come to its end unnoticed by all except his immediate associates. With this fact in mind, I would like to salute all of the retiring Government careerists who have finished their work after long years of unselfish giving to better America.

I would like to illustrate the type of person so worthy by briefly citing the career of Dr. Paschal Sherman, a full-blooded Colville Indian, who retired December 22, 1962, after nearly 44 years of service with the Veterans' Administration. I hope that other retirees will hear of this speech and will know that it is meant to honor them, too.

The grandparents and parents of this distinguished constituent of mine were well acquainted with my own parents in the Wenatchee Valley of Washington State. It was my privilege to attend Wenatchee high school with Paschal's brother, Paul, and to be a teammate with him on that high school's athletic teams. Paul later graduated from Willamette University where he was an outstanding athlete. At the time of Paul's passing he was a Baptist minister. Paschal's grandfather, Wapato John, was well known as the potato king in the Chelan region. He transported his produce overland by mule train to the Multnomah Valley in Oregon for sale to the white settlers and later established a trading post at Lake Chelan.

Paschal Sherman received his early education at St. Mary's Mission in Omak and then attended St. Martin's College in Lacy, Wash. He was awarded an A.B. degree in 1916 and a Knights of Columbus scholarship for graduate study at Catholic University in Washington, D.C. In 1917, Paschal was granted his master's degree from Catholic University and began working for his doctorate and law degrees. By sheer dedication and persistent hard work, Paschal Sherman received both a Ph. D. from Catholic University and an LL.B. from Washington College of Law, in 1920. The next year, he was awarded a master's of patent law.

Since that time, Dr. Sherman has held many high positions in the Veterans' Administration. Under unanimous consent, I insert in the RECORD at this point a short article on Dr. Sherman's career from a Veterans' Administration publication:

Paschal Sherman, Ph. D., Vice Chairman of the Veterans' Administration Disability Policy Board, Compensation and Pension Service, has announced his retirement effective December 22 after nearly 44 years with the VA. In addition to his central office assignments, he held positions in the first district office in Seattle and in the Boise regional office. Besides degrees in law, he holds the degree of doctor of philosophy in constitutional history from the Catholic University of America, Washington, D.C. He is a member of the bar of the State of Washington. Dr. Sherman is proud of his American heritage—a full-blooded Indian of the Chelan Tribe of Washington. Dr. Sherman was one of VA's earliest adjudication officers. He later traveled the Nation in field supervision and was responsible for early issues of claims service regulations and Field Supervision and was responsible for early issues of Claims Service Regulations and procedural manuals. For the most part his assignments have involved policy work. He plans to do considerable traveling, but his permanent home will be in the District of Columbia.

At a gala luncheon in his honor, Dr. Sherman was presented on December 13 with the award of a VA certificate of commendation:

In recognition of his outstanding devotion to duty and faithful service in the Federal Government for more than 43 years. As a loyal, dependable, and efficient employee of the Veterans' Administration, having served as one of its first adjudication officers, his efforts have been of inestimable value to the compensation and pension program.

I have long been aware of Paschal's notable career in the Veterans' Administration. I know he has contributed a great deal in pioneer work and in basic philosophy on disability rating. It is interesting to note that, as though in anticipation of the Monte Durham rule on insanity in the District of Columbia, he was the moving spirit in the establishment of a VA regulation on September 6, 1949, for a finding of mental unsoundness in suicide cases on the basis of mental disease rather than on the old rule as to whether the victim knew right from wrong.

Mr. Speaker, the above comments noting the dedication of my distinguished constituent only give a partial picture of Paschal Sherman's life and no insight into his personal philosophy. Articulate and well educated as he is, Paschal always has maintained a vital and abiding interest in Indian affairs.

He recognized early the necessity for an effective organization of American Indians to express Indian needs to the Congress and American public. Advocating such action, Paschal joined the National Congress of American Indians, the only national organization of Indians, run for and by Indians, in the United States. He has been asked for guidance many times by this organization. Dr. Sherman established the basic principles and service concepts of the NCAI's constitution and operating procedures. In addition to laying the operational guidelines, he served as treasurer of the organization and for many years as chairman of its fiscal and administrative subcommittee.

Since Dr. Sherman has kept well informed on Indian happenings throughout the country, he is much sought after as a lecturer. His broad knowledge, understanding, awareness, and humanitarian approach to Indian affairs contribute to his stature in this field. Although Paschal has been away from the Colville Reservation many years, he has kept an active interest in tribal affairs and given assistance to his tribesmen when it was solicited. Indeed, many times Paschal has taken up his pen to clarify and point out Indian issues which needed to be examined in the interest of justice and fairplay, and he has been an advocate of the Indian's right of free choice in determining his own destiny.

In addition to his many activities at the national level, Paschal Sherman has found time to counsel young American Indians about their future. He has urged them to grasp the opportunities available to them for an education and to live up to their fullest potential. Yet, in striving to attain their fullest development, he has reminded young Indians never to lose sight of the national Indian problem and to work as much as possible to alleviate it.

Dr. Sherman's complete biography appears in Indians of Today, a Who's Who of American Indians compiled as a source of information for Indians throughout the country. He is an active member of the American Bar Association, the Federal Bar Association, the National Lawyers Club, and the Kenwood Golf and Country Club.

Mr. Speaker, it is with especial gratification that I salute Paschal Sherman upon his retirement from Government. It is my hope that American Indians throughout the country will now have more fully the benefit of his counsel.

NATIONAL ACTORS' EQUITY WEEK

(Mr. LINDSAY (at the request of Mr. BEERMANN) was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. LINDSAY. Mr. Speaker, I have, today, introduced a resolution which commemorates a most important event in the history of the American theater. This resolution designates the week of May 20–26 as National Actors' Equity Week in recognition of the fact that on May 26, 1913, Actors Equity Association was founded by distinguished members of the American theatrical profession. From that time to the persent, Equity has been a champion of the interests of the American actor, a source of strength for the American stage, and a leader in the evolution of the performing arts throughout our Nation.

Mr. Speaker, I am not one to ask that this Congress indiscriminately employ its powers to accord honor and recognition. But when an organization has contributed as much to a vital American institution as Equity has done with regard to the theater, I believe it fully deserves whatever acknowledgements we may bestow.

Actors Equity Association has been rightfully referred to as the union with a difference. Equity's 13,000 members range from the unknown ingenues in the chorus to the stars whose names are known throughout the world—the theatrical greats of the American stage such as Helen Hayes, Alfred Lunt, Lynn Fontanne, Katherine Cornell, Fredric March, Zero Mostel, to mention a few. Equity represents the professional actors, actresses, and stage managers of summer stock, the legitimate theater, touring companies, and industrial shows.

Equity's history is a stirring and colorful one. Beginning in 1913, as association slowly developed roots within the American acting profession. Depressed working conditions provided the need for Equity.

Ethel Barrymore described such conditions this way:

In one-night stands in the West, where Saturday was the worst night of the week

theatrically on account of all the stores being open, certain managers made it a practice to cut Saturday night performances, take a sleeper jump to a town where Sunday performances could be given—the actor, of course, paying for his sleeper—and then docking the actor for the Saturday night lost and not paying him for the Sunday performance, or performances, given.

Too, there was no standard contract, no minimum wage, no fixed conditions, no predictable number of rehearsals. There was no guarantee of playing time, and transportation in the hands of many a defaulting manager left many companies stranded hundreds of miles from home. Holiday matinees were numerous and unpaid. Costumes were not provided and actors could be dismissed without notice.

This was the tinder for a strike that began August 7, 1919. For 30 days, Equity members struck for recognition of their union. The Wilsons and Gillmores, John Drew, and the Barrymores, the Emersons, Eddie Cantor, Ed Wynn, Hazel Dawn, and other stars of the day joined the picket line.

Equity achieved recognition and quickly proved itself to be a union with a difference by being the first American union to incorporate the principle of arbitration of all disputes covered by the contract. As a union, Equity can boast another distinction: While achieving greater financial benefits, better working conditions, and improved job security for its members, it has, with the exception of the 1919 strike and a 1-week blackout in 1961, maintained peaceful labor relations within the American theater.

As president of Actors Equity, Mr. Ralph Bellamy has stated:

> We are aware of our responsibility to society, to the theater and to ourselves * * * and we have done our best to build and maintain a dignified position for the actor in the American theater.

Mr. Speaker, because Actors Equity has so brilliantly borne the responsibilities enunciated by Mr. Bellamy and because it has truly earned a position of leadership among the great institutions of the American performing arts, I commend to this House the resolution which I have submitted so that we may honor Equity on its 50th anniversary.

DISABILITY BENEFITS UNDER THE SOCIAL SECURITY ACT

The SPEAKER pro tempore (Mr. FINNEGAN). Under previous order of the House, the gentleman from North Caroline [Mr. WHITENER] is recognized for 10 minutes.

(Mr. WHITENER asked and was given permission to revise and extend his remarks.)

M. WHITENER. Mr. Speaker, during my service in the Congress I have been greatly concerned over the inability of many deserving people to qualify for disability benefits under the Social Security Act due to the very rigid and inflexible definition of the term "disability" in the law.

I realize, of course, that there must be some sound medical and employment rules to govern determinations that are made in social security disability cases. From the countless cases that I have observed, however, during the past several years I feel that our present standards are too rigid and are impossible for thousands of deserving claimants to meet.

In order to provide a more realistic definition of the term "disability" under the Social Security Act, I have introduced a bill, Mr. Speaker, which, if enacted, would be of great assistance to numerous deserving social security claimants. The only change that my bill makes in the definition of "disability" in the present Social Security Act is to provide that an individual must be deemed unable to engage in any substantial gainful activity if it is not possible for him, by reason of physical or mental impairment, to engage in the occupation or employment he last performed on a regular basis prior to the onset of his physical or mental disabilities.

During the course of the year thousands of people become totally disabled to perform their regular work. As a rule, these people have no other skills nor can they find an employer willing to hire them due to their age and physical or mental impairment. The result is that many of our citizens suffer undue hardship and are forced to turn to welfare agencies for assistance.

It is my hope, Mr. Speaker, that it will be possible to secure the enactment of my bill at this session of the Congress. If enacted, it will do much to alleviate what I sincerely believe to be an inequity existing in our present Social Security Act.

SCHOLARSHIP AWARDS TO STUDENTS OF MEDICINE AND DENTISTRY

(Mr. FOGARTY (at the request of Mr. HANNA) was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. FOGARTY. Mr. Speaker, for the third consecutive Congress I am appearing before this body to introduce a bill to provide Federal assistance to the States in awarding scholarships to students of medicine and dentistry.

This bill complements legislation which I introduced in the House last Thursday—a bill to authorize Federal aid for the construction of medical, dental, and public health educational facilities.

Today I propose that, as an corollary, we must also help students of medicine and dentistry to finance the high costs of education in these schools.

A little later today I shall introduce a third bill to provide for Federal grants to augment basic operating incomes of medical and dental schools.

I am introducing these bills, for the third consecutive time, because I believe it is still true, as it was in the 86th and 87th Congresses, that no responsible person wishes to see the health of the American people entrusted to proportionatelly fewer doctors.

Let me cite some facts. Our 86 medical schools produced 7,168 graduates in 162. This figure represents only a slight increase of 174 students over the previous years crop of medical school graduates. Moreover, the number of medical school graduates over the past 5 years has shown little fluctuation, with an increase of only about 200 students more than those graduated in 1958. The situation in the field of dentistry is even more serious.

It is a sobering fact that in 1959 the Soviet Union produced 27,000 doctors, while the United States produced about 6,900. These figures cited in a report by the National Science Foundation—Nicholas DeWitt, "Education and Professional Employment in the U.S.S.R.," National Science Foundation, U.S. Government Printing Office, Washington, D.C., 1961, 856 pages—may be stated another way: physicians accounted for 8 percent of all Soviet graduates compared to 2 percent of U.S. graduates.

The report further states that between 1928 and 1959 the Soviet Union produced 420,000 doctors. From 1928–58, the United States produced only 181,700 doctors. In other words, the Soviet Union trained 2.3 times as many doctors as did the United States.

Although the quality of our medical training is much higher than that of the Soviet Union, the conclusion is unmistaktable that we must do something to increase our supply of medical manpower, and we must do it soon.

Other statistics point to the same conclusion. There are the oft-quoted references to the tendency for our population to increase while the proportionate number of doctors and dentists decreases. The use of foreign physicians in our hospitals illustrates this tendency very graphically. Ostensibly here to advance their professional training, foreign physicians are quite frankly being used to fill our doctor gap, particularly in large city hospitals. The removal of foreign doctors from our hospitals would cause many large city hospitals to curtail emergency services, reduce ambulance services to a dangerous level, and possibly even close up rooms and wings.

Another statistical evidence of our draining medical manpower pool is contained in medical school admission figures. In 1962, the Association of American Medical Colleges reported a decline for the fifth consecutive year in the number of medical school applicants.

The decline in medical school applications has caused great concern. There has been considerable soul searching for the reasons for this trend.

The long years of training that must precede actual medical practice, the loss of prestige in the medical profession, fear of Government control of medicine, the attractiveness of other scientific fields, and the recruiting efforts of certain competitive professions have all been suggested. I believe, however, that the most significant reason is the fact that those who do not apply simply cannot afford the expense of a medical school education.

It has been suggested that because of the decline in the number of applicants to medical schools, new medical schools will not be able to fill vacancies with

well-qualified students. I do not subscribe to this view. I believe that the provision of scholarships will enable many highly qualified individuals to pursue careers in medicine and dentistry. It is unfortunate, indeed, if the want of economic resources were to cause a waste of talent and ability.

This is recognized in the programs of Federal agencies such as the Office of Education, National Science Foundation, and Atomic Energy Commission, which provide scholarship, fellowship and loan assistance to Ph. D. candidates in the basic sciences and engineering.

Is there any reason why we should not do as much for candidates in medicine and dentistry? There are urgent reasons why we must do this—and more. Let us examine these reasons, not in terms of trends and statistics, but rather in terms of the human element—the young man who, for as long as he can remember, has wanted to become a doctor. Let us assume that he came from a family that endowed him with above-average intelligence but with only an average economic income. He is already handicapped—not by lack of brains, but by lack of funds. He has some friends who are no better off financially, but who were able to have their postgraduate studies of physics and chemistry financed by the government and industry.

Our prospective doctor not only faces economic hardship, he faces it for many more years than do his friends. His expenses in medical schools will probably run about $3,000 a year. There is a good chance that he will be from $2,000 to $5,000 in debt when he finishes 4 years of medical schooling. He still faces additional years of internship and residency training—years during which his debts will progressively increase. If he marries, chances are his wife will have to support the family until he can begin to earn the salary of a practicing physician. With this kind of deterrent, it is little wonder that the number of medical school applicants is declining.

What I propose is that we begin to offer some inducements to members of this untapped reservoir of potential medical manpower.

I propose the provision of scholarships of $2,500 per academic year to students in schools of medicine, dentistry and osteopathy.

I propose a system whereby specially created State commissions select scholarship winners on the basis of ability and need, and review their performance annually.

I propose that States bear half the cost of these scholarships and submit an acceptable plan for administering these funds to the Surgeon General of the Public Health Service.

I propose an initial appropriation of $10 million for the fiscal year beginning July 1, 1963, to be allotted to the States on the basis of their populations between ages 20 and 24 inclusive.

Finally, I propose that this Federal appropriation plus State matching funds provide a maximum of 8,000 scholarships a year, totaling $2,500 each.

I propose these things in the face of America's dwindling supply of trained health personnel. I endorse this program because of the concern we all share for constantly improving the quality of health care for our citizens. I feel these steps are necessary to provide the manpower needed to apply the miracles of medical research for the benefit of the diseased and disabled. I believe that we owe this not only to ourselves, but to people all over the world who have much to gain from our health resources.

That we must keep our health resources intact has been emphasized recently by President Kennedy. In his state of the Union message he called for a 50-percent increase in the capacity of medical schools and a 100-percent increase in the capacity of dental schools over the next 10 years.

There are those who oppose any action in this area, claiming that there are no precedents for the Federal Government to aid medical education. Yet we have a 10-year demonstration, in the form of Federal support of medical research, research training, and research construction, that Federal aid to medical education can be provided without compromising freedom of education.

We do not need precedents. We need action. We have studied the problem. We have debated about the problem. The time has now come to legislate on the problem.

FEDERAL GRANTS TO SCHOOLS OF MEDICINE AND DENTISTRY

(Mr. FOGARTY (at the request of Mr. HANNA) was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. FOGARTY. Mr. Speaker, I rise to introduce a bill which would authorize Federal grants to augment basic operating incomes of schools of medicine and dentistry.

This bill is the third in a series of measures which I have proposed as necessary steps to alleviate our Nation's critical shortage of physicians, dentists, and other health workers.

I introduced the first of these measures, H.R. 3180 on January 31 to authorize Federal aid in the construction of medical, dental, and public health educational facilities. The second, which I introduced earlier today, would provide Federal assistance to the States in awarding scholarships to students of medicine and dentistry.

The three bills represent the minimum action which must be taken in the face of a nationwide medical manpower shortage which has become progressively more serious since I first introduced these bills in the 86th Congress.

This legislation, which I now present to you, is the third essential element of my program to produce more physicians and dentists. It has a special significance in filling our Nation's medical manpower gap because it can have an immediate effect on the physician and dentists shortage by helping existing schools increase their output of medical and dental graduates. We cannot afford to wait for the results of a construction program which if implemented would require at least 10 years from the initial planning State to the production of the first graduating class. While we must build new schools, we must also help the schools we now have meet their current basic operating expenses.

Our Nation's medical and dental schools are doing a splendid job, but with each passing year they are increasingly faced with rising costs of medical and dental education. Thus the ability of these schools to remain stable with proportionately decreasing incomes is progressively placed in jeopardy.

At the same time, these schools are being called upon to turn out many more graduates each year while maintaining their high standards. President Kennedy, in his state of the Union message, has called for a 50-percent increase in the capacity of medical schools and a 100-percent increase in the capacity of dental schools over the next 10 years.

Medical and dental schools face tremendous impediments in meeting this demand. In 1960–61, 87 medical schools reported total expenditures of $436 million, an increase of 18 percent over 1959–60 and 82 percent over 1956–57. The average medical school expenditure is about $5 million a year. Yet steadily expanding programs, higher costs, and the declining purchasing power of the dollar are placing progressively heavier financial burdens on medical schools.

The situation for dental schools is even worse. According to the American Dental Association, dental schools on the average spend about $2,500 per year to educate each student. But tuition charges for a course in dentistry average only $800 a year. In other words, the dental student contributes through tuition only 29 percent of the cost of his education. Yet the cost of educating a dental student is now almost 2½ times what it was 10 years ago. By 1970 it is estimated that the average annual cost per dental student will be at least $5,000 per year.

A group of consultants to the Surgeon General of the Public Health Service described the situation a few years ago by saying that "one of the most serious problems of medical education today is the underfinanced school."

Another facet of the problem was brought out in a statement last year by the Association of American Medical Colleges. A representative of this group stated that "there is real danger that some medical schools, largely for the lack of operating funds, will be unable to meet responsible standards of quality and will cease to operate." Other universities with the academic potential to institute new educational programs to keep pace with new developments in science and medicine are reluctant to commit themselves unless they have more assurance of assistance in meeting their operating costs.

Medical and dental schools also face the problem of increasing difficulty in recruiting faculty. Teacher shortages, particularly in the sciences, are evident in most colleges and universities. Medical and dental schools lag far behind the going rate in their communities be-

cause of inadequate operating funds with which to maintain and enlarge their teaching staffs.

A final problem facing medical and dental schools which I will mention is the fact that because of inequality in the availability of operating funds, a number of schools are in precarious financial condition. Furthermore, the financially weaker schools are falling farther behind each year.

Efforts by State and local governments and groups such as the National Fund for Medical Education and American Medical Education Foundation have been highly commendable, but have nevertheless fallen far short of meeting medical school needs.

We find ourselves faced with a situation in which these traditional sources of medical and dental school income are inadequate to meet 20th century needs. We cannot in good conscience advocate increases in tuition costs for that would merely discourage greater numbers of prospective physicians and dentists by reducing their ability to finance their education.

The answer to the problem is that either Federal aid must be provided or there is little possibility that our Nation's output of physicians and dentists will be substantially increased.

The bill which I propose today, let me emphasize, is intended to supplement, and in no way replace, existing sources of income and resources of medical and dental schools.

I have not included schools of public health in these provisions because operating grants already are available to these schools under the Rhodes Act passed in the 85th Congress.

Specifically, I propose that Congress assist public and nonprofit, tax-exempt schools of medicine and dentistry in meeting their operating costs up to but not exceeding 50 percent. This assistance would take the form of:

First. For a period of 10 years, block grants of $100,000 a year to medical and dental schools which provide training leading to a medical or dental degree. Schools offering only 1, 2, or 3 years of such training would receive annual grants of $25,000, $50,000, or $75,000, respectively.

Second. All medical and dental schools would receive annual payments of $500 for each student enrolled, and an additional $500 for each student enrolled in excess of its average past enrollment. This additional payment of $500 would be computed on the basis of limitations set forth in the legislation.

Third. A National Council on Education for Health Professions would be established in the Public Health Service to advise and assist the Surgeon General in preparing general regulations and deciding policy matters concerning the administration of these grants.

These steps are essential to the more equitable distribution of educational opportunity throughout the country. They are essential to the support of operating expenses of the less wealthy schools. They are essential to the maintenance of a high standard of education in our existing medical and dental schools. They are essential, moreover, to the alleviation of the critical shortage of physicians and dentists who are the ultimate guardians of the health of the American people.

I cannot urge you strongly enough to take favorable action on this and the other two bills which I have introduced in the interest of putting an end to the physician famine and dearth of other health personnel which so seriously threatens the well-being of our country and its citizens.

UKRAINE AND OTHER CAPTIVE NON-RUSSIAN NATIONS IN THE U.S.S.R.—A SELECT BIBLIOGRAPHY

(Mr. FLOOD (at the request of Mr. HANNA) was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. FLOOD. Mr. Speaker, the observance of the 45th anniversary of Ukraine's independence, both in the Congress and throughout the Nation, was so impressive and reassuring that our American interest in the eventual liberation of Ukraine must by all means be deepened further. Needless to say, this keen interest in the largest captive non-Russian nation in Eastern Europe serves our primary interest, the security and freedom of our own Nation. In the months and years ahead we can expect a progressive awareness on the part of our people of the strategic importance of Ukraine and of the other captive non-Russian nations in the U.S.S.R. to our goal of victory in the cold war.

In the aftermath of our celebration of the 45th anniversary of Ukraine's independence, I cannot think of a more constructive way to sustain and deepen the American interest in a liberated Ukraine than to urge our citizens to learn more about Ukraine and its historic role in Eastern Europe. Such learning will lead inevitably to an appreciation of the many opportunities that this captive nation offers us for an offensive against the Moscow imperiocolonialists in the cold war. It is most regrettable, to say the least, that these opportunities have until now been largely hidden from public view.

Mr. Speaker, it is with the intention of furthering such productive learning that I insert the following "Select Bibliography on Ukraine and Other Captive Non-Russian Nations in the U.S.S.R." in the RECORD. This extremely helpful bibliography was originally compiled by Dr. Alexander Sokolyshyn, a professional librarian in the New York City system, and edited by Mr. Walter Dushnyck, editor of the Ukrainian Bulletin and Quarterly. Its final presentation was arranged by Dr. Lev E. Dobriansky, of Georgetown University. The work was made possible by the beneficient contribution of Mr. Nicholas Dutchak, of Detroit, Mich.

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