or public administration, five are in general graduate schools, and others are parts of schools of medicine, health-related professions, and health services administration. Two are joint programs of two separate colleges. So, the programs do not fall administratively into the familiar niches. What this means is that these interdisciplinary programs are located in departments which have much to contribute to health program management, but with the exception of the eight in public health are outside the framework of most Federal support programs. Even programs in medical schools fail to gain access to necessary support because of the assumption that medical schools train only physicians.

It is also important to point out that the programs are very interdisciplinary. Regardless of the setting, most draw management teaching from the management school, medical orientation from faculty physicians, systems development content from engineering, and so forth. They involve teachers from economics, sociology, political science, and other faculties. The background of the program faculty members reflects this diversity. Hospital administration is proving to be an effective vehicle for mobilizing the full scope of disciplines which we must have working together for improved health services. This has particularly high payoff in the research activities the programs sponsor, which are contributing significantly to improved health care.

Mr. Chairman, we applaud the significant improvements in health manpower programs which the Health Manpower Act of 1968 embodies. Most of the people encouraged and aided by the programs under this act will work in hospitals and related facilities. Many will receive much of their training in hospitals. The Labor Department reported that, in 1965, there were 2.7 million jobs in the health service industry. About three-fourths—2 million—were in hospitals, and another quarter of a million in nursing homes. Of the predicted 5,350,000 health service industry employees in 1975, 3,375,000 will work in hospitals. It is toward the need for these people that the 1968 Health Manpower Act is focused.

The act stresses, for example, nursing education—about two-thirds of all active professional nurses are employed in hospitals and related facilities—other professions could be mentioned to reinforce the point that the hospital is the prime consumer of health manpower. When we speak of optimum utilization of scarce and expensive health personnel, we are really speaking of effective hospital management. The emphasis in the act, and in other places, on new health technologies, is largely focused on hospital-based technologies. How such technicians are utilized, indeed, if they are utilized, depends in large part on hospital management.

While we are considering health manpower here today, it should be recalled that although all health costs are rising very fast, hospital costs are outpacing all others. And 60 to 65 percent of hospital costs are salaries. Critics of health costs call for more effective utilization of personnel to control costs. Critics of quality of medical care call for more personnel with better training, as well as for more effective institutional quality controls. In addition, of course, the public has a vast investment in the bricks and mortar. Through the Hill-Burton program alone, the public has invested billions of dollars in hospitals.