It is our opinion that the Institutional and Special Project Grants provided in the Health Manpower Act of 1968 provide excellent mechanisms for providing the funds the schools will need if the Act is passed and adequate appropriations are made.

The experience of the past decade and a half has demonstrated that after a firm commitment is made by a responsible institution that it will develop a new medical school, a number of years pass before the first student is admitted. This is so because of the time it takes to recruit appropriate leadership, acquire a site, develop plans for facilities, obtain funds from non-federal and federal sources for the construction of the facilities and for the process of construction itself. It usually takes a student four years to earn an M.D. degree. All young physicians are obligated for two-years of military service and all young physicians now spend two to five years as interns or residents in hospitals. For these reasons the development of new medical schools should be seen as a means of providing increased educational opportunities for students now in high school or grade school but not as contributing to the supply of young, fully-trained physicians in the next decade.

Another general factor of very great importance in the development of new medical schools is that of local initiative. The ability or willingness of educational institutions to grow and provide the academic support that a modern medical school needs is extremely important. The ability and willingness of local groups, communities, and states to provide the financial support a modern medical school requires are vital. And both of these factors are extremely difficult to predict in advance and from a distance. For example, how could anyone have predicted that the Hershey Foundation would have provided the financial support for the development of a medical school in that small community; that the State of Ohio would have reached a decision to develop a medical school in Toledo, or that Mount Sinai Hospital in New York would have undertaken the development of a medical school and formed an affiliation with the City University of New York for that purpose?

We greatly appreciated the opportunity to present our views to your committee.

Sincerely yours,

ROBERT C. BERSON, M.D.,
Executive Director.

Mr. ROGERS. I think it would be helpful. You know, project grants, no telling what could be done with those the way it is proposed under the bill.

Dr. BERSON. We think that the project grants could be tremendously helpful because medical schools that have faced the question of how can we expand enrollment by 25 percent or 50 percent, have come up with descriptions of what the institutions would need to do it. It almost always involves some facilities and it always involves some other things which can only be described for that institution. They need two men in this department; they need nobody in this department; they need a particular mosaic of resources, both physical and operational. Now, we think that institutions could come forward with proposals for project grants that would accomplish a great deal for the amount of money invested. To get on a continuing basis, they would have to look forward to the institutional grants and their own resources.

Mr. ROGERS. What about requiring them to have more students, produce more students? Do you not think that is a good idea?

Dr. BERSON. I think the incentive is more likely to be effective than the requirement. One thing that bothers me about the requirement in the present legislation is that it was arbitrary and small. Most of the medical schools that have seriously looked at this need and have felt strong enough to plan to meet it, do not want to plan to expand by five students or some such—and that was the requirement, but by a considerably larger increment.