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**THE GREAT NEED FOR MEDICAL STUDENTS**

**The Honorable John E. Fogarty**  
**Representative in Congress, State of Rhode Island**

~~Cong. John E. Fogarty~~  
~~Alpha Epsilon Delta~~  
~~Providence College~~  
~~Providence, Rhode Island~~  
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Professor Reichart, members and fellow initiates of Alpha Epsilon Delta -- I want you to know that I am most appreciative of the double honor you have conferred upon me by selecting me for honorary membership in your fraternity and inviting me to speak to you tonight at this initiation banquet. I am proud to be affiliated with Rhode Island Alpha of Alpha Epsilon Delta.

As you may know, one of my major interests and the focus of much of my activity during the 20 years I have represented Rhode Island in the Congress of the United States has been the health of our state and our nation. Over the years, as chairman or as a member of the sub-committee which has responsibility for, among other things, the annual appropriations of the Public Health Service, I have helped in bringing about a tremendous increase in Federal funds available for the support of public health measures, medical and biological research, hospital construction, construction and equipment of research facilities, and the training of research scientists through the provision of research fellowships and traineeships, among other widespread activities and programs.

Although much has been accomplished, much remains to be done to advance our attack upon the diseases and disorders which still afflict our people. Over the past 20 years, and especially during the past 10, largely through the National Institutes of Health, we have built up a great and effective medical research attack upon the chronic diseases which has been remarkably successful.

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In that same period we have also helped construct many modern hospitals and research facilities. However, there is one area in which there are inadequacies today and threatened inadequacies of alarmingly increased proportions in the future about which I would like to speak to you tonight.

You young people are members of Alpha Epsilon Delta, an honorary pre-medical fraternity. You were chosen for membership because you have excelled in your studies -- studies which are preparatory to a professional medical education. You stand at the threshold of a long course of training in preparation for careers in the medical profession. On balance, I would say, each of you has a better than average chance of, first, being admitted to a medical school; second, getting your degree; and third, making your mark in your chosen profession.

Between now and the time you are graduated lie years of study and a series of decisions as to what, specifically, you will want to do -- general practice, specialty, research? Whatever your choices may be as to the precise nature of your chosen fields of endeavor in biology or medicine, you are, I can assure you, now heading toward an area of human activity which will call forth the best that is in you and which has enormous potential for service to humanity.

At this point I think you should know that there is serious concern on the part of medical educators concerning recent trends. They report that both the quality and quantity of applicants for admission to medical schools in the United States have been falling off. You and others like you throughout the country can help to remedy this situation. Never

before in the history of man have there been greater challenges or more opportunities for achievement than now exist in the fields of medical practice and medical research. And, here, tonight, as one of you, I personally challenge you to carry on, each of you, through all of the hurdles which yet remain before you, to attain individual levels of professional competency which will enable you to participate actively, to contribute significantly, to achieve with distinction in a field of human endeavor unmatched in the opportunities it offers for worthwhile and rewarding accomplishment.

What are the needs today, and tomorrow, in the field of medical practice? The fact is that we do not have enough physicians today, and the chances are that we may not have enough tomorrow. Looking forward to future needs, a special group of consultants on medical education, the Bane Committee, after a thorough study, reported late in 1959 to the Surgeon General of the U. S. Public Health Service that we will need a 50% increase in the number of graduating physicians if we are to maintain the present ratio of physicians to population.

This group of eminent medical advisors, including Father Robert J. Slavin, president of Providence College, stated in its report that 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 each year.

The Bane Committee also reported that this 50% increase in the output of physicians will require expansion of present medical schools and the establishment of new ones. It also pointed out:

1. ....That since it takes about 11 years to plan a new school, construct it, staff it, and carry it forward to its first graduating class, steps would have to be taken immediately if the threatened shortage is to be averted.

2. ....That, as one partial answer to this problem, Federal support should be given to the construction of medical school facilities,

3. ....That by medical school facilities which should be aided it meant the expansion and improvement of existing medical schools, construction of new facilities for teaching basic medical sciences, construction of new four-year medical schools, and the construction of necessary teaching hospitals.

4. ....That the provision of the needed support was without question a national responsibility.

I have long espoused in the Congress measures to meet these needs, and some progress has been made. However, with our new Administration now dynamically in the picture, I hope I can promise you some real action. However, before I go into this I want to pick up one other item pointed out by the Bane Committee: that nine states have no medical schools. Now, you and I know that Rhode Island has no medical school. I regret the fact that all of you young people will have to leave Rhode Island to pursue your medical educations. I am sure you believe that Rhode Island ought to have a

*twb.* medical school. I know that I do. More than two years ago I published an observation in the Congressional Record to the effect that the time had come for our State to have one, and expressed my wish to see such a school established.

I should now like to reemphasize my faith in Rhode Island as a progressive state and to say that I know we can have a medical school here. I do not know how, when or where. There are many problems, only one of which is financing. Along those lines I promise that I shall continue to exert every effort to reinforce the positive steps taken here in our community.

Like all science, medicine is based upon a constantly increasing fund of basic knowledge about human disease and how biological organisms function normally, and under varying kinds of stress. Therefore a vigorous, vital national program of medical and biological research is a prerequisite to the maintenance of high standards of medical practice. This has been accomplished by means of research project grants to non-federal medical research institutions throughout the country, through programs which provide funds for the construction of laboratory research facilities, and with research training grants, all administered by the National Institute of Health.

However, this program, by its very success, may have helped create, and certainly has brought to light, problems and needs in the field of medical education and related areas of higher education. These problems have been under intensive study for some time by my committee in the House and its counterpart in the Senate, headed by my distinguished colleague, Senator Lister Hill of Alabama. Our committees, along with a large number of

scientists, educators and administrators, have come to the conclusion that the Federal Government must do more than simply continue to support more research projects, build more research facilities, and train more research people. We must think not only in terms of the end product we seek -- better health for the people of this country -- but also in terms of the institutions and the people who compose these institutions that carry on the bulk of the Nation's medical research and teaching. Otherwise, the strength of those institutions we support might decline rather than improve.

There are three new programs under way or proposed which are designed to strengthen educational and research institutions and aid the individuals involved, including students.

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Institutional Research Grants

The first of these is the recent authorization by Congress of a program of Institutional Research Grants to be administered by the National Institutes of Health. Under this program funds would be provided to public and nonprofit educational or research institutions to assist in the development and maintenance of sound, well-balanced programs of general research and research training in medical, dental, public health and related areas.

This authorization was made in an effort to help solve the problems generated by the phenomenal growth of research activity in medicine and biology in recent years -- problems related to internal administrative responsibilities for a rapidly proliferating number of individual research projects supported by NIH in these institutions.

A large part of that growth has been due to Federal grants. Therefore our Committee felt that if clear evidence could be presented concerning real difficulties in our research institutions, corrective action in the Federal granting programs would be justified.

I am frank to admit that so far as I am concerned, rather convincing evidence was recently presented by witnesses before our Committee. When that evidence, together with the details of how NIH proposes to administer the program are presented to the Congress, I hope it will win approval.

The Institutional Research Grants would provide funds to universities and medical schools, along with authority to use these funds, as needed, to finance various aspects of their research and training programs in accordance with their overall objectives. Coupled with assurances of long-term support, these funds would enable the educational institutions to develop their research and training programs in a consistent and planned manner, to provide stable career support for their established investigators and aid to their younger scientists. This program would augment, not replace the system of individual grants to scientists for the support of specific projects.

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Clinical Research Facilities

The second new program provides grants for Clinical Research Facilities to non-Federal research institutions. Design of the program is in accord with Congressional emphasis on the needs for additional biomedical research resources to facilitate the more complex types of clinical investigations in a broad spectrum of diseases of health-related sciences.

Behind the original Congressional action in establishing this program were the considerations that (1) clinical research has been insufficient because of a lack of adequate means to provide the careful observation and control needed for research in the complexities of human biology; and (2) that valuable research in animals or in chemical laboratories often has not been carried over into studies in human patients because of a lack of proper research facilities and conditions. One of the principal reasons for these deficiencies has been the high costs associated with clinical research.

Under this program grant funds pay for the renovation and equipment of the centers, the costs of the care of research patients (including specialized nursing, diet kitchens, and other services), supporting laboratories and certain staff salaries. A clinical research facility, as envisioned for this program is defined as a resource within a medical institution aimed at enhancing the quality of clinical investigations. It is a specific physical unit or research ward of about 10 to 12 beds in a hospital, but apart from the general care wards, with a stable, well-trained nursing and diatetic staff to provide precise control and observation, and with directly supporting specialized laboratory facilities.

This program is under way and good progress has been made during the past several months. First-year grants, averaging about a half-million dollars each have been made to 19 institutions in every region of the country.



In the northeastern part of the country, in our region, these awards have been made:

1. Yale university School of Medicine New Haven, Connecticut .....	\$291,105
2. University of Maryland School of Medicine .. Baltimore, Maryland	601,868
3. Harvard Medical School .....	662,033
Peter Bent Brigham Hospital Boston, Massachusetts	
4. Seton Hall College of Medicine and Dentistry Jersey City, New Jersey	395,083
5. Cornell University Medical College .....	650,607
New York, New York	
6. New York University .....	439,997
Bellevue Medical Center New York, New York	
7. The University of Rochester School of Medicine and Dentistry Rochester, New York	244,696
8. University of Pennsylvania School of Medicine Philadelphi, Pennsylvania	420,421

Aid to Medical Education

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At this point I can almost hear what some of you folks are thinking -- something like this, perhaps, "It's all very fine, of course, these programs for the expansion of the research programs in medical schools and other institutions -- but, what about individuals like me? I've got immediate problems. I want to go to medical school. The schools themselves may need help, but so do I, and the costs of medical education are high".

Well, I do not mean to suggest that the programs and projects I have mentioned will meet the total need. We in the Congress are equally concerned with the medical manpower problem and we hope to help. We believe the Federal government can and should remove a part of the economic barrier which keeps many talented young people from pursuing careers in medicine.

The blunt truth is that over the past several years our medical schools have been losing ground in the competition for superior college students. At the same time our studies have shown that this country has a relative shortage of medical care manpower which will become acute in the near future if steps are not taken.

There are many reasons why this situation has developed, but among them are (1) a tremendous increase in population; (2) the diversion of many medically trained individuals into the greatly augmented programs of research; (3) increasing demands for medical care arising from rising standard of living, expansion of hospital and medical insurance, and the increasing health-consciousness of our people.

Additionally there are other factors, such as the great length and cost of medical training and the development of many other satisfying and intellectually stimulating scientific career opportunities with high prestige and adequate financial rewards.

The financial problems of medical students are severe. We know that over half of all medical school graduates in the 1959 class were in debt to some degree. Medical school tuition costs have continued to rise, and the average cost of 4 years in medical school was found to be approximately \$11,600 for those graduating in 1959. Scholarship support has been meager, and many promising college graduates who would have liked to study medicine have been discouraged.

To correct these imbalances and to provide the Federal funds that the medical and related health professional schools need if current and future manpower needs are to be met is the objective of several legislative proposals now being studied in the Congress. I would like to describe very briefly my own bills which I believe would go a long way toward helping meet our national needs in this area.

On January 25 of this year I introduced a bill which would provide for a 10-year program of grants for education in the fields of medicine and dentistry to be administered by the U.S. Public Health Service. Under this program each accredited degree granting medical and dental school would receive a block grant of \$100,000 each year, together with \$500 for each student, plus additional for each student enrolled in excess of average past enrollment.

For schools providing only one, two or three years of professional training in medicine or dentistry, block grants of \$25,000, \$50,000, and \$75,000 respectively would be awarded.

These funds could be used by the schools to meet the costs of establishing, maintaining and enlarging their teaching staffs and of maintaining, acquiring and operating the necessary equipment.

Here I should like to emphasize that these funds are to meet the costs of new or expanded instruction programs. Special training projects outside the regular curriculum which are financed with other public funds or private grants are excluded. The same exclusion applies to the costs of research and to the operations of any hospitals.

My bill applies a few conditions for institutional eligibility for Federal grants that I believe you will agree are entirely reasonable and desirable:

(1) The school must be either a public or a non-profit private institution located within the United States.

(2) The school must provide reasonable opportunity for the admission of out-of-State students.

(3) During the period it is receiving Federal payments, the school must make every reasonable effort to maintain its income for operating expenses from sources other than the Federal Government at a level equal to that which existed before receiving the Federal funds. In the case of a new school, similar efforts should be made to obtain such non-Federal operating income at the highest possible level.

(4) The school will submit from time to time such reports as the Surgeon General may reasonably require to assure that these purposes are being carried out.

To advise the Surgeon General on the policies and regulations under which the program would operate, there would be established a National Council on Education for Health. In addition to the Surgeon General who would be ex-officio chairman and the Commissioner of Education who would be an ex-officio member, the Council would consist of ten leaders in the fields of health sciences, education, or public affairs. Four of the ten would be persons actively engaged in the field of professional health education.

On the day after this first bill was offered, I introduced a second piece of legislation designed to provide scholarships to medical and dental students through the states. Under this plan, each state wishing to participate would establish a Commission on medical and dental scholarships or designate an existing agency to serve as the State Commission. The Commission would develop a plan covering certain broad eligibility requirements which are spelled out in my bill, and which stipulates that the annual stipend paid any individual would not exceed \$1,250 of Federal funds or 1/2 the amount of the total awarded to the student. My plan also provides that insofar as possible 75 percent of Federal funds awarded the State Commission must be used for medical and 25 percent for dental scholarships.

Another important requirement is that the State Commission review annually the educational progress being made by each scholarship student.

To finance this program the bill calls for an appropriation of \$5 million for the first fiscal year beginning July 1, 1961; \$10 million for the next fiscal year; and an equal amount for the next eight years.

The Surgeon General will be advised on policies, regulations and administration of this program by a National Advisory Committee on Medical and Dental scholarships. This group will include the Surgeon General, who shall also serve as Chairman, The Commissioner of Education and 10 members appointed by the Secretary of Health, Education, and Welfare. Three of these shall be recognized authorities in the field of professional education, three shall be teachers or practitioners in medicine or dentistry and four shall represent the general public.

Since my bills were introduced, others having the same general objectives have been proposed, following up on the request made by President Kennedy in his health message of February 9 that over the next decade the capacity of medical schools be increased by 50 percent and of dental schools by 100 percent.

I am particularly impressed with one of the provisions of one of these which would help expand the teaching facilities in much the same fashion that the research facilities of the schools and universities have been expanded by Federal grants in recent years.

Under that provision a new 10-year construction grant program would increase the facilities for training physicians, dentists, and professional public health workers by providing Federal funds to match non-Federal money for new schools or for major expansion of existing schools. Priorities would be based on the amount of training expansion the construction would make possible and on distributing training opportunities geographically.

Construction grants could be made for any facility needed in teaching medical, dental, or public health students, including teaching hospitals. Where new schools are being built or existing schools are being expanded, the Federal share of construction costs could go as high as 66 2/3 percent. Other grants would not cover more than 50 percent of construction costs.

The proposed bill would also extend, I am glad to say, the present legislative authority for research facilities grants for three years and strengthen it by increasing the present authorization from \$30 million to \$50 million annually. The existing backlog of over \$60 million in preliminary and final grant applications, gives widespread evidence of overcrowding of available facilities in research institutions throughout the country, and the proposed rapid expansion of training programs all underscore the need to extend and increase the present authority for financing the building and improving of research facilities.

The law would modify the present act, permitting the Federal Government to meet the total cost of a facility to be used for research and other related purposes, including research training. For other multipurpose facilities, the Federal portion of construction costs would be limited to the research part or proportionate use of the facility.

I believe the needs are so clearly apparent that this Congress will take affirmative action of some kind. Whatever that action may be, I will do all in my power to make certain that it does not lead to Federal control.

I am committed, as I believe you are, to the principle that teaching at every level and in every field of science must remain free of central domination. It must retain flexibility to meet rapidly changing scientific patterns and the particular needs of diverse geographical areas. Finally, it must truly reflect the wishes of the scientific and academic community.

All of these requisites are served best when governmental financial responsibility is shared by non-governmental funds and interests and guided by non-governmental advice. My proposals stress this factor, and I believe, reflect the wishes of all who know the importance of maintaining the integrity of teaching, of medicine, and of science.

Fifteen years of experience with the NIH research grants, research training and research construction grants programs have demonstrated that Federal assistance has not brought Federal control. Instead they have been programs of, by and for free inquiry. They have nourished freedom rather than restricted it. They have helped stimulate a volume, scope and quality of medical research in this Country that has no parallel in history.

By following the same principles I believe we can accomplish the same objectives in Federal aid to medical, dental and related education.