Under this formula each school will receive a basic grant of 25,000 with the remainder of appropriations distributing according to relative enrollment and relative increases in enrollment. However, in my judgment, these incentives to increase enrollment will have a major national effect on the output of medical graduates only if there are massive appropriations. Most medical schools will continue to find that research is the easiest and the most lucrative way of obtaining funds. What I believe should be undertaken is an effort to tie NIH and other research grants to medical schools to a formula which will require increased enrollments as a condition precedent to receiving Federal research assistance. I would thus advocate that amendment to the proposed Health Manpower Act be considered which would reduce the number of categorical project research grants administered by NIH, substituting therefor expanded "institutional research grants." These institutional research grants should be granted to medical schools rather than to principal chief investigators as is the current practice, and should be allocated on the basis of a formula which would give a weighted priority to those schools undertaking enrollment expansion.

May I say parenthetically, it has been brought to my attention and it is presently under investigation, that some of the medical schools in this country are attracting and inviting men to join their staffs and to have high positions on their staffs based in some measure at least on the amount of their Federal grants which they bring with them and which is shared by the institution, and secondly, it has been represented to me, and I am not prepared to present it factually at the moment, although this is also under investigation, that this is having a very marked effect upon the teaching in those institutions because these men, rather than being clinical professors, are really research professors. These practices are seeping down into the students and instead of having the professors available in the classroom, we find they are in the laboratories and some assistant is in the classroom. The whole system, in my judgment, Mr. Chairman and members of this committee, needs a real good examination by this committee and I am delighted to see such interested and knowledgeable men on this committee who are going to do just that.

Let me close by saying that while I recognize that this general position is opposed by the AMA and the AAMC, independent preliminary investigation convinces me that such an allocation of research funds is necessary. The AAMC is quick to urge that research is necessary to "maintain a balance in the multiversity concept of research, education, and community service."

Let us examine this proposition. According to information provided me by the Department of Health, Education and Welfare and the American Medical Association library, the following is the effect on the number of medical graduates at the 10 medical schools in our Nation receiving the most research money.

No. 1, Yeshiva University, the Albert Einstein College of Medicine, received grants of $10 million—I will just give you the millions without the thousands—$10 million. They graduated in 1965, 89 students as compared to 87 in 1966. That is a decrease. In 1965, 89, in 1966, 87. That is a decrease of two.

Columbia University, $10 million. Graduated in 1965, 114; 1966, 109. That is a reduction of five.