local operating funds, and so on. The establishment of new schools depends upon the number of universities in the country in a position to establish medical schools and our success in persuading them to do so. There is no present possibility of too many medical schools being established. If many additional universities are persuaded to establish medical schools, it will be because the Congress has made it economically possible for them to do so by providing both construction funds and operating funds under attractive conditions.

Mr. Skubitz asked if we would provide information as to what proportions of one graduating class is going into practice, into research, into teaching or industry. It should be realized that a number of years elapse after a class graduates before the ultimate destination of its various numbers is known for somewhere between two and six years of graduate training and two years in the armed service follow graduation. Mr. Cahill's questionnaire circulated to the deans showed the present intention of two recent graduating classes as these were known to the deans answering the questionnaire. It was reported to Mr. Cahill by the deans who replied to the questionnaire that of the students graduating in 1957 and 1958, 69.5% expected to specialize, 15% expected to go into general practice, 11% into research or academically oriented careers, and 4.5% into military service or administrative medicine. The latest study showing what students graduating in a given class year actually do a number of years later is one conducted in 1965 and 1966 of the physicians who had graduated in 1955, ten years earlier. It was found that in the class of 1955, 69.9% were in private practice, compared with 77.6% of the class of 1950. 9.5% were in teaching or research compared with 6.3% of the class of 1950. 76.8% of the class of 1955 limited their practice to a specialty and 17.7% were in general practice, compared to 68.1% and 24.6% respectively for the class of 1950. The relevance of these figures to the behavior of the class of 1968 is uncertain.

I hope that the information provided above clarifies and amplifies adequately that presented in our testimony before the Committee.

Let me express on behalf of the American Medical Association appreciation for the opportunity provided our witness to appear before the Subcommittee and present our views on the subject of health manpower.

Sincerely,

F. J. L. BLASINGAME, M.D.

STATEMENT OF HENRY B. PETERS, O.D., ON BEHALF OF THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY AND THE AMERICAN OPTOMETRIC ASSOCIATION

Mr. Chairman and Members of the Committee, I am Henry B. Peters, O. D., Assistant Dean, School of Optometry, University of California at Berkeley. This month, I am completing a one-year term as President of the Association of Schools and Colleges of Optometry whose members are the nation's ten optometric teaching facilities. I also serve as a member of the American Optometric Association's Committee on Public Health and Optometric Care.

The Association of Schools and Colleges of Optometry and the American Optometric Association appreciate this opportunity to express support of H.R. 15757, the Health Manpower Act of 1968. While there are a few points we feel may warrant further consideration before passage, there is no question about the need for continuing the programs with which the bill deals.

Optometric educational institutions have witnessed firsthand some of the results of the Health Professions Educational Assistance Act and subsequent amendments. One of the most recent events pointing up the benefits of the Act was the dedication of a new optometry building at Indiana University in April. The building houses the Division of Optometry and provides additional facilities for graduate school programs in Physiological Optics.

In June last year, the College of Optometry at Pacific University, Forest Grove, Oregon, dedicated its expanded facilities made possible in part by a $300,000 grant under P. L. 88–129. There are other projects in progress, including facilities at Illinois College of Optometry in Chicago and Southern College of Optometry in Memphis, Tennessee.

The remaining six colleges of optometry have also taken steps to improve or expand their facilities or teaching programs.

Continuing Federal support is essential to assure the availability of optometry school graduates to provide vision care services to our 200-million citizens. Grants and loans authorized by existing legislation have played a major role in further