

Op-Ed Great Falls Tribune Sunday February 27, 2005

In the *Health* section of the February 8 issue of The Great Falls Tribune, Mr. Richard Ecke reported on a legislative proposal, SB 273, recommending budgeting \$250,000, in state funds to study placing a new medical school in Billings. It was reported that this would be matched by a \$750,000 federal grant. Although the idea is appealing to have our own Montana Medical School, there are several drawbacks, including the expense (startup and ongoing), lack of a sufficient patient base, and the likelihood of jeopardizing the existing health education programs in our state, namely the WICHE Professional Student Exchange Program and the University of Washington-affiliated WWAMI Regional Medical Education Program.

Regarding costs, for bricks and mortar, an initial outlay of \$100 million for hospital beds, clinics, as well as teaching, laboratory and research facilities is perhaps a conservative estimate. To hire and maintain a *quality* faculty and staff would require sizeable annual outlays, likely beyond the capacity of our demographically challenged state's tax base. Lack of a large enough metropolitan population would result in a smaller than necessary base of patients for teaching students.

As early as 1950, the role of education in providing health manpower (in particular for those states without Dental, Veterinary or Medical Schools) was being studied by the Western state governors and educators. The idea of building professional schools in each state was not thought feasible. However, there was formed the WICHE (Western Interstate Commission for Higher Education) compact of 13 Western States. In 1952, Montana's John Bonner was the first western governor to sign on.

In 1953, in a Tribune editorial, the perceptive Wm. "Scotty" James wrote,

"Those seeking to develop higher education programs for Montana, which will more completely meet the needs of Montana residents and of our various communities, have fully recognized the difficulties, particularly in the medical, dental and veterinary fields. The practical answer seems to be for a group of the less populated states to join in the use and support of a few properly staffed and equipped schools in the area".

Since its inception, the WICHE student exchange program, has provided financial support from home states for study in the professional schools in states with larger populations. Thousands of Montana students studying for veterinary, dental, medical, other health professional careers have benefited from WICHE.

In the early 1970's several groups met in the West to again

consider building medical schools in "have-not" states, again finding the idea impractical. Then, patterned after WICHE, in 1973, came the University of Washington Regional Medical Program, or WAMI (Washington Alaska, Montana, Idaho), now WWAMI with the addition of Wyoming. The idea for it was brainstormed and barnstormed by Associate UW Med school Deans, Drs. Roy Schwarz (who spearheaded the program), plus Jack Lein, August Swanson and Dean Robt. Van Citters. I had been privileged to be appointed in 1971 by Gov. Forrest Anderson, to the "Medical Education Planning Committee" which, with outstanding support of the Montana Medical Association members, helped put the WAMI program in place in Montana.

Over 600 Montana students have become physicians under this program. 20 Montana students are selected each year to spend their Freshman Basic Science year in Bozeman at MSU. Based in Seattle, they spend part of the next three years training in community clinical units in the five state area. The students see patients under local physician-preceptors in their offices and local hospitals. These physician/instructors have become members of the University of Washington Medical School faculty. Montana has such community units in Pediatrics, Internal Medicine Family Practice and Obstetrics. Under WWAMI auspices, dozens of UW faculty members in the various specialties have traveled to our state to provide consultation and lecture to our practicing doctors and nurses.

Montana, through the foresight of governors and legislators, has provided remarkable support over the years for both WICHE and WWAMI. Of the doctors who have graduated from these programs, many now practice back in Montana. They have obtained a quality education, much of it in our own state, at a fraction of the cost of supporting a Montana free-standing medical school. In my opinion, it would be shortsighted if we were to jeopardize these excellent programs by even considering diverting our limited funds to a competing in-state school.

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