On the other hand, my brother, who had no such help, but came back from World War II to attempt a practice in San Antonio, found it a difficult thing. Practice is not as easy as many people would have you think. Just because a man has an M.D. degree and has a professional career ahead of him does not mean that he can start right in. And he is now involved in a group practice in a facility known as a polyclinic, in which the doctors have the resources in order to obtain the credit, in order to construct the building and buy the equipment. And after some 10 years or so, maybe more, they still have their mortgage arrangements and their payments, plus keeping it up. At the same time, they are serving an area need, a vast need which of the deprived area in West San Antonio, which is predominantly of Mexican descent, or Latin American, or whatever you want to call it. I think that this legislation here is an indispensable adjunct to the Health and Professional Act that was recently passed by this Congress.

In that connection, I would like to sincerely compliment Dr. Graning for his personal contribution to making that a reality. And also to give acknowledgment to the debt that my district, the 20th District, has, because it would have been impossible for us to be counting on the full construction of the third branch of the University of Texas Medical School had it not been for the passage of this act, because the legislative enactment—which incidentally I offered when I was in the State senate—which created this third branch, was completely conditioned on Federal grants. This is the way the Texas Legislature wrote the law. It said, we will provide our support when and if the Federal Government has grants-in-aid or matching funds itself.

So this has become an inextricable partnership arrangement.

I am very glad that through this legislation you visualize and contemplate the partnership arrangement extended to the primary areas where the doctors will be helped in a meaningful way, and where they still can retain all of the aspects of their private practice.

There is no question that the general practitioner today is confronted with a very serious problem. In fact, he is confronted with gradual extermination. And I think that this type of legislation is not only right; it is not only just, but very necessary, to do the very thing that we have already undertaken as a principal step in the Congress, and that is to reduce the wide gap between the existing number of doctors and the increase in population.

I might say in conclusion that I happen to agree with the concept of insured loans as well as direct loans. I know and I am aware that there is more of a controversial aspect to the doctor loan type of activity. But I, for one, have never shared the gloom and doom of the dire prophets and all of these people who have opposed everything from social security to medical care to the Construction Act of 1963.

I might finalize this by just saying that I think my record in voting for medicare clearly shows my position; and again in this family constellation of doctors we had a division of opinion. And the only one who could never afford to say anything to me was my own brother, because in 1937, in the middle of the depression, he could not have gone to school if it had not been for NRA. And so he never said anything about medicare.