

Congressman John E. Fogarty  
House Floor  
In Support of HR 488-2  
March 14, 1963

Mr. Speaker, I have, during this session, introduced three bills to help alleviate the critical shortage of physicians and dentists in the United States by providing Federal funds for medical and dental school construction, operating expenses, and scholarships.

Today I am introducing further legislation with the same objective of increasing our nation's supply of doctors and dentists. Specifically, I propose to amend Title II of the 1958 National Defense Education Act to provide for forgiveness of loans for students who subsequently practice medicine, dentistry, or osteopathy in geographical areas determined by State health authorities to have a shortage of individuals in such practice.

The National Defense Education Act already provides that up to 50 percent of loans plus interest may be forgiven if the borrower becomes a full-time teacher in a public elementary or secondary school. The loans may be canceled at a rate of 10 percent for each year of teaching service.

This provision was prompted by a critical shortage of trained teachers. Surely our nation faces a no less critical shortage of health personnel, for we will need 15,000 additional doctors and a similar number of dentists by 1975.

What have we, as legislators, done about the dearth of doctors and dentists? Thus far we have placed very few marks on the legislative scoresheet. We have not yet acted favorably upon proposals that my colleagues and I have made to provide Federal assistance for the construction of badly needed medical, dental and public health educational facilities. Nor has any Federal helping hand been extended to medical and dental schools in meeting their ever-mounting operating expenses. Nor has Congress acted favorably upon legislation which I have repeatedly introduced to provide for scholarships for medical and dental students.

Meanwhile, the shortage of these scarce personnel resources has become all the more serious with the decline--for the fifth consecutive year--in the number of medical school applicants.

The financial problems faced by these students--and I will use students of medicine as an example--have become increasingly insurmountable. Studies by the Association of American Medical Colleges and the National Opinion Research Center in 1959 reveal that the medical student is indeed the "poor man" of the student world.

The proof is striking. A medical student's education--excluding living expenses--costs more than twice that of a graduate student in arts and science. The average direct cost to the medical student is about \$1,000 a year or \$4,000 in 4 years. In contrast, the educational expenses of the arts and science graduate student average only \$450 a year or \$1,800 for a 4-year program of PhD training. Adding living expenses, the average four-year expense to a medical student exceeds \$11,000.

The difference in stipend income of these two groups is equally appalling. The average medical student receives \$500 a year or \$2,000 in stipends in four years; the average graduate student in arts and science receives \$2,000 per year or \$8,000 over a four-year period.

Moreover, 47 percent of the medical students in 1959 had obtained loans, whereas only 9 percent of the graduate students had to borrow money to meet their educational or living expenses. The average dollar value of the loans to medical students was \$3,900, while the average loan to the graduate student was \$2,500. Thus more than 5 times as many medical students as graduate students had plunged themselves into debt.

The study further reveals that almost four times as many medical students received help from their families as did arts and science graduate students. Yet there was no evidence that the parents of medical students were in a higher income group. The answer given by the graduate students was simply that they did not receive support from their parents because they did not need any support from them.

The financial problems of medical students with wives and families-- 62 percent of the 1959 graduating class were married and 54 percent of them had one or more children--are even more acute.

Meanwhile, the tuitions charged by medical schools have risen at a phenomenal rate. Between 1934 and 1963, private medical school tuitions increased 202%, public school non-resident tuitions rose 161%, and resident tuitions rose 145%.

While the costs of a medical education progressively rise, the resources available to the medical student in meeting expenses progressively decline.

Faced with this serious situation, I propose that the National Defense Student Loan Program be modified so that 25 percent of the unpaid loan plus interest be forgiven for each complete year that an individual practices medicine, dentistry, or osteopathy in areas determined by State health authorities to have a shortage of such practitioners.

This amendment would have three important effects. First, it would remove the sharp edge from medical and dental student indebtedness which in 1959 averaged \$4,258 per student for medical students alone. Of the 6,799 medical students who graduated in 1959, over half the class was in debt, and one third had loan liabilities directly related to their medical education. Yet, unlike graduate students, these students faced a year of internship, and many faced one or more years of residency training before they could begin actual medical practice.

I have often pointed out that a number of Federal agencies such as the Office of Education, National Science Foundation and Atomic Energy Commission provide not only loan but also scholarship and fellowship assistance to PhD candidates in the basic sciences and engineering. Small wonder that these fields are becoming increasingly attractive to young people trying to decide upon a career.

The second effect of my amendment would be to help alleviate physician and dentist shortages in areas where shortages are most serious, in particular, the rural areas of the United States.

For the past twenty years, the New England, North Atlantic and Pacific regions of the U. S. have retained high ratios of physicians to population, while the South Central, North Central and Mountain states have continued to have the lowest ratios.

In 1957 a total of 33 states were below the U. S. average in the ratio of non-Federal physicians to population. In view of the fact that our population has continued to increase while the number of graduating physicians has not, there is good reason to believe that the situation existing in 1957 is even more serious today.

The original intent of the National Defense Education Act which authorized the National Defense Student Loan Program, was "to identify and educate more of the talent of our Nation" and "to insure trained manpower of sufficient quality and quantity to meet the national defense needs of the United States."

Thus the third--and perhaps most important--effect of the amendment I propose would be to bring the National Defense Student Loan Program into closer conformity to these stated objectives which reflect not only the intent of the National Defense Education Act, but also the best interests of our nation.

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