

**STATEMENT OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE
SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND BEFORE COMMITTEE
ON INTERSTATE AND FOREIGN COMMERCE IN SUPPORT OF HIS BILLS TO
INCREASE THE OPPORTUNITIES FOR TRAINING OF PHYSICIANS, DENTISTS
AND PROFESSIONAL HEALTH PERSONNEL, WEDNESDAY MORNING,
JANUARY 24, 1962**

I am grateful for this opportunity to appear before your distinguished committee in hearings concerning a matter of such vital interest to the American people--medical education and research. It is a pleasure to cite at the outset the impressive record of this committee with respect to legislation in these areas, and to say a word in praise of your own leadership, Mr. Chairman, in this important and complex field.

The bill before you today proposes desperately needed and long overdue measures to further the training of physicians, dentists, and other professional health workers through construction of teaching facilities and scholarships, and to extend and expand construction for medical research. While I believe this bill to be a thoughtful measure, I am convinced that its provisions are not adequate to meet in a completely effective way the issues which we face in this area.

I can make this statement with confidence, for the committee which I have served since 1948 has studied these problems deeply in connection with appropriations to the Public Health Service. We have witnessed the mounting shortage of physicians, now grown to alarming proportions, as well as the problem of providing adequate physical resources for medical research. I see in this bill one possible approach to several issues that my committee has faced.

As you know, I have proposed legislation during the last two sessions of Congress which concerns specifically the manpower need and offers similar solutions to those we are weighing here. I should like to point out that the judgments of the groups I have conferred with in these matters correspond very closely with those represented in this bill and the Senate's counterpart, S. 1072, which in turn reflect the President's wishes. My only concern is that it may not go far enough in meeting the urgent needs of medical education today.

In May 1959 and again in January 1961, I introduced bills before the Congress which were designed to authorize a ten-year program of grants for the construction of medical (including osteopathic), dental, and public health teaching facilities. I did so because the Nation's need for essential health workers had already become so acute that important national groups and expert witnesses before my committee had urged congressional action. In October 1959 the needs were summarized in a masterful document entitled Physicians for a Growing America, a report by consultants to the Surgeon General under the chairmanship of Mr. Frank Bane.

That distinguished consultant group -- composed of 22 non-Federal leaders in medicine, medical education, and related fields--affirmed that the prevailing ratio of physicians to population must be maintained in order to protect the health of the people of the United States. "To achieve this" -- and I quote Mr. Bane's transmittal letter to Surgeon General Burney--"the number of physicians graduated

annually by schools of medicine and osteopathy must be increased from the present 7,400 a year to some 11,000 by 1975--an increase of 3,600 graduates." More than two years have passed since that statement was written. And the statement voiced a problem that was already one of national concern.

It was clear to the consultant group that the country's need for physicians would require an immediate and strenuous program of action by the Nation as a whole. Medical care, teaching, research--activities of such magnitude and far-reaching importance--demanded no less. The group expressly stated that the Public Health Service must assist in every way possible in planning and implementing such a program. With respect to educational facilities, the report makes these recommendations:

Probably the greatest immediate obstacle to expanding the Nation's medical educational capacity in existing schools and in the development of new schools is the problem of

financing the needed physical facilities. In addition, many schools are beset by problems of attempting to carry out teaching activities in overcrowded and obsolescent buildings

The Consultant Group is convinced that the Nation's physician supply will continue to lag behind the needs created by increasing population unless the Federal Government makes an emergency financial contribution on a matching basis toward the construction of medical school facilities. Only with such a Federal stimulus will adequate funds become available for needed construction.

Acting in the light of these recommendations, I proposed at the beginning of this Congress the "Health Educational Facilities Construction Act of 1961" (H.R. 27). The bill before us embodies the essential principles of that proposal. I should like, however, to see it provide for use of a portion of the funds to maintain the new facility when deemed necessary by the institution. The Federal Government, while aiding the construction of medical research and hospital facilities, has neglected medical education, which is basic to both efforts. If the supply of physicians is to be increased, and if the full value of the Federal investment is to be realized, Federal support must be given to the construction of facilities for medical teaching.

I should like to ask the committee to give further consideration to means for strengthening the financial underpinning of existing and new schools. In January 1961 I introduced the "Professional Health Training Act," which would provide ten-year support to medical and dental schools in the form of block grants plus an additional amount based on the number of students enrolled. Specifically, that legislation, H.R. 3276, would authorize basic grants of \$100,000 a year to each four-year school, or \$25,000 a year times the number of years of training provided. An additional \$500 would be paid to each school per student enrolled, plus \$500 for each student in excess of past enrollment.

While I do not believe that this is the only reasonable basis for "cost-of-education" payments, it does indicate the order of magnitude that we should aim at. The bill before you would provide limited payments based on the number of students receiving scholarships at each institution. But the amounts involved are much too small. Accordingly, I

would urge that this committee provide more adequate operating-cost support than is now proposed for these schools in H. R. 4999.

In January 1961 I also introduced, for the second consecutive year, a bill proposing that the Federal Government assist top-quality young people to obtain the medical education necessary to serve the Nation's health needs (H.R. 3438). Again, I had aimed at this tremendous national problem--the swiftly developing shortage of physicians, dentists, and other health workers. The objectives of that legislation, to be entitled "The Medical and Dental Student Scholarship Act," are also incorporated in the present bill. The method for distributing the scholarship funds, however, differs in these two proposals. I favor the more equitable distribution through state governments, as presented in H.R. 3438.

The shortage of physicians was recently called to our attention in a very dramatic way. More than 7,000 foreign-trained doctors are serving

as interns and residents in the hospitals of this country. Certainly, we welcome qualified physicians from abroad who wish to study and practice here. But the fact that many are not qualified was revealed by examinations of the Educational Council for Foreign Medical Graduates. Now, I hold this to be a symptom of the serious crisis in hospital medical care. We are simply not training enough doctors in the United States to meet our growing demands for medical services. Young doctors from foreign countries are needed to fill the gap--though it is a time to be offering the benefits of our advanced medical knowledge and technology to peoples of other lands.

Let me review once more a few pertinent facts. The number of college graduates throughout the United States is increasing sharply each year. But the number of applicants to medical and dental schools is actually falling, and the average quality of those accepted, as judged by their previous grades, shows a marked decline. The reasons for this situation

are plain enough if you look at the practical problem confronting an outstanding student at the point of selecting his career. Unless he is in a very exceptional financial position, the road to a medical career will be discouraging if not impossible.

After completing four years of college, he must undertake another four years in medical or dental school at an average cost of over \$11,000. Add to this his three years of hospital training at a pay that falls short of bare living expenses, and he is nearly 30 years old when he starts to earn a living. Moreover, a third of all graduates are over \$2,000 in debt when they finish medical school. Seventeen percent have debts of \$5,000 or more at that point, with years as interns and residents still ahead.

By contrast, the prospects of this promising student as he surveys the requirements for such fields as physics or electronics are far more attractive. In four years he can earn a Ph.D.

degree in a science, aided throughout by substantial fellowships. While the sciences I have mentioned are also essential to our Nation at this time, and should of course be stimulated in every way possible, the fact remains that comparable assistance has not been made available to medical and dental students. The young man or woman considering a career in science or medicine does not have an equal choice among fields. And unless this situation is corrected, the health of the American people will surely suffer.

Legislation is required that would help overcome the financial barrier to medical and dental education through a program of scholarship grants for the support of talented students on the basis of ability and need. Obviously, such payments would not make the attainment of a medical or dental degree in itself a less strenuous task, for nothing can be done to lighten the burden of study required to equip a young man or woman for these professions, which demand the highest order of ability and dedication. But such payments could be of real

value to students in financial difficulty, to the schools themselves, and to the Nation as a whole.

At this point, gentlemen, I should like to call to your attention a letter I wrote to President Eisenhower in April of 1960--my fourth letter to him on the subject of the national shortage of health manpower. I stated in that letter--and I repeat to you--that we must act promptly to check the growing shortage of physicians and other health personnel. Such present programs as the Health Research Facilities Construction Act, the Hospital Construction Act, and the National Defense Education Act clearly demonstrate that construction of facilities and provision of scholarships for higher education are appropriate Federal undertakings in areas of recognized need. Why are such programs lacking in the vital area of medical education?

I was compelled to state at that time:

Our real problem is not lack of economic capacity. It is lack of leadership and of a political philosophy that will capitalize

boldly and affirmatively on the opportunities that are before us. It is not irresponsible to recommend strengthening good Federal programs.

Irresponsibility consists of failure to look at problems squarely, to look at our national capacity to solve them, and to take a considered line of constructive action.

It is my impression that the climate has changed since I made those comments. It is still necessary, however, to repeat this statement: "I do urgently believe that we must enact legislation and provide appropriations to meet the crisis posed by the threat of a shortage of 15,000 physicians and an equal number of dentists by 1975, and the resulting impairment of the level, quality, and distribution of health and medical care services."

In addition to expanding the capacity of the schools and aiding students, the legislation we are considering here is designed to extend, expand, and improve the existing program of research facilities construction grants. This is a program that I have consistently supported since its inception in 1956.

The present bill, however, would introduce certain much needed amendments to the original legislation.

Since 1956 Federal support for medical research and research training has undergone major changes. Funds currently available to the National Institutes of Health for these purposes total \$526 million, or ten times the 1956 level. Private support for medical research has doubled over the same period. In sharp contrast to these increases, funds for research construction grants were frozen by statute to \$30 million a year until 1961. Another way to view this change is to consider the funds for research facilities construction in 1957, the year of the first appropriation, in relation to other program components. Extramural funds in 1957 were distributed 60 percent for research grants, 20 percent for research training, and 20 percent for construction grants. In fiscal year 1962 this distribution is 70 percent for research projects,

25 percent for research training, and only 5 percent for construction. In other words, investment in physical resources for research has dropped from one-fifth to one-twentieth of NIH extramural funds over this period.

Thus the support of research is badly out of balance with the support of research resources. The research facilities program does not provide a solid physical base for research project support and the training of research manpower as now budgeted. At a time when a growing number of highly trained medical scientists are embarking on their careers, a major national deficit is developing in the availability of modern facilities in which to work. This is the greatest single obstacle to the advancement of medical research in this country.

As I view the situation, several modifications are necessary in the research construction authority as it now stands!

First--an extension of the program. I think it should be extended for at least five years.

Second--an increase in the appropriation authorization. The present ceiling of \$50 million which was voted last year for a one-year period, although a welcome increase over the previous authorization of \$30 million, is still inadequate.

Third--a change in the matching requirements. The present 50-50 matching requirement limits the effectiveness of this program.

The bill now before the committee approaches these needs in what I believe is a conservative way. It calls for a three-year extension of the program at an annual authorization of \$50 million. This, however, is hardly commensurate with the grant applications, approved and pending, which total over \$100 million, plus additional evidence of intent now on file in the Public Health Service. I urge that the committee consider both extending the period of authorization of this program and increasing the annual appropriation to at least \$75 million.

The bill in its present form takes no recognition of the problem presented by the current 50 percent matching restriction. Many institutions with strong research capabilities but lacking rich endowments are now unable to build the facilities commensurate with their research potential. It is my firm belief that some provision should be made to permit Federal matching in excess of 50 percent in cases where institutional research needs and capabilities are strong but financial resources inadequate.

I am fully in accord with the provision of this bill which would permit the Surgeon General, in cases of special national or regional need, to support or carry out research construction without matching requirements. I believe this provision to be a sound one. However, it does not meet, nor was it intended to meet, the needs of poor institutions in respect to the construction of research facilities for their own use.

One other clause in the legislation that I should like to say a word about is Section 725, which spells out the framework for a "National Advisory Council on Education for Health Professions." This, again, closely parallels a provision that my own committee has proposed. The bill is quite specific as to requirements for appointment, the role of the council in policy development, and its relationship to the National Advisory Council on Health Research Facilities. The creation of this council--composed of eight authorities in education and four civic leaders, with the Surgeon General and the Commissioner of Education as ex officio members--would ensure the kind of expert, impartial administration of the Act that has always characterized the supportive programs of the National Institutes of Health.

I wish to dwell for a moment on the thoughtful structure of these advisory groups and the related technical study sections, which I believe embody the highest principles of government in a democracy.

The combination of authoritative non-Federal leadership with responsible Federal administration has made possible the full participation of the scientific and academic world in the Federal support of medical research and research training. Scientists have been the first to assure me that scientific freedom has been maintained. Heads of universities and medical schools attest that academic freedom has been maintained. And earlier fears that this would not be so, even among some who serve the people through government, have proved groundless. I believe we owe this in large measure to the sincere efforts of academic leaders and the Public Health Service to develop a productive partnership--one that now stands at the threshold of an era in which medical research can prevail unfettered by bureaucratic and economic barriers. I have no doubt whatever that the same efforts would rule with respect to the Federal stimulus and aid to medical resources to be provided by this bill.

In summary, then, we have before us an opportunity to take prompt and affirmative action that would help avert a serious decline in medical manpower within the next few years. The legislation, with the modifications I have outlined, would attack this problem in several ways, none of which would be fully effective without the others. First, it would give support to the construction and improvement of medical and dental teaching facilities. Second, it would provide basic support for institutional operations. Third, it would make scholarships available to the most deserving students, with a view to raising the level and quality of graduates. Fourth, it would extend, expand, and improve the present support of medical research construction, with particular attention to special regional needs. Finally, it would do all this within a proven structure that should allay any doubts as to the preservation of those freedoms so real and essential to the advancement of science and education.

I urge you, gentlemen, to lend your wholehearted support to legislation for these purposes. With the modifications I have suggested, H.R. 4999 would provide much-needed support for the essential process of medical education. The problems it would help to resolve are among the most pressing that confront our Nation today.