2. Project grants for education or research should allow for overlapping use of these resources within the Academic Medical Center, to the extent that the fulfillment of the primary purpose allows.

3. Academic Medical Center construction grants should not be restricted to the exclusive use of only one part of the triad of training, research, and service. Common use of an area is inevitable if research and service are part of the teaching environment.

4. A system of accountability which accepts the full range of health-related efforts in the Academic Medical Center should be developed. An accounting concept which requires complete separation of teaching, research and clinical service is not in the best national interest because it decreases the advantages of interaction among these interdependent activities.

The medical schools of the Unietd States and their associated Academic Medical Centers require improved support from the Federal Government in order to meet their obligations to the health of the people. The expectations of the people will only be fulfilled through increased output of physicians along with other professional and supporting health workers, through continued support of both basic and applied research, and through enhanced delivery of health care in the community. In each of these functions the medical schools and their associated Academic Medical Centers are an essential national resource.

SUMMARY

We are told that, after agriculture and manufacturing, health is the largest industry in the nation. The quality of this great system of health care can be no better than the knowledge and skill that serves it. A physician remains at the apex of the team of professional and allied health workers who translate this knowledge and skill into service. It is from the medical schools of the United States and their reltaed Academic Medical Center programs that the knowledge, skill and physician manpower essential to this health-care team will come. By providing these 100 Academic Medical Centers with the resources they need to meet their obligations, the quality and effectiveness of the entire system of health care will be enhanced. Although the total number of dollars involved appears large when isolated, it is very small indeed in comparson with the magnitude of the expenditures for health throughout the nation. It is from a very deep and urgent sense of obligation to meet the health-manpower needs and the needs for improved knowledge and skill that we appear before the Committee to describe the resources that are necessary to meet these public purposes.

The real need of hte Academic Medical Centers of the United States actually far exceeds the recommendation in the Administration's health budget. Every university medical center in the United States, both state and private, is in trouble financially and some are in desperate straits. In order to meet their expanded obligations, all must have the space and the stable program support that is essential for their contributions in education, research, and patient service. The Academic Medical Centers of the United Ctates are a vital resource for the health care of the people of the nation and are an important part of the total assets of the nation. State and private agencies do not provide the funds required by all of the programs of the Academic Medical Centers since they have national as well as local purposes. Unless adequate funds from federal sources continue, we cannot fulfill the obligations to the health care of the people that they have evrey right to expect from us. We therefore urge the committee most strongly that every effort be made to assure that the funds appropriated to health-related educaion, research and service are adequate to meet the needs and expectations of our people.

Comments on S. 3095

The Association of American Medical Colleges strongly supports the Health Manpower Act of 1968 (S. 3095). It will extend and significantly improve the Health Professions Educational Assistance Act of 1963, as amended, the Nurses Training Act of 1964, as amended, the Allied Health Professions Personnel Training Act of 1966, project grants for graduate training in public health (Sec. 309 of the Public Health Service Act) and traineeships for professional public health personnel (Sec. 306 of the Public Health Service Act). Each of these have proven to be sound programs. Much has been accomplished toward the production of additional trained health manpower and the provision of additional educational opportunities in the health fields. But the demands and expectations of society continue to increase, much more needs to be done, and this omnibus blil