national situation regarding this manpower shortage. That is the part of the problem I would focus on. We have 280,000 physicians in the country at the present time. That is not enough to meet our tremendous population growth. It does not do very much good to the sick person to be able to say, when he cannot get the medical care he needs, that we have got 280,000 physicians and they are earning, on the average, more than $25,000 a year, because you are not meeting the needs of people in that sense. And what I am saying is that what we are trying to do here is not help the physician or group of physicians but to see that we encourage a form of medical organization that will deliver medical care to the people as they need it.

Mr. ASHLEY. On page 2 of your statement, you picked out some group practices which have certainly been very constructive, the Kaiser-Permanente program, and the Palo Alto Medical Clinic, and others. But this is not the usual type of group practice that we are talking about, is it, Mr. Cohen? Isn't it true that most group practices are for the convenience of the doctors and not the patients?

Mr. COHEN. Well, I would rather have Dr. Lee comment on the matter of convenience to the doctor. But let me say this—even if I were to make the assumption that it was more convenient for the physician, I still think it is in the national interest to remove obstacles to physicians working together where they are ableto deliver a greater quantity and a higher quality of medical service to sick people.

Mr. ASHLEY. All right. But——

Mr. COHEN. It helps both physicians and patients, is what I am saying.

Mr. ASHLEY. All right. Perhaps. But certainly the group practices that are outlined in the last paragraph of your statement on page 2 are not the usual kind of group practices?

Mr. COHEN. What do you mean by that? I don't follow you. They are illustrative of some of the better known and more geographically distributed. But there are several thousand of them, approximately 2,000 in the United States. So I imagine you would find quite a wide range of types of practices, if that is what you mean.

Mr. ASHLEY. On that point, the growth has been from 400 in 1946 to some 2,000 today. Tell me about this rate of growth. This is not fast enough, I take it, in your view?

Mr. COHEN. That is correct, sir. I think that it has grown, but I don't think it has grown in any way commensurate with the tremendous growth of population. And it has not grown in relation to the tremendously increased costs, for instance, of hospitalization.

Mr. ASHLEY. But we are talking in terms of the number of doctors, not the population figure. The relationship of the number of doctors to population has been very bad. There has been no real sense of responsibility in this area whatsoever. The gap keeps widening. Isn't that so?

Mr. COHEN. That is right; especially for family physicians—general practitioners. The ratio of physicians to population over the next 10 years is going to remain stable. We are going to train more physicians, and we are going to have more population, and the relation of physicians to population is going to remain about the same. Now, if that is so, and people want more medical care and with our population aging and medicare going into effect, and with increasing incomes and