Dr. RUHE. Yes. I do not mean to minimize the importance of research in any way.

Mr. ROGERS. I would agree. I do not, either.

Dr. RUHE. We believe what has been done in the medical centers has been tremendous in the way of increasing the research potential and what has been developed. There has also been the development of graduate medical education, of nursing education, of the education in the allied health professions and services. All of these things have been coming along at the same time, and Dr. Sodeman mentioned the involvement of the medical man in the community. The regional medical programs are in demand in the communities, and other programs of this nature and all of these things are important and it is difficult sometimes to say which is the most important at any given time. One of the problems, I think, is that there is usually a time lag between recognition of the need for a particular service and the time you can get geared up to supply that service.

I think this is particularly true in medical education where there is a time required from the beginning of the pipeline to the end of the pipeline before the people begin turning out.

Now, we do have these 17 medical schools currently in development of which seven now have medical students in them and five will next year, and the others will within a couple of years from now, so the pipeline will begin to deliver more people. But we do feel there has been an overemphasis perhaps on some of these other things rather than the producion of physicians over the past few years. I think the joint statement of the AMA and AAMC now emphasizes that and we have been urging all the medical schools now to make their No. 1 priority the production of more physicians.

Mr. ROGERS. Good.

Dr. RUHE. Now, one word about the question of what the individual school can and should do and whether it should be required to increase. I think we have always supported the concept that in this country the individual university developed on its own initiative and with its own goals and with its own concept of how it should reach those goals provides the strongest education. We still support this. We believe that the individual institution should be permitted to determine what its objective should be and whether it should greatly increase its numbers or try to maintain a position doing other things without increasing numbers. However, as I said before, our two associations have now taken jointly the position of urging all the schools to consider if they cannot increase their numbers. We would prefer as an association not to have every institution required to do this but to provide all an encouragement and incentives to persuade them, those which see this as part of their mission and part of their goal in line with their objectives, to be able to do it.

Mr. ROGERS. Now, let me ask you this.

Dr. RUHE. Most medical schools are doing this, I would say.

Mr. ROGERS. Except the 35 that have decreased. Let me ask you this.

Dr. RUHE. Even many of those schools today are now expanding or gearing up for an expansion in numbers of graduates.

Mr. ROGERS. Good. Well, I hope so. Let me ask this. Of course, I think all of us agree with the concept that we want the institution to develop its own goals, no question about that, but take our viewpoint