sion, as in the others, has long since passed and each school is concerned with graduating a candidate for the profession with the highest qualifications that it is possible to give him. As is the intent of the bill, this consideration for the number of graduates may very well be the incentive to improve the counselling and exercise the concern that some young men seem to require.

We do have some concern about the requirements for eligibility as it will require a slight increase in enrollment for the entering class at this college. This is a problem which must be resolved between the Council on Education which establishes the ceilings and the individual colleges or the Association of Schools and Colleges collectively. For most schools this problem will be resolved when new construction has taken place and expanded facilities are available.

In general we believe the proposed changes for the Public Health Service Act are to the advantage of education in the Health Professions and we strongly recommend the hearing committee act favorably towards its passage.

Sincerely,

CHARLES A. ABEL, O.D., *Dean.*

PENNSYLVANIA COLLEGE OF OPTOMETRY,
Philadelphia, Pa., March 21, 1968.

Dr. W. JUDD CHAPMAN,
American Optometric Association,
Washington, D.C.

DEAR MR. CHAPMAN: S. 3095 is an important bill, but the most important area is the pool of funds relative to Basic Improvement and Special Projects Grants (pages 6 and 7).

Should this area be so funded that there would be less than $1,500 per student, the bill will be not worthy of its function.

This year's operating budget here at P.C.O. breaks down to a cost of $2,735 per student. Our projections indicate a direct teaching cost of $3,375 within two years. If one realizes that our tuition is $1,200 per annum, you will be painfully aware that a vast chasm exists between cost of education and school income.

Tuition has risen to its maximum here in Pennsylvania. Competitive health care professions teaching institutions charge from $400 to $1,200 per annum as tuition. It should, therefore, be obvious that tuition is not the answer to the need for additional funds.

We in optometry have not as yet developed our capability for private fund raising. This is true of most of the health care professions teaching institutions. This facet of fund accumulation is too far in the future for effective use.

State assistance is still in its early stages. Here in Pennsylvania, it amounts to approximately 8% of our operating budget.

It is, therefore, imperative that the Federal Government become more involved in the funding of all of the health professions teaching institutions.

As the professions become more affluent, it becomes more difficult to recruit new teaching personnel and retain old personnel. The *rewards of private practice* must be *matched by the schools* if *competent faculty* are to be used in teaching. The schools cannot do so without *massive new funding.*

There *must* be a "crash" program for the training of new teachers. A ten-year program is a must. Graduate optometrists must be enticed into post-graduate studies to prepare themselves for teaching. This will take fellowships of approximately $7,500–$10,000 per annum each for four-year periods. This to the end of new M.A.'s and Ph.D.'s beyond the O.D. degree.

Senate Bill S. 3095 is a most commendable piece of legislation. The keys to its efficacy will be the amount of funding and the complexity of the regulations set forth by H.E.W.

No institution in the health care field can afford the personnel to spend full time preparing proposals to H.E.W. The work is overwhelming and if this is required, it will subvert the philosophy of the Congress. Simple regulations and reporting procedures are the concomitant of a successful program.

Thank you for the opportunity of getting this off my chest. If I may be of further assistance, please feel free to avail yourself of my time.

Cordially,

STANLEY S. WILLING, Ed. D., *Dean.*