here there is probably at least one, and maybe two, chronic diseases per person. We have got to do something about that and your problem is that somebody has to see them to detect these diseases to do something. But many of those diseases we still don't have the answer to.

Mr. ROGERS. No. I am sure of that. But, too, I have gone through NIH pretty carefully. We did a study of about a year and a half on it and many projects are good basic science and good basic research, but I am not sure that they are directed to the goal of the result to cure hearts, cancer, stroke, for instance.

Dr. MARTIN. Let me tell you a story that I can't resist telling you though you know it from Florida. You know the screw-worm was one of our worst enemies. The screw-worm was eliminated in Florida because a man found that this fly mated once. Now, he didn't care about screw-worm at all. He found that that fly mated once, but that information was sufficient in the hands of the applied scientists to eliminate it.

When Dr. Fleming saw penicillin on a plate, his actually looking at it, and Selma Waksman on Soil Actinomyces, none of these things had a feedback but they were a body of knowledge of which we applied scientists could say, ah, and then it opened a great vista.

Mr. ROGERS. I am not deprecating basic research. Really it is essential. But what I am saying is we could be giving more guidance——

Dr. MARTIN. You put your money where you want an answer, that is right.

Mr. ROGERS. And which we don't do.

Dr. MARTIN. That is right.

Dr. ROGERS. And we could reduce some funds in that area, still do the basic research in the areas where we need it, and perhaps do something to produce manpower.

Mr. Skubitz?

Mr. SKUBITZ. Thank you, Mr. Chairman.

I am daydreaming over some of the statistics in your statement, Doctor. I notice on page 3 of your statement you state that 40,000 foreign doctors in this country are practicing medicine today.

Dr. MARTIN. That is right.

Mr. SKUBITZ. And are they graduates of the better schools in Europe or not?

Dr. BERSON. No, sir. May I respond to this? We have not included here or brought with us the detailed breakdown that a very small percent of the foreign medical graduates coming to this country in each of the last several years have come from Western Europe at all. The big percent have come from the Philippines, from India, Pakistan, Greece, Latin America.

Mr. SKUBITZ. What are the requirements of a doctor in those countries? How many years of training and how many years of internship?

Dr. BERSON. They vary a little bit but typically there is no level of education comparable to college in our country. Typically, they think, they like to think that their high schools take the individual a little longer, a little farther along than our high schools, then they enter the university where the program is from 5 to 7 years in duration, but it is mostly lectures and memory work.

Mr. SKUBITZ. You heard Congressman Cahill's suggestion this morning.