

as has been amply documented. It is imperative that these programs be continued and developed further.

Health service facilities and medical research have made possible dramatic progress in the prevention and treatment of disease. By 1961, a block to the effective use of new knowledge and to the pursuit of further knowledge was the increasing shortage of personnel in the health professions, particularly doctors. This block can be removed only by the improvement and expansion of the nation's system of medical and other health professional education.

The Health Professions Educational Assistance Act of 1963, the Nurses Training Act of 1964, the Allied Health Professions Personnel Training Act of 1966, as well as the Health Research Facilities Act and the acts supporting public health professional education have made important contributions toward removing that block. The concept of an omnibus bill as S. 3095 is most suitable in dealing with these multiple acts because each of the separate titles supports interdependent efforts that have a common purpose—the achievement of health for the people. This interdependency and common purpose will require ever closer cooperation in planning education and in practice by the many branches of the health professions and allied health personnel. Epitomizing this cooperation and interdependence is the modern medical center.

In considering needs of medical and other health professional education, it is important to understand the variety, complexity and interrelationships of activities involved in the training of such personnel. This is especially true in relation to the three components of medical education: teaching, research and service. The inseparable nature of these three functions has led to the "medical center" concept as a more realistic characterization of medical education than the too frequently held concept of the medical school, the teaching hospital, the research program, and community health services as activities independent of each other. However, two separate federal support programs—for medical facilities and for medical research—while understandably directed toward specific restricted objectives have complicated the conduct of medical education by failing to recognize that research and service are integral functions with teaching. Thus, the need for service facilities and the need for research facilities in a medical education environment have been considered independently by the government, and provision has also been separate for teaching facilities, although teaching is basic to both service and research.

The first hard fact to be faced is that there is not enough health manpower to meet the needs of the American people. There are not enough doctors and not enough supporting people. The shortage of physicians is beyond a question the most critical single element in manpower for health service. Although medical schools have increased their capacity to educate physicians and new schools have been created, the increase in the supply is not keeping up with the need. In light of the growing demands for physicians' services despite the hopeful offsetting factors of increasing his productivity by training as yet undefined categories of assistants, it is clear that more physicians of high quality must be trained as quickly as possible and that the resulting increase in number of physicians will be healthy not only for the nation but for the profession itself. Between now and the middle seventies, we will have approximately 100 medical schools in the United States which can produce the physicians we need. The adequate support of the faculties that are responsible for this medical education is a prime need for the future health of the nation. These 100 institutions must not have their potential limited by an artificial shortage of funds. Artificial because the investment necessary for them to optimize their output is miniscule in comparison to our country's wealth and in comparison to the enormous benefit such an expenditure would bring to the health of people.

In order to enable the nation's medical schools both to meet today's crisis and to attain the longer-range goal of unrestricted educational opportunity, those responsible for allocation of resources must recognize the magnitude of these tasks.

There are both immediate and long-range steps which should be taken. The immediate steps are:

1. To increase the enrollment of existing medical schools. Considering the time required to create new schools and to provide a student with a medical education, there is no alternative to this step in meeting our present emergency.
2. To foster curricular innovations and other changes in the educational programs which could shorten the time required for a complete medical educa-