steps to assist Meharry in addressing several of its major resource and educational needs should not be assumed as being sufficient to remove the possibility of the College being placed on probation when the Liaison Committee meets in late June of 1982.
4. Within the set of issues facing the College, the areas where it seems most likely that Federal participation might be of assistance are in relieving the debt burden engendered by the Hubbard Hospital loan, and expanding the availability of clinical resources available to the College from the Veterans Administration system.
5. There is an important role for local interests in resolving the issues facing Meharry. Consistent with its own commitment and actions, the Federal Government should seek to act in the role of a catalyst to bring about such resolution...including Meharry's gaining access to the educational resources of Nashville General Hospital.

Based upon the above findings, the Task Force has developed the following recommendations:

#### Recommendation 1

That the Department of Health and Human Services arrange to pay off the outstanding balance of the loan under which Hubbard Hospital was financed, and move to forgive Meharry from the obligation to repay the approximately \$8.6 million which the Department has paid in interest and principal to date under the loan default guarantee.

#### Discussion

The Department presently serves as guarantor of the \$29 million guaranteed loan on Hubbard Hospital. The outstanding principal on this loan is \$28,188,866. Under provisions of the default agreement in effect between the Department, Meharry Medical College, and the Third National Bank of Nashville, the Department pays 90 percent of all principal and interest amounts coming due annually. This amount is \$1,926,920, plus an additional \$845,666 interest subsidy paid under a separate agreement.

To arrange for such payment, the Department will be required to seek specific appropriation language. Because of the



importance of Meharry as a national resource in medical education, the Task Force feels strongly that such funds should be in addition to the present DHHS budget request.

In addition, the Department will be required to enter into negotiations with the present trustee, the Third National Bank of Nashville, and Equitable Life Assurance Company (which holds 10 percent of the note). The note does not presently allow for accelerated payback until 1986. This is an issue which would have to be addressed and negotiated.

Although resolving the Hubbard Hospital loan issues by DHHS does not directly address the issues related to educational resources needed by Meharry, the Task Force feels that it can be a major positive step in assisting the College in both the mid- and long-term. Having the Hospital unencumbered by debt will provide some immediate relief in terms of cash flow, and the availability of some funds thereby to augment faculty and teaching resources. Additionally, such an improvement in the College's overall debt status will assist them in meeting their accreditation requirements, and in gaining additional local short-term credit. In the long term, Meharry may choose to use the facility as security for securing some additional privately financed debt (a plan similar to one advanced by Dr. Frank Royal, President of the National Medical Association), and revenues thereby derived could be directly applied to augmenting faculty, and a broad range of teaching programs.

#### Recommendation 2

That the Veterans Administration move expeditiously to expand the existing affiliation between Meharry Medical College and the Murfreesboro, Tennessee Veterans Administration Hospital so as to provide for greater teaching resources in the area of general/acute internal medicine and surgery.

Although the Murfreesboro Hospital is some distance from the Meharry main campus (approximately 35 miles and one hour driving time) the small scale affiliation that has existed thus far between the two institutions has worked well, and the Murfreesboro Hospital leadership is both willing and anxious to expand this affiliation. It is the judgment of the Task Force that the potential exists within 1 year to bring on line approximately 100 additional acute care medical beds, with an additional 100 medical/surgical beds being added within the next 2 years. This will require a one time cost of approximately \$17.4 million for the existing facility to accommodate the internal medicine and surgical programs. There will be an estimated annual recurring cost to the VA through the affiliation agreement to support additional staff and resident salary costs, and all other operating costs, of \$4.5 million at the 100 bed level, and \$9.7 million at the 200 bed level.

The Task Force feels that the expansion of the Murfreesboro affiliation is the single most workable option towards



providing Meharry with expanded access to Veterans Administration resources for the purposes of its training programs. In addition, expanded service would be provided to a number of veterans as a result of this option. As was the case in Recommendation #1, because of the importance of Meharry as a national resource in medical education, and because of the programmatic, operational, and political difficulties which could be faced by the Veterans Administration if resources to meet this recommendation are garnered by reallocation of presently programmed funds, it is therefore a component of the Task Force recommendation that funds necessary to support this expanded affiliation be requested as new funds from the Congress, and that the Veterans Administration budget requests be appropriately modified.

### Recommendation 3

That the Federal Government, working through the Task Force, enter into joint negotiations with Meharry Medical College and Vanderbilt University to arrange for interim access of Meharry housestaff and students to Vanderbilt University clinical teaching facilities and resources, specifically including the Nashville Veterans Hospital and other such clinical resources in the Vanderbilt system as may be appropriate.

In view of the fact that the Murfreesboro option will, at best, take 1 to 3 years to approach full development, it is our feeling that steps should be taken to provide Meharry with some short term, interim access to additional clinical teaching facilities in the Nashville area. Because of the long-standing policy on the part of the Veterans Administration against the establishment of additional dual affiliations,...which the Veterans Administration, the service organizations representing veterans, and many involved in medical education feel to provide less than optimal care...we do not think it is appropriate to recommend a dual affiliation at the Nashville Veterans Administration Hospital. However, we do believe that grounds exist to work out a voluntary agreement between Meharry Medical College and Vanderbilt University for admission of Meharry residents and students into training programs presently sponsored by Vanderbilt University at the Veterans Administration Hospital, and at other sites in the city. The appointment of Meharry faculty to the Nashville Veterans Administration Hospital, consistent with the Vanderbilt affiliation agreement would also be a subject of separate, but related negotiations.

Although the relationships between the two institutions may make these negotiations difficult, the Task Force feels that it is important that the Administration show some commitment to, and movement towards, provision of access for Meharry Medical College students and housestaff to the clinical teaching resources of the Nashville VA as an interim measure while the full affiliation at Murfreesboro is being developed.



#### Recommendation 4

That the Administration, consistent with its own commitment to Meharry's future, seek to encourage local arrangements which would increase Meharry's access to educational resources in the Nashville area, including the Nashville General Hospital.

At the present time the Nashville General Hospital is operated by Vanderbilt under an affiliation agreement with the city. Meharry has proposed, in a manner similar to their proposal related to the Nashville Veterans Administration Hospital, that they be provided equal access to these resources. Although the response to this request is the prerogative of the Nashville General Hospital Board (appointed by the Mayor of Nashville), we feel that it is appropriate that the Federal Government go on record as encouraging local decisions that could expand Meharry's access to clinical and educational resources. Any involvement on the part of representatives from the Administration in working out such arrangements would have to be at the invitation of appropriate individuals in Nashville medical or political leadership positions. However, we believe that it is important to link our own willingness to take positive steps, and to invest Federal tax dollars, to the willingness of the local Nashville political and private sector leadership to make the same degree of commitment to the future of Meharry Medical College.

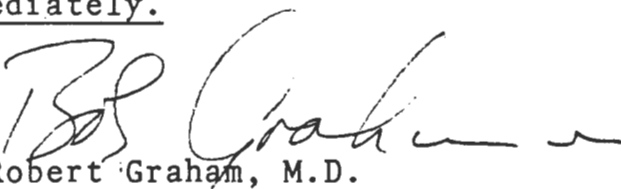
#### Summary and Final Recommendation

As has been mentioned above, the Task Force believes that positive action on these recommendations can play an important part in assisting Meharry to correct its present academic and financial difficulties, and to continue meeting its mission of providing quality education to black physicians and other health professionals. At the same time we must re-emphasize the fact that Meharry's problems are complex and of a longstanding nature. It is possible that no matter how successfully this set of recommendations might be carried out, Meharry could still face a circumstance where it is no longer possible to operate as a health professions school. Because of the multiple stresses facing all U.S. medical schools, Meharry, with a heavier than usual burden of risks and difficulties, may be particularly vulnerable to finding itself in a circumstance where termination of accreditation is unavoidable. It is the position of the Task Force that the proper role of the Federal Government with Meharry Medical College is one of providing appropriate support, but stopping short of an open-ended Federal guarantee of resources necessary to continue operation.

Because one of the most immediate issues to be faced by the Meharry Medical College is the meeting of the Liaison Committee on Medical Education on June 28-30, time is of the essence in determining the Federal response to these recommendations. At their meeting the LCME will determine whether or not Meharry is to be formally placed upon probationary status regarding its accreditation as a school of medicine. Although such status

would still allow Meharry to operate a full four-year program, it would unquestionably complicate and make more difficult the eventual resolution of the multiple problems which it faces.

As the LCME is an independent accrediting body, it is inappropriate for the Administration to directly influence the vote on Meharry's accreditation. At the same time, this vote will be taken based upon full awareness of Meharry's own steps to address the deficiencies which have been cited, and the likelihood of there being short term relief for some of its more immediate problems. In this regard the willingness of the Federal Government to resolve a major financial liability (Hubbard Hospital) and to move rapidly to provide an expanded clinical base of educational resources (Murfreesboro Hospital, and potentially, Nashville General Hospital) could also be taken into account by the Liaison Committee members. Because of this fact, our final recommendation is that decisions "in principle" be reached on the recommendations listed above prior to the Liaison Committee's meeting, and that the White House announce, immediately, the actions which the Federal Government will move to consummate by October 1, 1982. In this regard, we recommend that the White House reach its decisions regarding the above recommendations no later than Friday, June 25, and that these decisions be announced immediately.



Robert Graham, M.D.

On Behalf of the Meharry  
Medical College Task Force

Attachment:  
List of Task Force Membership

PARTICIPANTS LIST

MEHARRY MEDICAL COLLEGE TASK FORCE

Established  
May 28, 1982



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. George Armstrong  
Special Assistant to the Deputy  
Under Secretary for Intergovernmental Affairs

Mr. William Beldon  
Chief  
Public Health Service Branch  
Division of Health Budget Analysis

Mr. Robert Belsley  
Deputy Chief  
Grants Management Branch, OPS  
Bureau of Health Professions, HRA

Ms. Holly Caldwell  
Special Assistant  
Office of the Assistant Secretary for Health

Mr. Bart Crivella  
Special Assistant to the Director  
Office for Civil Rights

Ms. Isabel Dunst  
Associate General Counsel

Mr. Willard Evans  
Special Assistant to the Administrator  
Health Resources Administration

Mr. Wilford Forbush  
Deputy Assistant Secretary for Health Operations

Dr. Robert Graham  
Acting Administrator  
Health Resources Administration

Mr. Robert B. Helms  
Deputy Assistant Secretary for  
Planning and Evaluation/Health

Ms. Bonnie Lefkowitz  
Director  
Division of Health Resources and  
Services Analysis, OASPE

Ms. Betty Mitchell  
Staff Assistant to the Director  
Office for Civil Rights

Ms. Cecile Moore  
Public Affairs Specialist  
Press Office

Ms. Lois Moore  
Liaison  
Historically Black Colleges and  
Universities Initiative

Mr. Bernard Patashnik  
Director  
Division of Institutional Services Reimbursement  
Bureau of Program Policy, HCFA

Ms. Cindy Root  
Executive Assistant to the  
Assistant Secretary for Health

Mr. William Quinlan  
Policy Coordinator  
Office of the Secretary

Ms. Laura Randolph  
Policy Coordinator  
Office of the Secretary

Mr. David Richardson  
Auditor  
Office of the Inspector General  
Office of Audit

Mr. Theodore Roumel  
Chief, Grants Management Branch  
Office of Management, OASH

Ms. Susan Shalhoub  
Special Assistant to the  
Director, Office for Civil Rights

Mr. Donald Young  
Chief  
HR/HS Branch  
Office of the General Counsel

DEPARTMENT OF EDUCATION

Dr. Thomas Melady  
Assistant Secretary for  
Post-Secondary Education

Ms. Velma Monteiro  
Executive Assistant to the  
Assistant Secretary for  
Post-Secondary Education

Mr. Richard Rowe  
Acting Director of  
External Relations  
Post-Secondary Education

Dr. Margaret Seagears  
Deputy Assistant Secretary for  
Institutional Support and  
International Educational Programs

DEPARTMENT OF JUSTICE

Ms. Judy Hammerschmidt  
Special Assistant to the  
Assistant Attorney General

OFFICE OF MANAGEMENT AND BUDGET

Mr. Bernard Martin  
Deputy Associate Director  
Labor-Veterans Education Division

VETERANS ADMINISTRATION

Dr. Earl Brown  
Acting Associate Deputy CMD

Dr. John Mather  
Director  
Affiliated Educational Program Service

Mr. John Murphy  
General Counsel

If it compromises quality of care by tomorrow

file ~~at~~  
Veterans Administration

report 25%  
Quality of graduate  
downward  
improvement  
McHarvey  
Vanderbilt Med School

Gabby Hartman  
at  
the town  
Dr. Fitz  
Ed Farrow  
Med

access

Fred Von Rindbo  
VFW

900 bed

Fred Fawcett

485 bed  
V.A

130  
only  
abandoned  
may have  
been problems  
205 beds  
at  
Hubbard

Com. for Med Ed. Precluded from

6 beds/student  
1 bed/student - Lose Aard.  
Methodist Black Cancer

Vardy - exclusive  
access essential

Veteran groups

2:00 meeting today  
Craig Fuller - Thelma  
on politics

H. Baker } want  
Sasser } to stay out

Louise Alex -  
Beard }

Brannon → 9 years - multi faceted  
tried to cooperate

+ takes their residents

does not have staff even in grave

+

Some degree of compromise  
Supply program - de-credentialed





COMMITTEES:  
WAYS AND MEANS

SELECT COMMITTEE ON AGING

2445 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, D. C. 20515  
(202) 225-3263

JOHN MATLOCK  
ADMINISTRATIVE ASSISTANT  
FRANCIS CANAVAN  
SPECIAL COUNSEL

Congress of the United States  
House of Representatives  
Washington, D.C. 20515

JANN JOHNSON  
DISTRICT DIRECTOR

April 20, 1982

President Ronald Reagan  
The White House  
Washington, D.C. 20500

Dear Mr. President:

Recently, members of the Congressional Black Caucus and other members of Congress have been contacted by constituents throughout the country regarding the Veterans Administration hospital in Nashville, Tennessee, and its relationship with Vanderbilt University and Meharry Medical College, which are private institutions also located in Nashville.

1947 The Nashville Veterans Administration hospital has had a contract with Vanderbilt University since 1963 when the hospital first opened. Vanderbilt University currently receives funding from the Veterans Administration in excess of \$6,000,000 annually in support of 88 resident physicians, 39 full-time faculty physicians, and various research and educational projects at the Nashville Veterans Administration hospital. On the other hand, Meharry Medical College receives no funds from the Nashville Veterans Administration hospital, and has virtually no access to the facility and services enjoyed by Vanderbilt University at the Nashville Veterans Administration hospital.

~~We are concerned that the Veterans Administration's exclusive contract with Vanderbilt University has resulted in a serious inequity, and works to the detriment of Meharry Medical College.~~ It is not unusual for two medical institutions in close proximity to share use of nearby Veterans Administration facilities, and we see no reason why two outstanding medical institutions in Nashville cannot both utilize the Veterans Administration facility there. ~~It is our belief that as a federal institution supported by tax dollars, the Nashville Veterans Administration hospital should share its facility with Meharry Medical College and Vanderbilt University, and that both colleges should have the opportunity to contribute their services toward the goal of providing quality health care at the Nashville Veterans Administration hospital.~~

Meharry Medical College has trained black doctors and dentists since 1881. Forty percent of all black doctors practicing today are graduates of this outstanding institution, and 10 percent of all current black medical students are enrolled at Meharry. Meharry Medical College now has a problem with its accreditation because of deficiencies of clinical resources available to its students for training purposes. ~~It is a deplorable situation when considering that Vanderbilt University has sole access to 485 available beds at the Nashville Veterans Administration hospital.~~



May 21, 1982

*Copy to DR  
Brown 5/22*

MEMORANDUM FOR:

Morton C. Blackwell  
Special Assistant  
to the President  
Office of Public Liaison  
The White House

SUBJ: Background Information on Meharry Medical College

For your information and background I have attached material that deals with the Meharry Medical College in Nashville, Tennessee and their efforts to gain affiliation with the Nashville VA Medical Center.

I have been trying unsuccessfully to contact you, so I have forwarded the following items for you to examine:

- . Text from this morning's Nashville Tennessean
- . A letter from the VA's General Counsel to the Liaison Committee on Medical Education asking for a delay in a decision on accreditation for Meharry - May 14, 1982
- . Five newspaper articles from recent weeks, including one from the New York Times, on the subject of Meharry's needs
- . VA response to Meharry Medical College - March 15, 1982
- . Meharry Medical College letter of request - March 15, 1982
- . CBS Evening News - May 16, 1982
- . The Nashville Tennessean - May 19, 1982
- . Memphis Commercial Appeal - May 19, 1982



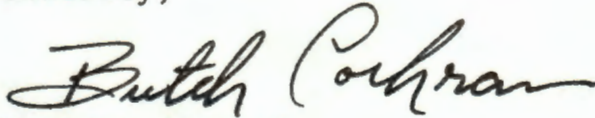
2.

Morton C. Blackwell

- . (UPI) Nashville, Tennessee - May 19, 1982
- . The Tennessean - May 20, 1982

I will be in Europe in relation to the President's trip until June 10, 1982. John Murphy, VA General Counsel, at 389-3831, will be available to answer any questions you may have on this and will continue to keep you advised.

Sincerely,

A handwritten signature in cursive script that reads "Butch Cochran". The signature is written in dark ink and is positioned above the typed name.

FIELDING COCHRAN  
Associate Deputy Administrator for  
Congressional & Public Affairs

Attachments





# MEHARRY MEDICAL COLLEGE

OFFICE OF THE PRESIDENT

March 15, 1982

Dr. Donald L. Custis  
Chief Medical Officer  
Veterans Administration Central Office  
810 Vermont Avenue, NW  
Washington, D.C. 20420

Dear Dr. Custis:

This letter is a follow-up to discussions I have had with your senior officials in the Veterans Administration Central Office regarding Meharry Medical College's participation in the operation of the Nashville Veterans Administration Hospital.

The lifeblood of any medical school is the availability of clinical teaching resources, for it is at the bedside that the art of medicine is passed from one generation of physicians to another. Without access to adequate numbers of patients, students in clinical training cannot obtain the practical experience so essential to the development of their diagnostic skills.

The two medical schools in Nashville have approximately the same size junior and senior classes--about 200 students in clinical training for each institution. And yet a disturbing disparity exists in the number of beds available for the students of each school.

The only inpatient clinical resources available to Meharry students for their training are the 205 beds at Hubbard Hospital, although some elective courses are offered at hospitals other than Hubbard. On the other hand, Vanderbilt students have control of the 663 beds at the Vanderbilt Medical Center, the 485 beds at the Nashville VA Hospital and the 226 beds at the Nashville General Hospital. Vanderbilt also has limited access to St. Thomas and Baptist Hospital bringing the total number of available beds to approximately 2000--nearly 10 times the number available to Meharry students.

The absence of clinical teaching resources is a deficiency which the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges indicate must be overcome for Meharry to maintain accreditation. The practice of placing Meharry students in remote-site training programs, which has been the only mechanism available to the institution to meet the

educational needs of its students, is not an acceptable solution.

Meharry believes that the two medical schools in Nashville should both benefit from the health resources supported by federal tax dollars. We believe that the inequity of the black medical school having been excluded from the VA Hospital since its construction some 20 years ago cannot be allowed to continue.

It is Meharry's intention to seek parity with Vanderbilt University in the operation of the Nashville Veterans Administration Hospital. This can be done in a manner that does not adversely affect any of the groups of individuals involved. It does require a commitment by the Veterans Administration Central Office to the achievement of an equitable solution of this critical issue.

To achieve this objective, Meharry proposes a phase-in plan in the areas of resident staffing, faculty and students. The elements of this plan are as follows:

1. Students

Beginning in July, 1982, the following schedule for Meharry's sharing medical student clinical clerkships be adopted:

1st year....one-fourth of available positions  
2nd year.....one-third of available positions  
3rd year.....one-half of available positions

2. Faculty

Beginning in July, 1982, the following for assigning faculty appointments to Meharry be adopted:

1st year....6 faculty positions (15%)  
2nd year...10 faculty positions (25%)  
3rd year...16 faculty positions (40%)  
4th year....one-half of faculty positions

3. Residents

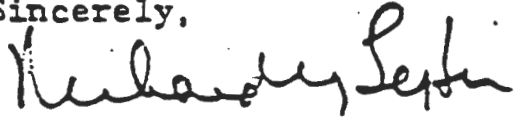
All residents currently in the program will be protected for the duration of their training. Beginning in July, 1982, one-half of the available positions will be filled by Meharry residents. With each succeeding residency group, one-half of the available positions be filled by Meharry until parity is achieved.

Dr. Donald L. Custis  
March 15, 1982  
page 3

Meharry Medical College believes this to be a fair and equitable proposal that will enable the two institutions to function in partnership in delivering health care to veterans in Middle Tennessee.

I look forward to the opportunity to discuss this further with you and am confident that we will be able to develop a mutually beneficial arrangement.

Sincerely,



Richard G. Lester, M.D.  
President

cc: Mr. Victor S. Johnson, Jr.  
Chancellor Alexander Heard  
Dr. Roscoe Robinson



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FOR

VETERANS ADMINISTRATION

PROGRAM

CBS Sunday Evening News

STATION

WDVM TV  
CBS Network

DATE

May 16, 1982 6:00 PM

CITY

Washington, DC

SUBJECT

Meharry Medical School

**MORTON DEAN:** The proposed Reagan reductions of federal aid to education have educators across the country scrambling to find ways to fill the financial gap. Joan Snyder found the example of one college in Nashville, Tennessee, where the cuts could have a devastating effect.

**UNIDENTIFIED STUDENT:** Back in December, she had a mild case of bleeding.

**JOAN SNYDER:** They're students at a school that plays an exceptional role in American medicine. Meharry Medical College in Nashville, Tennessee has produced more than 40% of all the black physicians and dentists practicing in the United States today.

Meharry has come a long way since its first class of four former slaves met in a church basement more than a century ago. But it's always been a struggle for survival, and the struggle is now at a crucial point. Many students here are wondering how they can continue their education if the administration succeeds in its proposals to eliminate graduate and professional students from the federally subsidized low interest loan program.

Most Meharry students rely on loans and other aid to pay their tuition fees and living expenses. The majority come from families whose income is no more than \$10,000 a year.

**RUTHIE JAMERSON:** My mother is head of the household. My father is dead. So there is no professionalism there. We struggle every day to, you know, make ends meet. So she was very

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proud of me to come here, and I would hate to have to leave on financial problems. But if they cut the programs out, I really don't know where I would get the money from.

SNYDER: One previous source of help for Meharry students has been a government program that pays tuition for medical students who commit themselves to a period of service after graduation in medically underserved areas. But the administration is phasing out the program. No new scholarships are being awarded.

To raise money for scholarships and other programs, Meharry gives concerts and runs advertising campaigns that emphasize the low percentage of blacks among physicians and the school's role in increasing their numbers.

Most Meharry graduates practice where physicians are urgently needed, in rural areas and black inner city neighborhoods, the kinds of places Meharry students come from. Unlike other medical schools, Meharry accepts many students, who, although bright, have had poor scores. Meharry provides tutoring programs and says it has a high success rate in turning disadvantaged students into good doctors.

LARRY THOMAS: One of the big things that to me was always great about America was the opportunity that you had to really motivate yourself and try to do other things in life. I don't think they should take away what we have now.

SNYDER: Meharry has more to worry about now than government cutbacks. It is threatened with loss of official accreditation as a medical school because its only hospital doesn't have enough facilities or patients in which to train students. To maintain accreditation, Meharry is fighting to gain access to Nashville City Hospital and Veterans Administration Hospital. Without more hospital facilities, the school would have to sharply reduce the size of its classes.

Dr. C. W. Johnson is Meharry's vice president of academic affairs.

DR. C. W. JOHNSON: The national ratio of physician-to-patient is one to approximately 650 among the majority population. It's one to 3,000 among blacks. So that every physician that we do not produce, you're depriving that number of people of health care by a physician who has empathy, who comes from a similar background.

UNIDENTIFIED STUDENT DOCTOR: And I hope I see you again, not in the hospital.

UNIDENTIFIED PATIENT: And you've been a real good doctor.

SNYDER: The question is, how many more such doctors will there be in the future? That depends, to a very large degree, on what happens to Meharry Medical College, to its students and to those who might want to become doctors some day.

Joan Snyder, CBS News, Nashville.



# Meharry Accrediting Decision Due in June

By SAUNDRA KEYES

A decision on Meharry Medical College's accreditation status probably will be made next month, the secretary of a national accreditation committee said after a four-hour meeting with college administrators yesterday.

He said the subcommittee conducting yesterday's hearing made no recommendation on Meharry's continued accreditation, but that the inaction had nothing to do with a letter in which Veterans Administration officials, with White House encouragement, requested a delay.

"THE SUBCOMMITTEE'S only responsibility is information gathering," said Dr. Edward Peterson, secretary of the Liaison Committee on Medical Education (LCME), after yesterday's lengthy meeting in Chicago with Meharry officials.

"The letter from the VA was not considered."

In that letter, VA General Counsel John P. Murphy urged that the LCME delay action on Meharry's accreditation until the predominantly black medical school's plea for access to the Nashville Veterans Hospital, presently dominated by Vanderbilt University, can be addressed.

**MURPHY SAID** VA officials are attempting to arrange a meeting on the issue with Vanderbilt, Meharry and local hospital administrators, and that the endeavor "is being encouraged and supported by the White House."

After yesterday's hearing, Peterson noted that Murphy's letter had suggested a delay of the accreditation decision even beyond the full LCME meeting which begins June 28.

"I can say that although that request will be given consideration by the committee, it is relatively unlikely that it will be granted," Peterson said, though he quickly added, "It is unpredictable what the whole committee will do."

**WHEN THE** full committee acts on Meharry's future, whether next month or at a later date, he said, its decision will be "to place the program leading to the M.D. on probation or not to place it on probation."

Peterson said probation, which is "intended to call attention to problems," has been imposed on other medical schools from time to time.

One medical school, the Central del Caribe, in Cayey, Puerto Rico, has been on probation for two years, Peterson said, indicating four years is the maximum time an institution can continue to function in that status.

**PETERSON SAID** while the subcommittee meeting yesterday did not respond to the VA's letter, "It was helpful information that the VA is interested" in Meharry's attempt to gain access to 50% of the clinical positions Vanderbilt controls in the Nashville hospital.

Peterson said he thinks the significance of Meharry's access to staff positions in the tax-supported hospital "has been exaggerated," since the college's insufficiency of teaching beds "is only

one of the problems" which has led to the prospect of probationary accreditation.

Peterson added, however, that access to the 485-bed federal hospital "would help to address at least one component" of the problems that have surfaced during what he described as the LCME's routine reaccreditation review of Meharry.

**HE ALSO SAID** access to teaching beds at public hospitals is the accreditation issue which Meharry cannot resolve without external help.

"Obviously, they have taken steps to improve the utilization of their own hospital and to improve their organization and so forth, but equally obviously, the provision of other beds is up to other organizations," Peterson said.

Meharry also is seeking parity with Vanderbilt in staff positions at Nashville's local-tax-supported General Hospital.



PETERSON declined to specify what problems other than insufficient teaching beds — Meharry offers fewer than one per medical student, while the national norm is six — concern the LCME, but the roster of college officials who attended yesterday's hearing indicates the range of issues involved.

Those officials included:

Dr. Richard Lester, interim president.

Dr. David Satcher, president-elect.

Fred Poellnitz, fiscal vice president.

Dr. C.W. Johnson, academic vice president and interim medical school dean.

Andre Lee, Hubbard Hospital executive director.

"Obviously, the subcommittee was interested in the operations of the hospital and the state of finances and the report from Dr. Johnson on the progress of faculty development and recruitment," Peterson said.

He said the ad hoc sub commit-

tee on Meharry expects to receive "reports of further progress from the school before the June meeting."

MEHARRY OFFICIALS were en route from the Chicago meeting last night and could not be reached for comment.

Although Peterson said probationary status is neither an unusual nor a ruinous status for a medical school, the VA's Murphy, in his May 14 letter to the LCME, expressed concern it could threaten resolution of the issue of hospital access.

"During our conversation, you mentioned that a committee recommendation of 'probation' for Meharry would not necessarily result in the closure or discontinuance of the school," Murphy wrote to Peterson.

"I STRONGLY believe that such a recommendation before there is sufficient opportunity to review significant changed circumstances and explore possible solutions to the concerns of the committee would be most inopportune and would complicate resolution of the issues by possible impairing such options as the availability of financing and potential affiliation."

Peterson said yesterday that members of the committee "had the letter, but they gave me no direction on how to respond."

Considerable pressure has

been generated on the VA and on President Reagan, who last fall issued an executive order professing support for black colleges' access to federal programs, by the Congressional Black Caucus and other groups.

The VA's letter to Peterson, an unusual intervention into the activities of a non-governmental accrediting body, apparently was a result of that pressure, which is considered likely to intensify if the hospital access issue is not resolved within the next few months.

## MEMPHIS COMMERCIAL APPEAL

MEHARRY DECISION  
EXPECTED ON TIME  
Wednesday, May 19, 1982

by James W. Brosman

NASHVILLE - A decision on accreditation for beleaguered Meharry Medical College probably will not be delayed June 28, despite White House and Veterans Administration pressure for a postponement, a spokesman for the Liaison Committee for Medical Education said Tuesday.

But the fact that a VA official would even make such a request - a first for the LCME - is being perceived by the accrediting committee and Meharry backers as a further sign that the Reagan administration will agree to let the nearly all-black medical college have equal access with nearly all-white Vanderbilt University Medical School to the 485-bed VA Hospital here.

John Murphy, the VA's general counsel, wrote Dr. Edward Peterson, secretary to the accrediting committee, expressing VA and White House concern that Meharry might be put on probation - the first step toward loss of accreditation - before officials had a chance to resolve the issue of making VA beds available to Meharry's patient-starved students.

The letter was written Friday, two days after top VA officials told Rep. Harold Ford of Memphis they would arrange a meeting between VA, Meharry, Vanderbilt and Nashville officials, a reversal of their previous position that access to the VA Hospital was purely a local matter.

Peterson said the letter was given to the three member subcommittee which met in Chicago Tuesday with Interim Meharry President Richard Lester and four other Meharry officials to review the school's program. Peterson said the letter was not discussed during the four-hour meeting and he would not provide details of the meeting. The subcommittee will make a recommendation on Meharry's accreditation to the 15-member accrediting committee June 26.

Peterson said the attempt by the VA to "ride to the rescue" of Meharry was encouraging because it indicated the VA was willing to help provide Meharry students more patient beds. Meharry's 400-bed Hubbard Hospital is less than half filled, leaving Meharry's clinical students less than one patient each when the normal load for medical schools is six patients per student. Along with inadequate financing, it is considered Meharry's most severe problem.

But Peterson cited the request for a postponement of the decision on accreditation distinctly novel.

"I think the committee has a somewhat negative view of being asked to postpone a decision when a report June 28 on what progress has been made would be satisfactory said Peterson.



While Murphy's letter indicated the VA might have trouble receiving the Meharry-Vanderbilt question by then, Peterson said "the sooner they get on the stick they better."

In the past, the LCME has often been subject to political pressure to accredit a new medical school, but Peterson said "this was a first" for an existing school. The accrediting committee will not be influenced by political pressure or the fact that Meharry is a major training facility for black physicians in the United States, said Peterson.

"Black doctors need to be as well-trained as white doctors," said Peterson.

In the letter, Murphy said the VA's endeavor to resolve the Meharry had question "is being encouraged and supported by the White House."

The Congressional Black Caucus, the NAACP and the United Methodist Church are among the groups taking public stance in support of Meharry. Another voice has been that of Dr. Henry Lucas, a San Francisco doctor who was one of Reagan's few black advisers in the election and who also is a member of Meharry's Board of Trustees.

Meharry supporters point out that by helping their cause, the President could be doing something for blacks that wouldn't cost the U.S. Treasury another penny. The only loser would be Vanderbilt, which would have to split the VA hospital's 485 beds and the more than 6 million a year it receives from the VA to run the hospital, which is located on the Vanderbilt campus.

24 -19-82 07:28 PED

## BLACK LEADERS SAY THEY MAY SUE IN MEHARRY CONTROVERSY

By RIK DANIELSON

NASHVILLE, Tenn. (UPI) — Black community leaders warned Wednesday that if action is not taken to guarantee Meharry Medical College access to two Vanderbilt University-dominated hospitals, they will take the issue to court.

Meharry, which has produced 40 percent of the nation's black physicians and currently enrolls 10 percent of the country's black medical students, will be notified of its accreditation status in June. Meharry officials say the accreditation hinges on relieving a critical shortage of clinical teaching facilities and hospital beds.

"It is necessary that we have the access to the funding at the tax-supported facilities," interim Meharry president Richard Lester said.

"The black community is very sensitive about what's happening to Meharry Medical College in relation to Vanderbilt and General Hospital," said the Rev. Dogan Williams of the Inter-Denominational Ministers Fellowship. "We feel that our civil rights are being denied. Here we are — 100,000 taxpayers in Davidson County helping to support these institutions.

"Unless something is worked out, we will have to make other decisions as to how to make sure our rights are protected," Williams said. "It's unfair and it's unethical when blacks aren't getting their fair share of the benefits of their tax dollars."

Williams said the black community was just "watching and waiting" for the right time to organize itself for court action.

Vanderbilt receives more than \$6 million in federal funds annually to support 88 resident physicians, 39 full-time faculty and various research and educational projects at the 485-bed Veterans Administration hospital.

Vanderbilt also has complete medical control of 226-bed Nashville General Hospital, which is supported by Nashville's Metro government. The university receives \$2.8 million a year from Metro to support 35 Vanderbilt residents and 12 full-time doctors at Nashville General.

Vanderbilt Chancellor Alexander Heard deferred questions to vice president for medical affairs Roscoe Robinson, who was out of town.

Lester said Meharry officials discussed "at some length" their efforts to gain access to hospitals with the Liaison Committee on Medical Education Tuesday in Chicago. The committee will make recommendations regarding Meharry's accreditation and whether the institution should be put on probation.

"I am convinced that were this issue resolved by June, Meharry's accreditation would be unquestioned," Lester said. But, he said, "Meharry cannot solve by itself the problem of access."

Because of a 40 percent increase in the number of patients admitted to Meharry's 205-bed Hubbard Hospital, Meharry faces a shortage of

"resources in terms of quantity," Lester said.

"Without access to the VA hospital and General Hospital, Lester said, the black doctors needed



ALTHOUGH 12 PERCENT OF THE U.S. IS BLACK, LESTER SAID, ONLY 2.3 PERCENT OF THE DOCTORS IN THE NATION ARE BLACK, AND THAT FIGURE IS LIKELY TO SHRINK IF MEHARRY CONTINUES CUTBACKS IN THE NUMBER OF STUDENTS IT ACCEPTS. ATTEMPTING TO RAISE ITS ENTRANCE REQUIREMENTS, MEHARRY REDUCED THE NUMBER OF STUDENTS ACCEPTED FROM 130 TO 111 AND THIS YEAR'S FIRST-YEAR CLASS WILL CONSIST OF 80 STUDENTS.

"WE WILL RECONSIDER OUR CLASS SIZE AS CLINICAL FACILITIES BECOME AVAILABLE," LESTER SAID. "A CHANGE IN OUR CLASS SIZE SIGNIFICANTLY CHANGES THE NUMBER OF BLACK PHYSICIANS IN THIS COUNTRY."

LESTER SAID COLLEGE OFFICIALS HAVE CUT MEHARRY'S DEFICIT IN HALF IN THE LAST YEAR AND HAVE TAKEN STEPS TO INCREASE THE INSTITUTION'S ACADEMIC PACE AND HAS DRAWN UP A FIVE-YEAR FINANCIAL PLAN.

"I AM CONVINCED THAT WE ARE MOVING ON THE RIGHT TRACK TOWARD FISCAL STABILITY," LESTER SAID.

NASHVILLE METROPOLITAN COUNCILMAN MANSFIELD DOUGLAS SAID THAT MEHARRY WAS DEALING WITH "VERY SERIOUS LIMITATIONS" IF IT COULD NOT GAIN ACCESS TO THE VA HOSPITAL AND GENERAL HOSPITAL; "AND I DON'T THINK ANY OF US WERE READY TO HEAR THAT THE NUMBER OF STUDENTS WILL BE DECREASED."

MANSFIELD SAID HE PLANS TO INTRODUCE A RESOLUTION TO THE METRO COUNCIL TO DRAW UP A LIST OF "ALTERNATIVES FOR PARITY" BETWEEN MEHARRY AND VANDERBILT.

LESTER SAID HE HAS RECEIVED SUPPORT FROM OVER 200 MEHARRY ALUMNI, AS WELL AS THE VA, THE NAACP, THE CONGRESSIONAL BLACK CAUCUS, THE AMERICAN MEDICAL STUDENTS ASSOCIATION AND THE NATIONAL MEDICAL ASSOCIATION. AND LESTER SAID THE SUPPORT DOES NOT END THERE.

"I KNOW WE'VE SEEN THE BEGINNING OF A WHITE HOUSE INITIATIVE TO PUT THOSE ACTIONS INTO WORDS," LESTER SAID, REFERRING TO AN EXECUTIVE ORDER FROM PRESIDENT REAGAN THAT CALLS FOR "A SIGNIFICANT INCREASE IN THE PARTICIPATION BY HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TO PARTICIPATE IN FEDERALLY SPONSORED PROGRAMS."

THE ORDER ALSO STATES THAT "THIS PROGRAM WILL ALSO SEEK TO INVOLVE PRIVATE SECTOR INSTITUTIONS IN STRENGTHENING HISTORICALLY BLACK COLLEGES."

"I'M CONVINCED THAT THESE ISSUES WILL BE RESOLVED AND RESOLVED IN AN EQUITABLE FASHION," LESTER SAID. "I AM HOPEFUL THAT OVER TIME WE WILL ACHIEVE ACCESS TO VETERANS HOSPITAL."

LESTER SAID HE IS CERTAIN MEHARRY WILL GAIN ACCESS TO GENERAL HOSPITAL.

HE SAID THE PROBLEM OF ACCESS IS "NOT THE ONLY PROBLEM THAT MEHARRY HAS HAD, BUT IT'S A VERY, VERY MAJOR ONE. ACCESS IS A MAJOR STEP. THERE'S A DIFFERENCE BETWEEN INTERNAL PROBLEMS WE CAN SOLVE AND THOSE WHICH WE NEED HELP FROM OUTSIDE SOURCES ON."

LESTER ALSO SAID MEHARRY'S LOWER ADMISSIONS STANDARDS WOULD NOT RESULT IN A LOWER QUALITY OF CARE AT THE TWO HOSPITALS IF ACCESS WAS ACQUIRED.

"OUR DOCTORS PASS THE SAME LICENSING EXAMINATIONS; MEET THE SAME STANDARDS FOR PHYSICIANS AS ANYONE IN NASHVILLE, IN TENNESSEE OR ANYONE ELSE IN THE NATION," LESTER SAID. "I KNOW THAT THE QUALITY OF MEDICAL CARE PERFORMED AT MEHARRY IS EQUIVALENT TO OTHER STANDARDS IN THIS STATE AND ELSEWHERE."

"I HAVE BEEN IN COMMUNICATION WITH VANDERBILT FOR WELL OVER A YEAR NOW," LESTER SAID. "TO DATE WE HAVE NOT GOTTEN AN AFFIRMATIVE REPLY."

LESTER SAID HE BELIEVES THAT GRANTING MEHARRY ACCESS TO THE FACILITIES WOULD BE IN THE BEST INTEREST OF EVERYONE, INCLUDING VANDERBILT, IN THE LONG RUN.

"I AM CONVINCED OVER THE LONG HAUL THAT WHAT WE ARE PERFORMING IS BENEFICIAL," HE SAID. "VANDERBILT HAS PERSPECTIVE TO LEARN FROM AND MEHARRY HAS PERSPECTIVE TO LEARN FROM."