The bill before you provides for "such sums as may be necessary"— for an open-ended authorization.

We sincerely hope that this Committee and the Congress will see fit to retain that language.

We know and we believe that this Committee knows how very great an increase in medical manpower this nation needs.

We know and you know that to meet that need will require funding at a far higher level than we can hope to achieve for fiscal 1969 and, perhaps, for fiscal 1970 as well—though we hope not.

Neither we nor the Committee knows what amouts of matching funds states, local, communities, foundations, or individual philanthropists may be willing to contribute to start new schools of medicine or to expand existing schools over the next several years.

But the Congress will know what the nation can afford and we will know what matching funds might be raised in each of those years.

This bill provides the mechanism through which we can begin a process that will lead to the solution of our critical health manpower problem. The "Health Manpower Act of 1968" can become an historical document with which each of us can be proud to have been associated.

But the promise which this bill holds out can be negated if funding limits are imposed which have no relation to the realities confronting us. The promise can become a mockery.

We can well understand the insistence on the part of many members of the Congress that most such bills as this contain reasoned figures as to probable costs. We hope they will not insist on applying that principle to this measure. Our real concern, however, is not with the principle or its possible applicability to this bill but rather with the estimates of costs that might be imposed upon it.

We have seen the figures given Senator Hill's commitee by the Administration. We can only say that if any such figures are adopted by the Congress and written into this legislation, we will have been served notice that for the life of this measure we cannot even hope to begin to meet your needs for a meaningful increase in medical manpower.

We assume that those figures must have been based not on any estimate as to what it will cost to produce the number of doctors the nation will need and our schools might produce but rather on what the Bureau of the Budget thought it could approve in the light of this year's budgetary crisis.

We would suggest, Mr. Chairman, that, if your Committee believes it must write fiscal ceilings into this bill, it request the Administration to provide figures which relate the quantity of the various types of health manpower needed to the probable costs of producing that manpower. Those are the only sort of figures which should appear in this legislation: figures based on costs of production to output desired. The decision as to what extent the possibility thus created can be realized in a particular year will then quite properly be a function of the Congress acting through the appropriations process in that particular year. We ask only that this measure, when it is enacted, present our people with a balanced picture of both the means and the cost of meeting America's demand for the health manpower it so badly needs.

STATEMENT OF WILLIAM N. HUBBARD, JR., ON BEHALF OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, BEFORE THE SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE, MARCH 20, 1968

INTRODUCTION

S. 3095 is a bill that will find a place with other historic legislation that has carried us so far toward our goal of health for the people of the United States.

The American people are deeply concerned about health. Responding to this concern from 1946 to 1963 the Federal Government, largely through the Department of Health, Education and Welfare, joined state and local governments, health and educational institutions, voluntary health agencies, private philanthropy and industry in meeting two especially-critical needs in the attack on disease: the construction of hospital and other facilities for the care of patients (Hill-Burton program), and the support of medical research (National Institutes of Health).

Continuing expenditures by the Government in support of these two programs still represent investments in the health of the nation which pay rich dividends,