

**STATEMENT OF HON. WILLIAM T. CAHILL, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF NEW JERSEY; ACCOMPANIED
BY NICHOLAS D. HEIL, LEGISLATIVE ASSISTANT**

Mr. CAHILL. Thank you very much, Mr. Chairman, and members of the committee. May I say before starting my statement that I think Mr. Rogers has pretty well anticipated what my views, as expressed in this statement, will be, and I will say to Mr. Skubitz that I think I can supply him specifically with the figures that he wants because we have made a survey of the 88 medical schools in the United States for the purpose of determining the very question that he has asked. I should also like to say to Mr. Nelson, sharing as I do his views on the practical nurses, and knowing the chairman's intense interest in this entire program, that I hope that my testimony will point out the scope of the problem and perhaps make several suggestions that might, hopefully, contribute to its solution.

I think that all of us know that during the past several years hospital officials, medical educators, the press, representatives of organized medicine, and the public representatives in Government, have spoken of an "impending" crisis in our Nation's system of health care. However, it has become evident that far from threatening in the remote future, crisis conditions presently exist. As reported by the President's National Advisory Commission on Health Manpower several months ago, and I quote:

The indicators of such a crisis are evident to us as Commission members and private citizens; long delays to see a physician for routine care; lengthy periods spent in the well-named "waiting room," and then hurried and sometimes impersonal attention in a limited appointment time; difficulty in obtaining care on nights and weekends except through hospital emergency rooms; unavailability of beds in one hospital while some beds are empty in another; reduction of hospital services because of a lack of nurses; needless duplication of certain sophisticated services in the same community; uneven distribution of care as indicated by the health statistics of rural poor, urban ghetto dwellers, migrant workers, and other minority groups which occasionally resemble the health statistics of a developing country; obsolete hospitals in our major cities; costs rising sharply from levels that already prohibit care for some and create major financial burdens for many more.

Now, gentlemen, however, despite knowledgeable estimates that our Nation is presently short 50,000 doctors, and that by 1970 we will be short 250,000 nurses, the Advisory Commission fails to conclude that these conditions of crisis are primarily the result of a national shortage of health manpower. Rather, it places major emphasis on integrating and coordinating America's medical care delivery system. The major portion of the Commission's report is devoted to demonstrating the need for reorganizing this delivery system with its present "duplication, high cost, wasted, efforts and overlapping aspects."

In my opinion, the Commission has misjudged the nature and causes of what is wrong with the American health care system. While I recognize that this crisis is not simply one of numbers, I am convinced that it will be impossible to improve our medical care system without a massive national effort to provide large increases in available physicians, nurses, and allied health personnel. In my judgment, without sufficient health manpower there can be no integrated system of health care in the United States.

I would thus commend the major thrust of H.R. 15757 which has been called the Health Manpower Act of 1968.