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~~Fogarty Scholarships~~

Mr. Speaker, for the second consecutive year I am introducing legislation proposing that the Federal Government assist top-quality young people to obtain the medical education which will equip them to serve the Nation's health needs.

This legislation is designed to complement the bills I introduced <sup>previously</sup> ~~previously~~, providing for Federal assistance to renovate and modernize existing health teaching facilities and to stimulate the construction of new schools.

The bill I am introducing today would authorize Federal funds, to be matched by State funds, to provide scholarships for students of medicine, osteopathy and dentistry, which would be awarded on the basis of ability and need.

<sup>All of</sup> ~~Both of~~ these bills are aimed at one of the Nation's genuinely critical health needs of the immediate future--the swiftly developing shortage of physicians and other professionals who care for the health of our people.

Innumerable studies over the past few years, culminating in the thorough and comprehensive study, "Physicians for a Growing America," ~~to which I have referred previously~~, have come forth with the same basic conclusions. We have barely enough doctors now. As our population inexorably grows, our corps of physicians will be spread thinner and thinner. If we are to have enough physicians at the end of the next five, or ten, or fifteen years, we must recruit them, house them, and train them now.

The time for studies is past. The need for action is immediate. And our past experience makes it plain that action initiated here in this Congress is the only sure course.

The critical physician shortage has recently been called to our attention in a very dramatic way. More than 7,000 foreign-trained doctors are serving as interns and residents in hospitals in this country. A substantial number of these young physicians failed to pass a professional examination given last year by the Educational Council for Foreign Medical Graduates. In the view of many hospital administrators, the prospective loss of these interns and residents will cause a serious crisis in hospital medical care, especially in our large cities. Only <sup>a short time ago</sup> ~~last~~ Governor Rockefeller of New York met with leaders of the American Medical Association to try to avert or at least postpone a desperate situation.

This is not the time to discuss the arguments which have been voiced over the use of foreign-trained doctors in this country. I would suggest, however, that this is but a symptom of a deeper ill. We are simply not training enough doctors in the United States to meet our growing demands for medical services. Young doctors from foreign lands, ostensibly here for further professional training, are quite frankly being used to plug the gaping holes. Without them, many large city hospitals would have to curtail their emergency services, reduce their ambulance services to the danger level, perhaps even close up rooms and wings.

We cannot permit this to happen. And the only solution is to expand our own educational opportunities, to bring more young people into the medical profession. We cannot be content with half-way measures or patchwork remedies.

It comes as a surprise to many people--as it did to me--that a medical career no longer attracts as high a proportion of the brightest young people as it used to. Yet a few hard, cold statistics make such a conclusion inescapable.

The total number of applicants for medical school has declined by about one-third in the last ten years. As a result, the medical schools are no longer in a position to accept only the cream of the crop. To fill their first-year classes, they must dig deeper into the ranks of applicants whose work is acceptable but not of the very top quality. In 1950, four out of every ten students accepted by medical schools carried an A average through their undergraduate work. Just 8 years later, only 18 percent of those accepted had an average undergraduate grade of A.

The reasons for this decline in the attracting power of medicine are not difficult to understand if you look at the practical situation confronting an A student at the moment of selecting his career. Unless he is lucky enough to be backed by almost unlimited financial resources, the road to a medical career looks long and rocky.

He can look ahead to medical school, followed by additional years of internship and residency training--eight years or more of increasing indebtedness before he can begin to pay his way in his profession. Almost



one-third of all graduates are more than \$2,000 in debt when they finish the four years of medical school; 17 percent have debts of \$5,000 or more, at this point, with years as interns and residents still ahead of them.

Many of the married medical students--and three out of five of them marry before they graduate--owe their medical education largely to their wives, who must work to support the family throughout the long training period.

Contrast this prospect, as seen through the eyes of the outstanding student choosing a career, with the outlook as he considers a scientific field such as physics, chemistry or electronics. In perhaps four years--less than half the full educational period for an emerging physician--he can earn a Ph.D. degree in science with a fellowship which may well carry him through debt-free. At that point he is prepared to embark immediately as a full-fledged professional in a well-paid and prestige-filled field of science.

Obviously, I do not mean to suggest that our national policy of recruiting more and better young people to the physical sciences, which we have implemented through Congressional appropriations to the Office of Education, the National Science Foundation, the Atomic Energy Commission and other agencies for the awarding of generous fellowships, has been unwise. I do wish to point out, however, that comparable assistance has not been made available for medical and dental students, and that the health of the American people is likely to suffer if this situation is not remedied.

I do not believe that we wish to restrict entrance into the medical profession to sons and daughters of families wealthy enough to support their long and costly education. I do not believe we want the medical profession to take what is left after the other sciences have skimmed off the cream.

The legislation that I am introducing today proposes constructive Federal action to place medical and dental education on a parallel plane with the other scientific disciplines deemed to be of high priority for our national interest. Specifically,

(1) It provides for scholarships of \$2,500 per academic year to students in schools of medicine, osteopathy and dentistry.

(2) The students would be selected by State Commissions established for this purpose, on the basis of ability and need. These Commissions would also be responsible for determining students' eligibility to continue receiving funds, by reviewing their performance annually.

(3) One-half the cost of the scholarships would be borne by the States. The Surgeon General of the Public Health Service would be authorized to pay one-half the cost of the scholarships to those States which have submitted to him an acceptable plan for administering these funds.

(4) An initial appropriation of \$10,000,000 would be authorized for the fiscal year beginning July 1, 1961. These funds would be allotted among the States on the basis of their populations between the ages of 20 and 24 inclusive.

(5) This Federal appropriation, plus the matching State funds, would permit a maximum of 8,000 scholarships per year, at \$2,500 each.

It should be clearly understood that the \$2,500 scholarship is not intended to cover the full cost of a medical education. According to the best figures available, minimum expenditures by medical students are in the range of \$3,000 per year, and the figure for married students is substantially higher.

Even with the scholarships proposed, the attainment of a medical degree would still be a strenuous and testing task, demanding the highest order of dedication on the part of the student. Nothing can be done to shorten or simplify the course of study required to equip a young man or woman for competency in the medical profession, a profession whose practice becomes increasingly complex and challenging as its life-saving miracles multiply. But something can and should be done to lighten the overwhelming financial burden which is superimposed upon these young people.

A scholarship plan of this nature was unanimously recommended as one of the fundamental needs in meeting our shortage of well-qualified physicians by the non-Federal leaders of medicine, medical education and related disciplines who made up the Surgeon General's Advisory Committee on Medical Education. Such a plan has been repeatedly advanced, and the need demonstrated in study after study.

It is of the utmost urgency that Federal Government suit action to these many words, and do it promptly. The first beneficiaries of such



legislation, even now, would not emerge as fully qualified physicians before the threshold of the next decade. Further delay is unthinkable.