This legislation, in my opinion, represents a major departure from the thrust of previous legislation directed to training doctors, nurses, and allied health personnel. Largely, the Federal Government's role has been to provide massive grants for research activities. In 1967, for example, the Federal Government expended over $1.5 billion for medical research and development. Largely, this amount was for research efforts conducted by private or State medical schools pursuant to NIH or other Federal Government agency grants.

The effect of this massive research support by Government has been to detract from the number of health manpower graduates each year. In short, our national medical education system has not produced treating physicians for 90 percent of the public's illnesses, but rather a professional corps of researchers and specialists.

There is complete agreement, even by representatives of the medical schools and by organized medicine, that research has diverted physicians away from the patient and hospital and into laboratories. Medical schools have found it necessary to support education and teaching programs through grants intended for research. Moreover, other results have been serious questions of accountability for funds, wasteful duplication of research projects and equipment, and an academic grantmanship that has often provided poor research projects and results.

In short, even a special study group of the AMA has concluded, and I quote:

> The adverse effects of Federal research grants on medical schools arise from many sources. Primarily they arise from the imbalance caused by burgeoning financial support for research in the midst of a relative scarcity of funds for educational programs.

Now, however, the Health Manpower Act of 1968 seeks to provide a balance between the functions of education and research by providing an improved and more intensive program of Federal financial assistance to medical and professional health care education. Under the act Federal grants for teaching facilities, grants for demonstrating the need for reducing the number of years needed to train health personnel and institutional grants which provide broad support to the educational functions of medical schools are expanded. It is especially encouraging to note that the institutional grants will be allocated to medical schools on the basis of a formula which provides incentive to expanding student enrollments.

However, in my judgment, the Health Manpower Act contains many features which tend to perpetuate inadequacies in the existing system of medical and health education. Primarily, this legislation continues to place undue emphasis on research and specialization.

In my judgment, this legislation should be carefully analyzed by the appropriate congressional committees to determine whether it will produce the intended results of providing widespread health care or whether it will merely institutionalize the existing tendencies of medical and health professional graduates to enter into specialties or research and academic oriented careers. I am convinced that these are the directions that most of the nation's medical school graduates will take unless something is done.

Now, Mr. Skubitz, to ascertain the seriousness of this, Mr. Heil, who is from my staff, under my direction forwarded a letter to the deans of our Nation's 88 medical schools. And we said: