Mr. JARMAN. It is good to have you with us.

Dr. LEE. Mr. Chairman, it is a pleasure to testify on, and give our full support to, the Health Manpower Act of 1968, H.R. 15757, introduced, as you noted, by the distinguished chairman of this committee.

Health manpower is vital to all our health endeavors. The Nation cannot afford any interruption or loss of momentum in the efforts we are now making to provide the people trained to meet its health needs. For that reason we strongly urge enactment of the bill this year.

The Health Manpower Act of 1968 will continue and strengthen five major health programs authorized by the Health Professions Educational Assistance Act of 1963, the Nurse Training Act of 1964, the Allied Health Professions Personnel Training Act of 1966, and the Health Research Facilities Act of 1956, as well as the Public Health Service Act authority for public health traineeships and project grants to schools for graduate or specialized training in public health. This committee has played a very important role in the development of these programs.

These laws have provided the foundation and the framework within which the Federal Government has become a partner with educational institutions in providing the facilities and the faculty for the difficult but essential task of preparing the large numbers of skilled personnel necessary to translate the Nation's expectations for health care into reality.

Under these laws new schools have opened their doors and others have significantly expanded and updated their training facilities. Schools have been assisted in strengthening their curriculums so that those who are trained are realistically equipped to serve the health needs of the people of this Nation.

Students in the health professions have received loans and other financial assistance enabling them to undertake health careers in which they could not otherwise have become engaged.

The programs authorized under the existing laws have involved a variety of institutions and agencies, varied in their organizational patterns and their social settings. Some are free standing, some are relatively independent members within a university system, some are integral parts of universities and colleges, and some are products of the community and close to the community.

Throughout our society we are experiencing shortages of trained people, and inadequacies in social arrangements, to deal with the vast, complex, and frequently long neglected problems with which we are now confronted. The problems associated with the prevention of illness and with the care of those who become ill are related to all other aspects of contemporary society and must be viewed in that context.

We are all concerned with the quality and availability of health services. Among the large number of factors involved, the most significant include public education which has led to a greater understanding of the significance of individual and community health; a rising, and sometimes unrealistic, expectation of what the medical sciences can offer; rapidly increasing medical knowledge and technology which have profoundly altered health care; increases in the population, its geographic and age distribution; and an emerging social policy that adequate high-quality health care should be available to all who need it.