limited, the effective demand for their services is open-ended. That demand has skyrocketed in recent years and, as always in circumstances where the supply is limited and the demand increasing, the result is higher prices. Thus far, this is probably not a major factor in the rising costs of medical care but it is certainly one factor which may become more important and it is one that can only be taken out of the equation by the passage and full funding of legislation such as you are now considering.

The second aspect of our grave physician shortage which I would call to your attention is the fact that it is real even though hundreds of young Americans who would like to become doctors and who are well qualified to become doctors do not become doctors simply because we—our society—has not given them the opportunity to do so.

I would like to impress on this Committee the fact that in the United States, it is only in medicine and dentistry, so far as we know, that a qualified man or woman cannot find academic opportunity. In every other field, from astronomy, astronautics, and biology through mathematics and physics to zoology, if a young man or woman has what it takes he can find an approved school to admit him. This is not so in medicine and dentistry. Yet our Association of American Medical Colleges is firmly on the record as believing that every qualified young American who wants to be a doctor should have that opportunity. Our colleagues in dentistry agree. We simply do not have enough schools or big enough schools or enough faculty manpower to do the job. If the Congress will give us the tools by passing and fully funding this legislation, we will do the job. We so pledge.

Now, Mr. Chairman, my third point on the doctor shortage: the opposite side of the coin I have just shown you. Inasmuch as we have been unable to train enough of our own people in medicine, we have become woefully and alarmingly dependent on the importation of non-American foreign trained doctors badly needed in their own countries and some of whom are not as competent to treat our people as would be those we could train ourselves. Some 40,000 graduates of foreign medical schools now practice in the United States. Twenty-five percent of the interns and 33 percent of the residents in your hospitals (80% of the staff in some hospitals) are foreign trained. Without them scores of hospitals might have to close their doors. Foreign trained physicians arrive here at the rate of some 8,000 a year and some 2,000 obtain licenses to practice here permanently. We would be delighted to have them do so if it were to secure that sort of advanced training prior to returning to serve their own people that our own doctors at the turn of the century sought when they went abroad to study in Edinburgh, London, Vienna or Germany. But that is not the case. They come, for the most part, and they stay because we have become dependent on the importation of these 2,000 a year while, at the same time, the nation refuses some 2,000 qualified young Americans a chance to study medicine. This, too, is in the power of the Congress to correct.

Now, Mr. Chairman, I would like to offer for consideration of the Committee, some specific suggestions regarding amendments to or clarification of the bill. We would have it understood that we think it an excellent bill and we strongly support its passage. The five suggestions we make are intended merely to reinforce what we believe to be its intent on points which might later be misconstrued or lead to administration problems. Our suggestions follow.

One: Section 101 on page two of the bill provides a single authorization for construction funds to go to schools of medicine, dentistry, osteopathy, professional public health personnel, veterinarians, optometrists, pharmacists, and podiatrists. We believe it obvious that the costs of facilities essential to the training of physicians and dentists involves a range of capital expenditures, operating expenses and program complexity of a different order of magnitude than that characterizing the facilities essential to the training of other categories of equally essential health personnel. To avoid the possibility of an interpretation of the Act leading to the belief that a simple formula distribution of the total funds appropriated for construction should be made among all those schools of the health professions involved, we believe the Committee may find it desirable to provide for two authorizations, thus assuring separate consideration of the amounts to be appropriated for facilities used in the training of doctors of medicine, dentistry, and osteopathy on the one hand and those for the training of the other categories of health personnel on the other.

Such an amendment would not, of course, call for any additional expenditures.

We have attached to this statement the draft of such an amendment in the hope that it might prove helpful to your legislative draftsmen should the Committee favor our proposal.

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