Dr. Edmund Casey Heads NMA

WASHINGTON, D.C. — When Edmund C. Casey, M.D. was inaugurated president of the National Medical Association at the convention, it was a highlight of a long and outstanding period of service to the organization, characterized by hard work and a series of accomplishments as board chairman, president-elect and trustee.

The President is a native of Marion, Ind. He attended college at Earlham College, Richmond, Ind., and the University of Pennsylvania.

He earned the doctor of medicine degree from Meharry Medical College in 1948 and completed his internship and residency in Internal Medicine at Cleveland City Hospital and completed study in pulmonary physiology at Metropolitan Hospital, also in Cleveland.

HEADED DEPARTMENT

Subsequently, he headed the Department of Physiology at Dunham Hospital in Cincinnati, Ohio.

He was a captain with the United States Air Force Medical Corps during World War II. He also served two years during the Korean War.

Dr. Casey is married to the former Lilliane Winkfield, of Paris, France. They have three daughters, Yvette, Yvonne and Amie.

MEMBERSHIP AFFILIATIONS

His memberships, affiliations and professional activities include a long list of organizations and agencies.

He is assistant clinical professor of medicine at the University of Cincinnati; co-director of medicine at Bethesda Hospital and director of the section on internal medicine at that hospital.

Recently, he was elected to membership in the American Medical Association's Council on Health Manpower.

HUMAN LIFE

Dr. Casey is in the private practice of internal medicine, specializing in diseases of the chest.

"At the Congress on Quality of Life held in Chicago in March, I was asked to make the final statement," he recently said.

"I told that gathering of experts, who represented some 57 multidisciplinary agencies, all in some way concerned with human life and health, that they constituted a most powerful political entity if they but knew it and had the courage to exercise that power.

"I affirmed that we in the NMA are aware of that power, that we know that we can no longer afford the luxury of simply being health scientists and providers of health services; that as citizens, as taxpayers and as voters, we have the right, the responsibility and the obligation to make our pleas for hard programs of action and well-funded social legislation heard in the corridors of power and at the ballot box. This is what I mean by the political significance of the health professional. This has been a major concern of our mission this year, he added.

BEARING FRUIT

Dr. Casey continued, "It would appear that our efforts to gain meaningful legislation from the Congress and Executive branches of government regarding the whole problem of improved quality of life for all Americans are bearing fruit.

"We note, with interest, that Representatives Rogers (D), Florida, together with Senator Kennedy (D), Massachusetts and Senator Ribicoff (D), Connecticut, have introduced identical bills calling for the creation of a separate Executive Department of Health just as NMA did in 1968.

"Considerable NMA philosophy, criticism and courses of action presented in witness statements and testimony are clearly evident in amended, rewritten or completely new pieces of health legislation which are now being introduced."

HEALTH PROGRAM

The new president continued, "very interesting also, is the fact that much of NMA's philosophy and specifics appear in the kind of health insurance plan Representative Mills would like to see adopted, i.e.: a new uniform health program for the poor and improved health insurance protection for the middle-income groups.

"Such is the nature of the game being played in Washington this year. We must always remember that any number can play and when it comes to socio-economic matters the NMA will be in the game.

"Our pleas for socio-biological reforms designed to eliminate the chief causes of disease, violence and ignorance must be heeded," he continued.

"The leaders of our nation can no longer, in the name of security, or whatever, refuse to meet the required costs of total health care.

"Continued refusal will lead only to the raging national insecurity of widespread ill health. We must put an end to a national value system that subordinates our biological needs," Dr. Casey declared.

Dr. Edmund C. Casey

A COED LISTENS to a play back of one of her Resources Center, Education Building at recorded speeches taped in the Learning Virginia State College, Petersburg.

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Job-man Ratio Studies

WASHINGTON — Engineers, chemists, and physicists are just three categories of persons who the U.S. Labor Department says are in fields which face a manpower supply-demand imbalance if current trends of college entry and study continue into 1980.

Despite the expected rough balance for college graduates as a whole, the Labor Department said, different supply-demand conditions are in the offing among individual occupations for the 1970's.

The department listed the following supply-demand projections for the indicated occupations:

Engineers — Over the 1968-80 period, employment requirements for engineers are expected to increase from about 1.1 million to more than 1.5 million. This 40-percent increase represents a 2.9 percent annual rate of growth, compared with an average of 3.7 percent a year from 1960 to 1968.

Chemists—Over the 1968-80 period, employment requirements for chemists are expected to increase 56 percent from approximately 130,000 to slightly over 200,000. This 3.8-percent annual rate of growth is faster than the 3.5-percent from 1960 to 1968.

Physicists — Over the 1968-80 period, employment requirements for physicists are expected to increase about 64 percent, from more than 45,000 to slightly over 75,000. This 4.2 percent annual rate of increase is substantially slower than the 5.9 percent between 1960 and 1968.

FACULTY CONFERENCE

Minority Access Research Careers

WASHINGTON, D.C. — In a special effort to correct the imbalance in the United States of the number of minority group scientists and teachers with doctoral degrees in the biomedical and health-related sciences, the National Institutes of Health has targeted support to this area through the MARC (Minority Access to Research Careers) program.

The program is designed to help minority schools train more health research scientists and teachers.

Under the MARC program, faculty fellowships are offered to further the research and teaching capabilities of biomedical science educators associated with more than 100 colleges and universities serving predominantly ethnic minority students.

Second Program

Funds are also available through a second MARC program, Visiting Scientist Awards, to assist minority institutions in bringing outstanding scholars to their campuses to develop research activities and teaching programs in the science areas basic to medicine.

Institutions eligible for the awards include the nation's 95 colleges, founded for blacks, and 30 additional four-year schools whose enrollments have a majority of American Indian, Mexican-American, Puerto Rican, Hawaiian, and students of other racial descent.

These institutions may nominate faculty members to apply for the fellowships and should encourage the Fellows to return to do research and teaching and so inspire additional minority students to prepare for professional careers in the biomedical sciences and in medicine.

MARC Fellows

MARC Fellows will be expected to undertake advanced studies in United States universities, colleges, and other research institutions for the purpose of broadening their academic and research skills in any biomedical field.

Deadlines for receipt of applications for either program are July 1 and November 1, with results announced by Oct.15 and March 1 respectively.

Minority schools biomedical support grants are intended to strengthen the institutional research capability in colleges and universities in which student enrollments are primarily from ethnic minority groups (such as blacks, browns, reds, and orientals).

Have Potential

Awards are made to minority institutions, most of which do not presently have much involvement in biomedical research, but have the potential on which to build biomedical research and research training.

The following are some of the ways in which minority schools biomedical support grants may benefit institutions:

Support of released time for faculty members to engage in research and research training.

Exploratory Research

Support of exploratory research and full-scale research and research training activities through the purchase of equipment, supplies, technical assistance, etc., as needed.

Support of undergraduate and graduate students in research training activities and through their involvement in the faculty members' research.

Support of resources, such as the operation of central research resources not related solely to any one specific project or program, but essential to the entire health research activity of the institutions; or the provision of ancillary research services, such as machine shops or central laboratories.

By offering the ethnic minority schools diverse opportunities to involve faculty and students in these areas, minority schools biomedical support grants enable the developement of new strengths in the sciences in these schools and provide students with a broader base of preparation for careers in the health professions and sciences.

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