

Mr. ROGERS. I thought we had dispelled that in writing the bill. We made every attempt to in this committee. I recall the concern when the bill came out of the Senate. It would have put up medical complexes where patients could be referred, and so forth. But we changed the concept of the program in this committee, as you may recall, and, I hope, dispelled this idea. And I would hope the American Medical Association could dispel that viewpoint.

Dr. CANNON. I think the amendments have been very gratifying, but the shock wave initially was rather great. And, as you know, this is something that we have had to gradually overcome.

Mr. HARRISON. May I comment, Mr. Chairman, that as indicated by Dr. Cannon in his statement, that because of the amendments made by this committee at the time it passed on this bill, the fears and concern of the association were somewhat quieted. And while there still remains some concern, we have seen much hopeful promise.

We have been very much appreciative of the work done by this committee in the adoption of the initial program.

Mr. ROGERS. Thank you.

I notice you express concern on page 3—you don't know yet how much this program may add to the stress of an already overtaxed supply of available medical manpower.

It was my concept in the original legislation, and from hearing testimony, that rather than add a burden to manpower, this would perhaps serve as an easing of manpower, because the theory was that you could quickly get to the doctor in his own locality the latest treatments, the information of the latest treatments, and so forth. And teams could be brought in from the university centers to work with them in a cooperative spirit, where it didn't take the time of the local man to have to go someplace for 2 weeks in the summer to do the continuing education that we carry on now. Communications would be improved, and this was, I thought, a hopeful way of helping to ease the manpower problem rather than put a burden on it.

What is your feeling on that?

Dr. CANNON. I think your point is well taken. The average practicing physician is somewhat in a box for time. He bounces around and can't really break away from an educational experience.

However, many men, as you know—I would say most of them—are dedicated to continuing self-education.

What I had reference to here was the number of personnel, the demands on an already scarce commodity has been increased, and the utilization of those people who are trained in medical care to administer programs, to participate in them, to teach, to set up units. We don't have any specific figures, but we are concerned.

Mr. ROGERS. I am interested in having information along this line, because I would see it operating just the opposite, and I would hope it would.

Dr. CANNON. May I ask Dr. Ruhe, who is director of our Division on Medical Education, to comment?

Mr. ROGERS. Yes.

Dr. RUHE. I believe what you said will ultimately be the case. In the planning and early operational stages, however, it has been necessary for all of the regions to accumulate rather large staffs of professional people to administer the program and to direct it.