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DIVISION OF MEDICAL EDUCATION

OF

THE ROCKEFELLER FOUNDATION

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April 16, 1926

Dear Mr. Fosdick:

Herewith a statement in accordance with request in your letter of March 24. This has been written hurriedly in order to have it in your hands approximately on the date you requested, but it does I think include my more important conclusions after a great deal of cogitation concerning our organization. I suggest it be considered as an outline, and if you wish it amplified I can do this either in a more detailed statement in response to your suggestions, or we can consider it a basis for discussion. I have hesitated to go into great detail concerning matters which might be set aside at once as impossible of consideration.

Yours sincerely,

Richard M. Pearce.

Raymond B. Fosdick, Esq.,
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Organization

1. General

The Foundation cannot flourish half "Board" and half "Division". Readjustment should be made on the basis of function and contact, the necessary number of groups being established to take care of the work in certain definite fields, and each to deal with one type of authority. Moreover, in order to bring about a definite unity of purpose and work, all groups established on a functional basis, no matter what they may be called, should be responsible, not through subsidiary boards, but directly through the President to the Board of Trustees of the Rockefeller Foundation. This would mean changing the present organization to the extent at least of abolishing the International Health and China Medical Boards as such, the trustees or members of these being dropped except in so far as more important members might become trustees of the Rockefeller Foundation, or as certain small groups might be retained as advisory committees without power to appropriate funds. Another most necessary change is recognition of the fact that while budgets for maintenance of field work and other work in progress should be made by vote of the trustees of the Rockefeller Foundation directly to a group, all appropriations for new projects and especially for capital for buildings should be voted directly by the trustees of the Foundation. Funds should not be appropriated to a subsidiary board for appropriation in turn.

Perhaps the most important change of all is to give the President of the Foundation a real job. At present, with two subsidiary boards with independent groups of trustees, independent budgets and with special bylaws indicating the functions and duties of these boards, co-operation is purely a matter of personal, not official, relations. If a director wishes to co-operate it is the easiest thing in the world; if he does not wish to co-operate this again is quite as easy. A president, with heads of several groups based on function (not boards or divisions based on historical, personal, topical or

geographical considerations) would constitute a "cabinet" capable of functioning with graded but specific responsibility. Such a readjustment which would focus final responsibility on the president, compel the discussion of all important problems with him, and necessitate a "cabinet" approval before they could be put into effect, would result in a centralization of effort and a simplification of control and a uniformity of programs that could not be brought about in any other way. At present it is doubtful if the president is always familiar with the correspondence, reports, surveys and details of projects before they come to either the Executive Committee or the Trustees for action. Theoretically he is held responsible to the Trustees for all programs, but practically he may sometimes be as ignorant as are the Trustees until such time as formal action is requested.

2. Proposed Plan

A graph of a possible organization follows:

ROCKEFELLER FOUNDATION

TRUSTEES

PRESIDENT

PRIMARY EXECUTIVE GROUPS

A. EDUCATION

Including education of Physicians, Public Health officials, and Nurses, under university control.
Would replace present D.M.E.

B. PUBLIC HEALTH DEMONSTRATION

Demonstration of control of disease, Development of public health organization, including diagnostic laboratories, in co-operation with governments.
Would replace present I.H.B.

C. BIOLOGY

To include Human Biology now part of D.S., and add General Biology now handled by I.E.B., and certain practical applications of biology now handled by L.S.R.M.
All this logically related to A & B more closely than to work of other Boards.
Would replace present D.S. (If this not advisable, D.S. should be abolished, Human Biology transferred to I.E.B. and all other activities of D.S. transferred to schemes A & B here presented.)

Present programs of C.M.B. to be divided between A, B & C; or A, B and I.E.B.

1. Medico-Sociologic Service

Subsidiary but co-operating with A & B & C, in handling common problems involving nursing, public health, hospital executives, social service, mental hygiene, child welfare, etc., whether or not falling in University problems for A, or Government programs of B. Would take over much of present work of D.S. (except Human Biology), some of practical problems of L.S.R.M., and possibly borderline efforts of G.E.B., D.M.E. and I.H.B.

2. Fellowship Service

As at present, but acting for, and with common policy for all major groups A, B and C.

3. Office Services

- Employment
- Information
- Translation
- Library
- Transportation

SECONDARY SERVICE GROUPS

These changes could be made, if planned on a broad functional basis, without disturbing very greatly the present executive officers. For example, with the doing away of the China Medical Board the work in medical education in China would naturally fall under Group A, and if this group had a general director Mr. Greene could carry the work in China with the title of director, thus involving no demotion of the individual. Other work in China involving hospitals, dispensaries, etc., as well as premedical aid, would naturally fall into this same subdivision, while work concerning physics and chemistry not a part of premedical education would be handled by the International Education Board, and biology by Group C if the group were enlarged to include responsibility for all phases of biology; if not, all these by the International Education Board. All public health and nursing problems of China not concerned directly with education of personnel through university schools (which would belong to A) would be referred to the Group B responsible for public health demonstration and development. (The Peking Union Medical College, while nominally under A and in turn under a "Director for China" - R.S.G. - would have its own office staff and presumably a separate office, and be regarded to some extent as an independent institution. See below, page 9.)

In this plan of organization the most important distinction made is that between public health field work and public health education. Experience has shown that the problems of educating public health officials are not very different from those involved in the education of physicians, and as both are always carried out under definite university auspices whether or not the university is under government control, it would seem advisable in a change of organization to recognize the two broad lines of (a) public health demonstration as illustrated by the hookworm, malaria, yellow fever and other work of this type, and including development of serum and diagnostic institutes; and (b) education

of public health officials which properly comes under the same direction as the education of physicians. Many difficulties have arisen already owing to the fact that the Division of Medical Education takes care of the teaching of hygiene in the medical school, but has nothing to do with postgraduate education. As a result there is no common view concerning the problems of education in (a) medicine and (b) hygiene and public health in any one country. The relegation to the group responsible for medical education of all university educational institutions for public health officials, as also nurses, would remedy this and allow a wiser program. This division would in no way interfere with the field work, demonstrations and experiments in the control of disease or in the development of diagnostic or other laboratories, or special training through fellowships of public health personnel after graduation - all these efforts in direct co-operation with governments. A clean-cut division allowing field work to develop in co-operation with government, and educational work in medicine, nursing and public health through co-operation with universities, would mean definite progress in the organization of the work and avoid many present difficulties.

In this connection it should be clearly understood that it has not been possible in the past to co-ordinate the programs of the Boards and Divisions, largely because of the conflict in the educational field between two or more present units. A realignment as suggested above would remove all of the present difficulties without introducing new ones. If such adjustment is not made it will follow, as our work increases both topically and geographically, that veritable chaos will result.

In the three fields which broadly speaking may be considered as educational - that is, medical education, health education, and nursing education - it is always possible that in a given country one or the other of these must take precedence either on account of opportunity presented, or

on account of rational procedure of development. But if the educational side were controlled by one group in the Foundation, this co-ordination could be much more readily arranged.

The nursing problem, in that it includes (a) bedside nursing having an important bearing on medical education and hospital administration, and (b) public health nursing with an intimate relation to all public health programs in the field, is difficult of adjustment under two directing heads. A solution would be to establish in the New York office a subsidiary group, "Medico-Sociologic Service" (see diagram), headed by a well-trained woman recognized as an authority in all nursing problems, this service to be analogous to the fellowship service and subordinate to the main directing groups and in a way supplementing them. Problems on the educational side (Group A) in relation to social service, hospital or dispensary or nursing matters, would be taken to this service for discussion and the elaboration of a program. In the same way it would handle field service problems arising on the public health side (Group B) in relation to public health nursing. This subordinate but more or less independent service with emphasis on nursing, would compel in connection with nursing problems the best type of co-ordination between the major groups interested either in medicine or public health.

3. Relations to Other Boards with Special Reference to Group C

The major efforts of the Foundation have been in public health and medical and nursing education, with such related and ancillary programs as it seemed advisable from time to time to include in these common fields. It is pertinent to ask whether it would not be wiser to continue and to concentrate in the Rockefeller Foundation all such activities now handled by other Rockefeller boards, i.e. some activities now handled by the General Education Board and the Laura Spelman Rockefeller Memorial. However, as things now stand, the Foundation does include Human Biology.

Several years ago, the writer, as result of experience in many surveys, was impressed by the difficulty in many places of aiding medical education without at the same time doing something in a fundamental way for the sciences (physics, chemistry and biology) on which medicine is based, and suggested (informally at a luncheon) to the trustees that these three sciences be aided by the Rockefeller Foundation and a special division be created for that purpose. The suggestion was met by the remark that the trustees assumed our program in public health and medical education was such that it would absorb all funds and effort for the next ten years at least. Later, and I think unfortunately, the sciences mentioned were included in the newly established International Education Board, but at about the same time encouragement was given to the plan to develop Human Biology under the Division of Studies. There is every reason why Biology (the basis of all work in anatomy and physiology), so much more closely related to medicine than either chemistry or physics, should be developed by the Foundation in relation to public health and medical education, but if this is to be a Foundation program, the effort should not be Human Biology only, but all biology in its broadest aspects - which means taking General Biology from the International Education Board. If this is not done, the opposite policy is equally important: Human Biology should go to the International Education Board and the Foundation limit its work to Groups A and B as outlined above. This decision, in that it means the abolition of the present Division of Studies or permanent establishment of Group C is perhaps the most important problem of the committee on organization.

With the question of Group C settled, comes to the fore the important question mooted above: should the Rockefeller Foundation include all medical and public health work? This brings up the disposition of certain activities of the General Education Board and the Laura Spelman Rockefeller Memorial: of the former in Medical Education; of the latter in the field termed in the

diagram on page 3 "Medico-Sociologic", and handled in part at least in the past by the Division of Studies.

Finally, in regard to relations between the various Rockefeller boards, there should be a declaration of the policy that no new boards should be established and that as time goes on and personnel changes, there should be gradual consolidation and centralization, with an understanding that new fields of effort as proposed should be cared for by changing framework of existing boards.

4. Budgets

The Budget Committee and the budget procedure will develop eventually into a sound system without especially drastic changes, but it is important that some method of approval of minor items in a budget already passed by the Trustees should be developed in order to avoid the vast amount of detail now brought to the Executive Committee. If at the November meeting each group presented its budget in considerable detail so that there would be no doubt as to the intent regarding the use of money under any particular item of appropriation, the allocation of funds in the development of minor items might perhaps be left to the Budget Committee itself with the understanding that only a divergence from the obvious intent of the budget should be brought to the Executive Committee. The Executive Committee would then have more time to devote to important problems of policy.

Also it is worth while to consider whether the estimates presented under the headings of general programs by each group should be as liberal as at present. In some instances a considerable leeway is allowed for expansion and unforeseen procedures, which in view of the present small balance of Foundation funds ties up unnecessarily considerable sums of money during the year. A director making careful estimates is handicapped by one making liberal estimates.

5. Peking Union Medical College Capitalization

In connection with the Peking Union Medical College budget it would seem advisable to consider immediately some procedure by which certain portions of that budget might be capitalized. For example, a special group of financial trustees might be appointed to hold and invest funds, the income of these funds to be placed at the disposal of the scientific trustees each year (e.g. the two groups of the Rockefeller Institute). The budget might be divided into three parts. At first, a capital sum might be set aside to cover the expenses of the plant - that is, buildings, grounds, etc., and salaries and expenses of those in charge of these. Second, the same might be done as to the hospital as a place for caring for the sick. And eventually the educational side might be thus capitalized. The financial trustees would be merely a holding group with no authority to transfer capital to Chinese or other authorities until requested to do so by the trustees of the Rockefeller Foundation. Unless some such arrangement is made, in view of the progressive increase of the budget of the Peking Union Medical College, there would appear to be no limit to eventual expenses of this institution. To set aside for example a sum to capitalize buildings and grounds and their upkeep with the understanding that no supplementary budget was to be allowed by the Foundation for this purpose, would compel the trustees, especially if as is now planned they include Chinese members, to go to the Chinese for support of this item of maintenance. Later the same attitude could be developed as to support of the hospital. The budget for the educational work should obviously be the last control to pass out of the hands of the trustees of the Rockefeller Foundation.

6. Common Services

A considerable part of present overhead cost, multiplication of staff and loss of time are now due to independent service activities of the various boards which it would seem might be combined. Certainly as long as all the boards occupy adjacent floors in one building it would seem possible to combine services such as employment, transportation, translation, information, and possibly library service. A well-organized common staff for each of these services should, theoretically at least, fill all needs with a reduction of costs.

A matter of less importance within the Foundation itself concerns minutes and dockets. Instead of being prepared independently by the Secretaries of the Foundation and its two subsidiary boards, all these it would seem might be handled by one small staff under the direction of the Secretary of the Foundation.