MEMORANDUM FOR COMMISSION DIRECTORS

1. At the last meeting of the Board and since then, Board members have discussed several aspects of Commission membership. Some of these matters were reviewed with our military colleagues in research and in preventive medicine at the Board meeting and since then through correspondence.

2. The first problem concerns the membership of Medical Department officers on our Commissions. We have agreed with our military associates, that membership of a Medical Department officer on a Commission should be on the basis of his high scientific competence in the field represented by the Commission, and that membership should be limited to the Associate level. Although exceptions to such a rule will be considered, by following the guides just stated we will have removed the more serious objections raised by our military associates in the past, e.g. the appointment of military officers to full membership, and having eligibility for Commission membership based in large part on the position which an officer held in his organization.

3. We agreed on a new category of Full member, namely the "Advisory Member", the desirability of which has been reaffirmed in recent correspondence among Board members. The designation "Advisory Member" would be reserved for senior scientists who are needed as Full members of a Commission but whom the Commission does not wish to have carry all of the responsibilities of the customary Full member. The designation would be particularly fitting for those Full members who have served long and well, and who are still needed as Commission members and for whom Associate membership is surely not fitting. In behalf of the Board, I would like to request that Commission Directors forward to Colonel Prior's office by 15 September 1969, the names of those Full members whom they wish to have designated as Advisory members.

4. Considerable discussion and correspondence has been devoted to the last item concerning membership, this having to do with setting of an optimum size for a Commission. Missions vary so in their breadth, that some Commissions must necessarily be larger than others. You can tell at once from the AFEB Directory how wide the range is for Full and Associate memberships. The average number of Full members is 11+ and for Associate members 9+. However, one Commission has as few as 7 Full members and another as many as 16. Two Commissions have as few as 3 Associate members, and two have 21. Because the costs of Commission meetings are increasing, and because the Board wishes to accept its role in economy moves where possible, the Board wishes to offer as a guide, a total membership of approximately 21. It happens that five of our twelve Commissions now have 21 members, five have less, and two have more. By offering an approximate number of 21, the Board feels that it is recommending what may be approaching an optimum size for most Commissions. This guide is not intended to restrict attendance at Commission meetings. We have a good, working mechanism for inviting guest scientists, and with appropriate notice and approval, such scientists have been paid not only their travel, but also an honorarium.

5. The above is an attempt to crystallize many thoughts and opinions which have emerged from discussions and correspondence on Commission memberships. I have tried to present them as representing the opinion of the Board. Please do not hesitate to write if questions occur to you which you feel must be reviewed or resolved before our meeting of 24 October.

Gustave J. Dammin, M.D.
President, AFEB
cc: Board members
Executive Secretary