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91-28 **FORMULA GRANTS TO SCHOOLS OF
PUBLIC HEALTH**

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HEARING
BEFORE THE
SUBCOMMITTEE ON
PUBLIC HEALTH AND WELFARE
OF THE
COMMITTEE ON
INTERSTATE AND FOREIGN COMMERCE
HOUSE OF REPRESENTATIVES

NINETY-FIRST CONGRESS
FIRST SESSION

ON

**H.R. 14528, H.R. 13456, H.R. 13573, H.R. 14128,
H.R. 14477, and H.R. 14790**

BILLS TO AMEND THE PUBLIC HEALTH SERVICE ACT SO AS
TO EXTEND FOR AN ADDITIONAL PERIOD THE AUTHORITY
TO MAKE FORMULA GRANTS TO SCHOOLS OF PUBLIC HEALTH

NOVEMBER 13, 1969

Serial No. 91-28

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FORMULA GRANTS TO SCHOOLS OF PUBLIC HEALTH

THURSDAY, NOVEMBER 13, 1969

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON PUBLIC HEALTH AND WELFARE,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10 a.m., in room 2318, Rayburn House Office Building, Hon. John Jarman (chairman of the subcommittee) presiding.

Mr. JARMAN. The subcommittee will please be in order.

The hearings today are on H.R. 14528, introduced at the request of the administration by Chairman Staggers for himself and Mr. Springer, and other similar bills, proposing to extend the existing program of grants under the Hill-Rhodes Act presently set forth in section 309(c) of the Public Health Service Act. Grants are made under this program to schools of public health to assist them in meeting the costs which they incur as a result of the training of federally sponsored students at these institutions.

The administration's proposal would extend the program for 1 year, with appropriation authorizations being indefinite in amount, for the purpose of providing that programs under this act will expire at the same time as the other programs involving schools of public health contained in sections 306 and 309(a) of the act.

The bills by other members would extend the program for three or more additional years after its scheduled expiration, June 30, 1970, and would provide increased authorization for appropriations over the amount specified in existing law, in order to enable these schools to strengthen and improve their programs.

Schools of public health constitute a national resource, since the students whom they train almost inevitably go into public service and provide services in all 50 of our States. Since the majority of the alumni of these schools become public employees, these schools seldom receive large endowments from their alumni, since traditionally public employees do not accumulate large estates. It is therefore more necessary in the case of these schools than in the case of almost any others for public funds to be used for their support.

At this point in the record, there will be included the text of the bills and the agency reports thereon.

(Text of H.R. 14528, H.R. 13456, H.R. 13578, H.R. 14128, H.R. 14477, and H.R. 14790 and departmental reports follow:)

[H.R. 14528, 91st Cong., 1st Sess., introduced by Mr. Staggers (for himself and Mr. Springer) on October 27, 1969]

A BILL To amend the Public Health Service Act so as to extend for an additional period the authority to make formula grants to schools of public health

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 309(c) of the Public Health Service Act (42 U.S.C. 242g) is amended by striking out "and \$7,000,000 for the fiscal year ending June 30, 1970," and inserting in lieu thereof "\$7,000,000 for the fiscal year ending June 30, 1970, and such sums as may be necessary for the next fiscal year;"

[H.R. 13456, 91st Cong., 1st Sess., introduced by Mr. Moorhead on August 11, 1969]

A BILL To amend the Public Health Service Act so as to extend for an additional period the authority to make formula grants to schools of public health

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 309(c) of the Public Health Service Act is amended by striking out "\$5,000,000 for the fiscal year ending June 30, 1968, \$6,000,000 for the fiscal year ending June 30, 1969, and \$7,000,000 for the fiscal year ending June 30, 1970" and inserting in lieu thereof: "\$7,000,000 for the fiscal year ending June 30, 1970, \$9,000,000 for the fiscal year ending June 30, 1971, \$12,000,000 for the fiscal year ending June 30, 1972, \$15,000,000 for the fiscal year ending June 30, 1973, \$18,000,000 for the fiscal year ending June 30, 1974, and \$20,000,000 for the fiscal year ending June 30, 1975".

[H.R. 13573, H.R. 14128, H.R. 14477, and H.R. 14790, 91st Cong., 1st Sess., introduced by Mr. Rogers of Florida on September 3, 1969, Mr. Pickle on October 1, 1969, Eckhardt on October 23, 1969, and Mr. Jarman on November 13, 1969, respectively, are identical as follows:]

A BILL To amend the Public Health Service Act so as to extend for an additional period the authority to make formula grants to schools of public health

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 309(c) of the Public Health Service Act is amended by striking out "\$5,000,000 for the fiscal year ending June 30, 1968, \$6,000,000 for the fiscal year ending June 30, 1969, and \$7,000,000 for the fiscal year ending June 30, 1970" and inserting in lieu thereof: "\$7,000,000 for the fiscal year ending June 30, 1970, \$9,000,000 for the fiscal year ending June 30, 1971, \$12,000,000 for the fiscal year ending June 30, 1972, and \$15,000,000 for the fiscal year ending June 30, 1973".

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., November 18, 1969.

HON. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your requests for the views of the Bureau of the Budget on H.R. 13456 and H.R. 14528, bills "To amend the Public Health Service Act so as to extend for an additional period the authority to make formula grants to schools of public health."

H.R. 14528, which was submitted to the Congress by the Department of Health, Education, and Welfare, would extend for one year the authority under section 309(c) of the Public Health Service Act to make formula grants to schools of public health. Such an extension would make this authority coterminous with other Federal health manpower authorities. It would thus permit a comprehen-

sive assessment of health manpower programs and provide an opportunity to examine the possibilities for consolidating Federal grant programs in the health manpower area.

Accordingly, we recommend the enactment of H.R. 14528 in lieu of H.R. 13456.

Sincerely yours,

WILFRED H. ROMMEL,

Assistant Director for Legislative Reference.

Mr. JARMAN. Our first witness this morning will be Dr. Jesse Steinfeld, Deputy Assistant Secretary for Health and Scientific Affairs, U.S. Department of Health, Education, and Welfare.

Dr. Steinfeld, it is a pleasure to have you with us this morning, and we would ask that you identify your associates for the record.

STATEMENT OF DR. JESSE STEINFELD, DEPUTY ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. LEONARD D. FENNINGER, ASSOCIATE DIRECTOR FOR HEALTH MANPOWER, NATIONAL INSTITUTES OF HEALTH; AND THOMAS HATCH, ACTING DIRECTOR, DIVISION OF ALLIED HEALTH, BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING

Dr. STEINFELD. Thank you very much, Mr. Chairman.

On my right is Dr. Leonard D. Fenninger, who is Associate Director for Health Manpower, National Institutes of Health; and on my left is Mr. Thomas Hatch who is the Acting Director of the Division of Allied Health in the Bureau of Health Professions Education and Manpower Training.

It is a pleasure to be here this morning to testify on the several bills which propose to extend for an additional period the authority to make formula grants to schools of public health. This authority—Section 309(c) of the Public Health Service Act—expires June 30, 1970.

As you indicated, the bills that are being considered today would extend this authority for different periods of time: H.R. 13456 would provide a 5-year extension (fiscal year 1971 through fiscal year 1975), H.R. 13573, H.R. 14128 and H.R. 14477 would provide a 3-year extension (fiscal year 1971 through fiscal year 1973), and H.R. 14528 would extend the authority for 1 year. Section 309(c) authorizes Federal grants to schools of public health to assist them in providing comprehensive assistance in the fields of public health and in the administration of State or local public health programs. This authority was initially authorized by the Congress in 1958 in recognition of the importance of schools of public health as a national resource.

The authority provided under this section, together with the authorities of sections 306 and 309 (a) and (b) of the Public Health Service Act, constitute the basic authorities under which the Federal Government provides assistance in the training of professional public health personnel. Section 306 provides for traineeships for graduate or specialized training in public health, and section 309 (a) and (b) provides for special project grants to a variety of public and non-profit institutions for graduate or specialized public health training programs.

The authorities of sections 306 and 309 (a) and (b) are due to expire July 1, 1971.

To make the authority for the formula grants with that for the project grants and traineeships as well as other health manpower programs, the Administration is recommending a simple one-year extension of section 309(c). The 1971 expiration date would enable the Administration to make an across-the-board assessment and evaluation of these public health programs and other health manpower programs in terms of their interrelationships and of their impact on the health needs of the Nation. In accord with the President's directive for grant consolidation, we are exploring various possibilities of consolidation with the objective of facilitating the provision of Federal aid in these health manpower areas.

The main objective of a school of public health is the graduate education of physicians, dentists, nurses, and other professional health personnel for careers as teachers and as practitioners and administrators in agencies or institutions primarily concerned with the provision of public health services. The schools have consistently emphasized career development of individuals in the health professions working in health agencies.

The schools of public health provide training in an interdisciplinary environment. In this setting students from different professions learn to understand the role of each participant in public health programs and how each contributes to the solution of community health problems. Thus, the training provided by the schools enables the health professional to apply his basic knowledge to the identification and solution of community and environmental health problems.

The interdisciplinary training provided by schools of public health, always complex, has become even more so as a result of changing priorities and problems. The current emphasis on training for planning, organization, and provision of comprehensive community and environmental health services requires broader coverage of the social and behavioral sciences. Schools are revising their curriculums to meet new training needs, to introduce new courses of study and new methods of training, and to expand and improve existing courses and methods. New course offerings receiving special emphasis in recent years include health and medical care administration, environmental health, health planning, population and demography (including family planning), and nutrition.

In addition to their training role, the schools have been called on to extend their teaching and to render service in the community. Their faculty offer programs of continuing education, perform as advisers to Government and non-Government agencies, and the faculty participate actively in the planning and implementation of health programs.

Since 1958 the number of schools of public health has increased from 11 to 16 and, in addition, several universities are in various stages of planning additional schools of public health.

Enrollment of both full-time and part-time students has also significantly increased. However, even with this expansion, the needs for trained public health specialists are not being met.

The support grants to schools of public health provide an extremely important resource in assisting the schools to meet the challenge of

training the professional personnel required for today's changing and expanding community and environmental health programs. Under these formula grants, schools have wide latitude to adapt their programs to new areas of concern in public health. The grants also assist in the support of both full-time and part-time faculty and obtaining the services of visiting lecturers. They also assist in support of programs of continuing education for updating the skills of practicing public health specialists and have made it possible for schools to provide technical assistance to state and local agencies.

The continuation of this program of assistance to schools of public health is important to the overall effort to increase and improve the community and public health resources of the Nation.

It is important to maintain the continuity of this program of grants. At the same time, we need the time and the flexibility that a common termination date (June 30, 1971) provides, to complete our across-the-board assessment and evaluation of these health manpower programs, in accordance with the President's directive for the consolidation of grant programs, wherever feasible and possible. We therefore recommend enactment of H.R. 14528 to extend the authority of section 309(c) of the Public Health Service Act for 1 year to make it coterminous with the other public health training authorities of sections 306 and 309 (a) and (b) which will expire June 30, 1971.

This completes my prepared statement, Mr. Chairman, and my colleagues and I would be pleased to try to answer questions.

Mr. JARMAN. Dr. Steinfeld, I would like to ask a couple of questions in the appropriations field.

What level of appropriations was requested in this year's budget for this program, and what amounts were provided in the appropriation bill for HEW passed by the House this year?

Dr. STEINFELD. I think the amount that was requested was \$4.554 million, and the House appropriation was the same.

Mr. JARMAN. Pardon? What was the last part of the answer?

Dr. STEINFELD. I think it was approved in the total amount; yes.

Mr. JARMAN. This is the same amount of money as the preceding year?

Dr. STEINFELD. Yes; it is.

Mr. JARMAN. What level of authorizations should be provided for fiscal 1971 for this program, in your opinion?

Dr. STEINFELD. Well, we feel that the needs in this area are great, and we would hope to increase the appropriations, or the request for appropriations, in fiscal 1971. However, we are going to have to balance this with all of the other health programs and health needs. In the light of this stringent fiscal situation, at this point I can only say that our intent would be to provide the increases which the schools feel, and we feel, are necessary to meet their goals.

Mr. JARMAN. Can you provide the subcommittee with specific recommendations on this in the near future?

Dr. STEINFELD. Just as soon as they are available, we will provide them to the subcommittee; yes, sir.

Mr. JARMAN. It would be helpful to us in working on the bill to have something that is definite and concrete in the way of a recommendation.

(The following information was received for the record:)

HEW RECOMMENDATION OF APPROPRIATION AUTHORIZATION FOR FISCAL YEAR 1971

The administration recommends an appropriation authorization for fiscal year 1971 of \$7 million, the same appropriation authorization as that for fiscal year 1970.

Mr. JARMAN. Could you specify in some detail the method by which HEW determines the amount that each school receives annually under this program?

Dr. STEINFELD. Well, under the current formula, one-third of the funds are divided equally among all schools of public health. The remaining two-thirds of the funds are distributed among the schools proportionately, depending upon the average number of federally sponsored students enrolled in such schools for the 3 years preceding the year for which the grant is made.

Mr. JARMAN. Well, the number of schools has been increasing, hasn't it?

Dr. STEINFELD. Yes. Most recently, there was a new school in the University of Texas, at Houston.

Mr. JARMAN. Let me ask one more question.

Have the costs of operating the schools of public health increased in recent years on a per pupil basis?

Dr. STEINFELD. I believe the teaching budgets have more than doubled since 1963, while total enrollments have doubled. I think this is true for all health professional schools, medical schools, dental schools, nursing schools, and so forth. The costs are going up out of proportion to the number of students being produced.

Mr. JARMAN. How many students are there in the schools of public health today?

Dr. STEINFELD. There are over 2,800 full-time students. I think there are over 1,500 graduates. This does not include, Mr. Chairman, part-time students, or students who are enrolled in other parts of the universities taking one or more courses in schools of public health, nor the number of students who attend the short courses, refresher courses which bring them up to date in new methods and new techniques that may have developed since they have left school.

Mr. JARMAN. Thank you very much.

Mr. Nelsen?

Mr. NELSEN. Referring to the need for personnel, has the production stepped up in recent years, or is it a constant level?

Dr. STEINFELD. It has been increasing. I think that in just the 4 academic years 1965-66 through 1968-69 the number of graduates have increased from about 1,000 to over 1,500. These are the people who earned master's degrees in public health, doctor's degrees in public health, but the need is greater than the output the schools have been able to provide. This is the reason we have new schools of public health being proposed in a number of universities throughout the country.

Mr. NELSEN. In the area of medical schools, where I think, our dollar contributions have increased tremendously, yet the number of doctors graduating from these schools has not increased in the same proportion. This prompted my question, and I am glad to get the information that there is additional production.

I thank the gentleman for his testimony, and I have no further questions. Thank you.

Mr. JARMAN. Mr. Hastings?

Mr. HASTINGS. No questions, Mr. Chairman.

Mr. JARMAN. Let me ask, let the chairman ask, one more question at this time.

How many students at the schools of public health are attending school with Federal aid in the form of traineeships under section 306 of the Public Health Service Act?

Dr. STEINFELD. I think it is about 820 in this academic year.

Mr. JARMAN. 820?

Dr. STEINFELD. Yes.

Mr. JARMAN. Mr. Rogers?

Mr. ROGERS. Thank you very much.

I apologize for being late. It is good to see you and your colleagues here this morning.

Dr. STEINFELD. Thank you.

Mr. ROGERS. As I understand it, the gist of your testimony is that you would recommend only a 1-year extension?

Dr. STEINFELD. Yes, sir.

Mr. ROGERS. Do you want flexibility at the end of that time?

Dr. STEINFELD. We want to consider the possibility of consolidating this formula grant program with the public health traineeship program and/or with other health manpower programs in order, hopefully, to make more efficient and more productive the faculties and the curriculums in these schools.

Mr. ROGERS. That cannot be done if the law were extended 3 years?

Dr. STEINFELD. I imagine it could, but it might require a changing of the law. The formula might be changed. It might be that we will wish to consider other sources of support from other parts of HEW to the schools of public health since their support comes from many other areas, the health manpower area of NIH, some of the research areas of NIH, some of the areas in the Children's Bureau, and medic-aid may even be involved. So, there are a number of sources of support, and to the extent that these can be combined in a rational way to make a system more workable, we would like the opportunity to review and suggest such a consolidation to the Congress.

Mr. ROGERS. Well, should we not let the schools know they are going to have some definite support now, at least for 3 years? How would their planning be if we did this?

I know your plans that you are considering, but now I am thinking about the plans of the schools. What about the schools' plannings? What would be your attitude if you were a school administrator? Would you rather have a law for 3 years or just for 1?

Dr. STEINFELD. May I answer this in two parts, Mr. Rogers?

Mr. ROGERS. Yes.

Dr. STEINFELD. I have spent most of my career outside, in a medical school, applying for grants. Having a grant for 1 year and knowing that it is going to expire, and having to apply for a renewal does not give one a very secure feeling. I think that this is the thrust of your question.

On the other hand, the intent of the administration, and I believe of the Congress, is that these schools are a national resource, that there would be no intent to discontinue this program. The intent would be to continue it and to expand it, but what we would like to do is to do this in the most rational way, in the most helpful way. It very well

might be that at the end of the year the dean and his faculty, instead of having to apply for multiple grants, would have to apply for only one or perhaps two grants in order to obtain the same kinds of funds that they now obtain from many other sources.

So, it is not trying to "hold a knife over the neck," it is rather to make the system more efficient. We are all agreed on the desirability and importance of continuation of support for these schools.

Mr. ROGERS. Well, I understand, but I think: Would it not be wise for us to just go ahead—at least, in my own viewpoint, it seems to me it would be wise to pass it for three and let you come up with whatever recommendations you want next year. There is no reason the Congress cannot consider it. We have 13 programs, you see, that this committee has got to go over before July, and if we get into some rough situations and time begins to run out, this could put this in jeopardy in your planning for the next year if we hold this down. You can come up with your recommendations, or it may be that you will have to give priority to some other questions, too, and you may not get around to making this change. Would it not be well for us to go ahead and enact the law and let you come up next year with recommendations?

I would have no objection to that, because I think that it is well to try to consolidate in the health area. We know that we have got to produce more doctors, more dentists, more nurses, and public health people. Now, knowing this, why do we not lay this foundation now and let them have this understanding on the condition that you may want to change this whole program next year? And there is no reason why we could not do it in the department; if the department has its planning set and has the urgency, I am sure the committee would give you a very receptive hearing.

Dr. STEINFELD. I do not think there is a great deal of difference here. I would say that we are working on the potential and the possibility for grant consolidation right now in the various mechanisms for funding these schools; so, I think we would be prepared in the next year to come forth. But it could be either way.

Mr. ROGERS. I think this is reasonable, and we want to be reasonable and helpful—and I think the committee wants to—but I think we ought to give some assurance to these schools that this is the intent, that this is the thrust, and that we do want to produce more and get in gear to do it, and that the Department will be looking at this and probably will come back with recommendations to make a change.

Thank you very much, Doctor.

Mr. NELSEN. Will the gentleman yield?

Mr. ROGERS. Yes, sure.

Mr. NELSEN. If the word goes out that there is change to be made, would that not have the same effect, really?

You indicate that a 1-year program would make it uncertain, and at the same time any evidence that a change is to be made would have the same result and would also create uncertainty?

Mr. ROGERS. Well, at least the program would be basic, and that is the only thing I was looking at, really. It might be worthless to lay this foundation and have the changes come in, and I am sure the committee would give it, you know, a very sympathetic hearing.

Mr. NELSEN. I was just trying to get a little argument on that. Thank you.

Dr. STEINFELD. Well, I would add that the fact that there was only a 1-year extension would serve as a prod to the administration, to us, to come forth with our plans for combining them, and if there were 3 years perhaps we would not have the urgency to do so. But I think the necessity is there and we would do it no matter what.

Mr. ROGERS. Well, I will tell you, I have been in counsel with Dr. Egeberg and with you and your associates and I think you are getting on top of things, and you have had a little time now, and I am very much pleased with the reaction the Congress is getting from the Department in the health field, and I think you are getting on top of it, and I am sure you are going to put the priorities where they should be.

Dr. STEINFELD. Thank you.

Mr. JARMAN. Any further questions?

Dr. Steinfeld, we appreciate you and your associates being with us this morning.

Dr. STEINFELD. Thank you very much.

Mr. JARMAN. Our next witness is Dr. Myron E. Wegman, dean of the School of Public Health, University of Michigan.

Dr. Wegman?

Dr. WEGMAN. Thank you very much, Mr. Chairman, for the pleasure of being here. I have a written statement, Mr. Chairman, that I would like to leave for the record, and I would like to enlarge on it some orally.

Mr. JARMAN. Your statement will be received into the record, in toto, Doctor. We will be glad to hear your comments.

STATEMENT OF MYRON E. WEGMAN, M.D., M.P.H., DEAN, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF MICHIGAN

Dr. WEGMAN. There are several points that I think I would like to make. I was very pleased to hear Dr. Steinfeld's testimony and to see the extent to which the administration and the Department of HEW are supporting the concept and the work of schools of public health.

I think it might perhaps be useful to go just a little bit further and underline one or two reasons why these schools are unique and why we think it is justified to treat them somewhat differently from others.

One of the first characteristics, of course, Dr. Steinfeld did refer to very clearly, that there are only 16 schools now to serve the 51 jurisdictions—that is, the 50 States and Puerto Rico—and to serve our needs abroad, so that numerically these are a national resource, as we said earlier.

Even more significant, perhaps, is the fact that almost all of the graduates of these schools go into public service in some form or another, and, Mr. Chairman, I know you pointed out the problem that the low-income graduate may expect. Limited recompense makes for limitation in recruitment of students heightens need to support them and provide assistance during school.

Two other points I would like to make, among the many that could be cited. One is the multidisciplinary character of these schools. The schools of public health range in all of their teachings from the most minute and intricate characteristics of the nature of virus immunity to problems of the environment and air chemistry, all the way to some of the more abstruse concepts in social sciences and

health motivation. One of the things that we try to do consistently is to give to all of the senior leaders in public health a broad enough background in the total consideration of man and his environment so he can assume responsibilities in a broad area of concern.

The next point I would like to make is that I think the schools have demonstrated quite clearly their ability to respond to change in the health scene.

When schools of public health were first started, their entire concentration was on communicable diseases. Now, in our own school, as one example, the three largest programs, in terms of student body, deal with the field of medical care administration, with population planning, and a new and rapidly growing program in relation to health planning. The latter, I think, is an important one, because it is helping to bring to medical and scientific people the competence to use economic and other disciplines to help do a sensible job of resource allocation. This, we think, is exceedingly important in the field of health.

The bills that were introduced by Mr. Moorhead, Mr. Rogers, Mr. Pickle, and Mr. Eckhardt, are similar in proposing increases in the allocation of funds to the schools. We think the justification for this increase can be documented very readily by the almost linear increase in the last few years in numbers of students in the schools and the fact that there are several new schools in the offing, notably the school at the University of Illinois. The regents there have announced their intention to open a school. The University of Alabama is working on a school, as are the University of Washington and others.

An important factor is that this legislation is related to traineeships and other forms of training support, necessitated by many of the new health programs passed by the Congress. Medicare and medicaid or obvious examples, but there must also be considered the programs of OEO and the neighborhood health centers and other programs which have been expanding rapidly and for which additional personnel will certainly be demanded of the schools. The underlying support expressed in this bill for the basic kind of instruction is what we would cite as particularly important.

I would emphasize that in the years that these formula grants have been in effect, since 1958, the total costs of operating the schools of public health—outside of sponsored research, outside of traineeships in which the award is essentially for students—have increased threefold, while during the same period the proportion of support rendered by the Federal formula grant, the legislation under consideration, has dropped from 16 percent to 12 percent of the total.

I would underline, Mr. Chairman, the point mentioned earlier by Mr. Rogers, that, as school administrators, we look with dread on a 1-year extension because of the problem of recruiting new faculty and reassuring people continuity in work. This is a very real problem, because, while we could say the Congress has given intent in terms of discussion, and the administration says that it would do it, a prospective faculty member says "Yes, but are you absolutely sure of what will happen later?" We think the documentation of the need and the continuing nature of these schools is such that we honestly believe a 5-year extension is fully justified, because the kind of planning that we

have been doing has been based on the carefully documented study I have submitted with my written statement.

As Mr. Rogers indicated a few moments ago, we see no reason why the legislation could not be extended for the full period. Any changes the Congress wished, either in the amounts of authorization or in their relation to other programs, could be made later.

I think that is all I need to say for the moment, Mr. Chairman.

I would be happy to answer any questions.

(Dr. Wegman's prepared statement, together with an attachment entitled "A Progress Report on the Federal Program of Formula Grants to the Schools of Public Health," follow:)

STATEMENT OF MYRON E. WEGMAN, M.D., M.P.H., DEAN, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF MICHIGAN

I am Dr. Myron E. Wegman, Dean of the School of Public Health of the University of Michigan, Past President and currently Chairman of the Legislative Committee of the Association of Schools of Public Health. I am accompanied by Dr. Reuel A. Stallones, Dean of the School of Public Health of the University of Texas in Houston. The Association's membership includes the 16 accredited graduate schools of public health in the United States.* I am appearing in support of legislation to extend and increase the authorization for formula grants to schools of public health under Section 309(c) of the Public Health Service Act.

Although not changed in basic purpose and orientation, public health has changed significantly in scope and content in just the past few years. The Congress has created a series of programs aimed at improving the health of the American people, programs which, if well administered and staffed, holds great promise for disease prevention and for better health status. Medicare and Medicaid are well known and obvious examples but emphasis on health factors has also been a prominent aspect in OEO programs and Model City programs. The 1967 and 1968 legislation for comprehensive health planning is a major landmark, supporting the principle of taking into account all possible factors before making allocations for health purposes. There are major implications for eventual cutting of costs and obtaining more value from public dollars spent for health.

All these and other health programs not only require large increases in prepared personnel but the tasks to be carried out require the type of education best provided in a multidisciplinary setting. For example, senior planning officials need to know the biologic background of disease in order to understand how both personal factors and the influence of the physical environment affect health goals and to appreciate the possibilities which may reasonably be expected of organized preventive health measures. At the same time, planners must understand organization principles, the techniques of gathering data for economic decisions and the possibilities and limitations of applying cost benefit analysis in a health situation. Proper education in these various factors should produce health personnel capable of planning more effective and economical distribution of public resources. Other examples are the physician and nurse able to direct health programs in poverty areas, who need to know more of the social, behavioral and environmental aspects involved.

The variety of persons just mentioned constitute only a small sample of the kinds of personnel prepared at schools of public health. These schools had their impetus in the famous Welch-Rose report in 1915, which concluded that solving the major public health problems of the day—the communicable diseases—involved more than medical and nursing skills and more than just adding to these a corps of other specialists. Dr. Welch and Mr. Rose particularly noted the importance of environmental factors and the problems of organization and public administration.

The school of public health was established as an institution where physicians, engineers, political scientists, nurses and others could take part as faculty members and as students. The goal has always been a solid base in both the natural

*At the following universities: California (Berkeley), California (Los Angeles), Columbia, Harvard, Hawaii, Johns Hopkins, Loma Linda, Michigan, Minnesota, North Carolina, Oklahoma, Pittsburgh, Puerto Rico, Texas, Tulane, Yale.

sciences and social sciences, for a broad multidisciplinary education and research program. What has perhaps not been emphasized enough is the readiness with which schools of public health have changed to meet new community needs. Since the Welch-Rose report, for example, great progress has been achieved in the relative decline of communicable diseases as causes of death and disability. While insisting that the danger of resurgence, as well as many still unconquered diseases, require ongoing research for new vaccines and methods of protection, the schools have steadily and progressively devoted much more energy to chronic disease and to health maintenance. Techniques successful in studying spread of small pox, diphtheria, and typhoid can also be adapted to study of the factors influencing development and distribution of heart disease and cancer. It might be noted that the largest single research project at our own school of public health is a continuing survey of an entire city in an attempt to identify the precursors of heart disease and the factors which affect its occurrence.

As the concept of prevention has broadened, every school today is more than ever involved in teaching and research on improving organization of health services and on ways to improve allocation of the community's resources among its health problems—comprehensive health planning.

In a closely related subject the schools are working intensively in regards to population. Our own university is one example; we have three closely inter-related centers, the Population Studies Center in the Department of Sociology, the Center for Research on Reproductive Biology in the Department of Obstetrics and Gynecology and the Center for Population Planning in the School of Public Health, the latter concentrating on the ways to achieve successful programs in action.

Population growth is closely connected with human nutrition, an area in which schools like Harvard, Columbia, Johns Hopkins, Tulane and Minnesota have developed outstanding programs.

All schools are currently giving greater emphasis to the environment. Water supply and sewage control have been central public health interests since the earliest days; the problem of air pollution and protection against ionizing radiation are now increasingly prominent.

Some index of the scope of a school of public health in 1969 may be gained from listing the programs of study offered at one university. I cite the University of Michigan since I know it best but similar statements could be made for the other schools.

TABLE I

Air Pollution
Biostatistics
Chronic Diseases, Adult Health and Aging
Dental Public Health
Environmental Health—Food Contact
Environmental Health—General
Environmental Health—Water Contact
Epidemiology
Health Education
Health Planning
Hospital Administration
Industrial Hygiene
Maternal and Child Health
Medical Care Organization
Mental Health
Nutrition
Occupational Medicine
Population Planning
Public Health Administration
Public Health Laboratory Practice
Public Health Nursing
Radiological Health

One reflection of recent change is seen in two of these programs—Medical Care Organization and Population Planning. In 1961-62 the former had four students studying for the Master of Public Health degree, while in 1968-69 there were 39; Population Planning came into being only as a program of study in 1966 but by 1969 had 36 enrollees seeking master's and doctor's degrees.

There are two other specific ways in which schools of public health emphasize their multidisciplinary, natural science—social science character: mix of student

backgrounds and common core of instruction. The first is well illustrated in the last report of the Committee on Professional Education of the American Public Health Association, the accrediting body for schools of public health. Among 22 widely disparate specified professional groups studying at schools of public health there were significant numbers of physicians, dentists, nurses, engineers, teachers, administrators and laboratory scientists. This varied background brings strength as well as problems. The students contribute to each other's education but the difference in prior preparation makes it much more difficult to organize a high level stimulating educational program, without having it too easy for some and too advanced for others. Secondly, all students, whatever their background and whatever their specific field of interest, take part in a common educational program designed to insure that all students have an understanding of:

The nature of man, his physical and social environment, and his personal and social interaction, as they affect his health;

The basic techniques of investigation, measurement, and evaluation, including biostatistics and epidemiology;

The basic techniques of administration (organization and management), particularly as applicable to comprehensive health care programs;

The economic and political settings relevant to health services; and

The application of these knowledges in the promotion of community health.

At our School this is achieved through a common, integrated core course. At other schools it may take the form of a series of related courses. But the objective is the same, to take advantage of the uniquely broad setting of the school of public health to provide to students from a wide variety of previous training and interests both a common basis in public health and preparation in some depth for those interested in a specific area.

Yet the setting for these types of education is both complicated and costly. In the earlier years state and private support carried the burden but the rapidly changing situation a decade ago led to the legislation that the Committee is now considering extending. The original impetus came because the Federal Government, to meet growing manpower demands, was supporting training at schools of public health for an increasingly large group of students, while the tuition paid on behalf of these students was far short of covering the costs to the school for this type of education. In essence, the formula grants attempted to compensate in part for unmet educational costs the Government was creating. The original legislation had extensive bipartisan support in both Houses of Congress and was passed unanimously. Since then it has been extended periodically and has become an ever more vital part of the operations of the various schools.

It must be emphasized that the 16 schools of public health, 9 of which are in state universities, have the responsibility for providing graduates capable of duty in the health services of all the 50 states, the territories and the Federal Government, as well as for international activities of the United States and the international agencies. Thus, each school has had to be concerned with an area far beyond that of its ordinary university range of influence. It has been pointed out that the schools of public health are analogous to national service academies in that they must prepare students for public service anywhere in the country. This point is particularly significant in the state schools, since state legislatures, faced with mounting costs in all fields, customarily sharply restrict out-of-state registrants. My own university, for example, has long had a tradition of admitting a substantial number of students from outside the State of Michigan, but in this century the proportion of such students has gradually decreased to a current University average of approximately 25%. In the School of Public Health, on the other hand, the ratio is reversed and two-thirds to three-quarters of the students come from outside the state. One can well understand the reluctance of the state legislature, under such circumstances, to make substantial investment in faculty and facilities that will benefit chiefly nonresidents. In the private universities, while the out-of-state problem is no concern, endowment funds are just insufficient to meet mounting costs.

A corollary fact is that, unlike some of the educational programs leading to qualification of individual practitioners, the public health professional must perforce, with few exceptions, look forward to a career as a salaried person in an agency, public or private, devoted to public service. These careers are not highly remunerated making it less likely that students will subsidize their own graduate education or be ready to pay themselves for the high cost of operations. Furthermore, schools of public health cannot look forward to the kind of alumni contributions which often form such an important part of the resources of other academic institutions.

Conscious of the fact that Federal formula grant legislation has played such a key role during the past 11 years, the Association of Schools of Public Health undertook, in the spring of 1969, an extensive study of the progress accomplished with the aid of these grants. I ask permission to make the detailed report of this study part of the record of these hearings.

The revealing results of the study may be summarized under several headings: productivity, costs and future needs. The productivity figures are striking, in the light of the fundamental aim of the legislation to increase the number of properly prepared professionals. At the time the original formula grant legislation was enacted there were 11 accredited schools of public health. During the 10-year period, 1948-1957 prior to the formula grant program, some 6,400 degrees were awarded in these schools. In the 10 subsequent years, as the formula grants made possible expansion in existing schools and the advent of four more schools (the University of Texas School of Public Health has not yet graduated its first class), almost *twice* as many degrees were earned. Of even more significance is the fact that in this period there has been an even greater increase in enrollment, almost two and a half times, promising further increase in graduates. Detailed analysis shows, moreover, that the increases since 1963, after the formula grants had had some time to make their effect felt, has been even more striking. In fact, the bulk of the increase, both in degrees awarded and in student body, has taken place in the period between 1963 and 1969.

The study further reveals that more than 90% of living graduates entered public service and that they hold the key posts in local, city, state, national and international agencies. The character of professional leadership in the teaching of public health in the United States has been reflected in the frequency with which faculty members are called on for consultation abroad. Moreover, schools of public health on the American pattern have been formed in many countries elsewhere in the world, thus making it possible for students of those countries to see more directly applied the principles taught in our schools of public health.

In the years since the formula grant legislation was first passed the activities of the Federal Government in sponsoring students at schools of public health have grown ever more marked. In 1963, 56% of all students in the then 12 schools of public health were sponsored by the Federal Government. In 1968, however, by which time the total enrollment in schools of public health had doubled, the proportion of federally-sponsored students had grown even more rapidly, to a total of 67%, throwing a greatly increased burden on the schools.

The Congress has been mindful of this increase and, as shown in Table II, authorizations have been increased in accordance with demonstrated need. Unfortunately, appropriations have not increased concomitantly and serious gaps now exist. We are, of course, bringing this forcefully to the attention of the Appropriations Committee.

TABLE II.—FORMULA GRANT ASSISTANCE TO SCHOOLS OF PUBLIC HEALTH—AMOUNTS AUTHORIZED AND APPROPRIATED BY CONGRESS, FISCAL YEARS 1959-70

Fiscal year ending June 30—	Number of schools	Amounts authorized	Amounts appropriated
1959	11	\$1,000,000	\$450,000
1960	12	1,000,000	1,000,000
1961	12	1,000,000	1,000,000
1962	12	2,500,000	1,900,000
1963	13	2,500,000	1,900,000
1964	13	2,500,000	1,900,000
1965	13	2,500,000	2,500,000
1966	14	5,000,000	3,500,000
1967	14	5,000,000	3,750,000
1968	15	5,000,000	4,000,000
1969	15	6,000,000	4,554,000
1970	16	7,000,000	4,554,000

¹ Action by House of Representatives only.

While the support of the formula grants has been most helpful, serious shortcomings still exist for, as is obvious from the general financial situation of our country, costs in all of the universities have risen sharply. Between 1963 and 1968 the total student body doubled, but the cost of basic operations and teaching, excluding sponsored research, increased almost threefold. Despite the in-

crease in actual amounts received by the schools of public health under the formula grants, the latter met only 12% of the cost of basic teaching operations in 1968 as against 16% five years previously. The greater numbers of federally-sponsored students were, in fact, throwing an ever increasing burden on other revenue sources.

In its survey, the Association carried out an analytic review of the individual schools to disclose their current greatest needs and the most critical shortcomings. The results showed that to fill existing serious gaps in faculty positions and to take care of anticipated student load there will be needed in formula grants in fiscal year 1971, \$12.5 million, in fiscal year 1972, \$16.8 million, and in fiscal year 1973, \$21.6 million. Thus, the figures contained in H.R. 13456 and H.R. 13573 under consideration by this Committee are realistic approximations, even if they will not fully satisfy the needs.

The Committee will be interested to know that the kinds of teaching programs cited by the schools as chiefly needing help are the basic ones required for preparing the bulk of health workers being sought by operating health agencies. The programs include health administration and comprehensive health planning; epidemiology of acute and chronic disease; and environmental aspects of health, including the problems of ionizing radiation and of occupational health. These three broad fields, Mr. Chairman, do not have the drama of a heart transplant but more effective teaching of basic concepts and principles will unquestionably result in saving more lives, preventing more disability and helping more people to effective and productive existence.

Another major interest of the schools, crying for further development, is continuing education. With the rapid advance of scientific and technical knowledge practitioners in any field can quickly get out of date. Several of the schools of public health have long followed the practice of using part of their resources to offer short courses for practitioners in order to bring them up to date and to introduce them to new areas of knowledge. The demand from health agencies for such courses far outstrips the supply. A number of the schools would like to expand into this activity if funds, such as those under the formula grant, could be found for faculty and needed supplies. I shall not try to list the other subjects mentioned in detail in the report but will note that important Congressional priorities, such as population, family planning, maternal and child health and health education are high on the list.

A key factor in relation to need is the establishment of new schools. I remind the Committee that the regulations for administering the formula grant legislation provides for division of one-third of the appropriation equally among all accredited schools and division of the other two-thirds in proportion to the number of federally-sponsored students enrolled in each school. Thus, when a new school is accredited the immediate result is a decrease in the allocation to every other school, unless the total appropriation is increased. Indeed, it appears at present that this will occur this year since the new School of Public Health at the University of Texas was accredited in June, 1969 and is, thus, entitled to participate in this year's appropriation, which is unchanged from last year in the budget now before the Congress. The University of Texas has plans for rapid growth and expansion so that its allocation in proportion to the number of federally-sponsored students will also increase. It hardly seems logical to encourage a new school to start operation in order to provide needed manpower using a fiscal policy which forces the existing schools to contract.

In addition, there are at least two other schools in the immediate offing. The Regents of the University of Illinois have announced their intention to establish a school of public health in their University and the University of Alabama is working in that direction. Word has been received that the University of Washington and the University of Cincinnati are seriously considering development of full scale schools of public health. Our Association is pleased to learn of these initiatives because the advent of new schools make for greater strength in all. Nevertheless, we believe the situation urgently necessitates Congressional action.

Mr. Chairman, may I close by reaffirming the fact that schools of public health are unique in their concentration on preparing personnel for public service, in their multidisciplinary character, in the small number of schools with responsibility for meeting the needs of the whole country, in the anomalous situation that two-thirds of all students are sent to the schools under the auspices of the Federal Government, yet the Federal Government is paying tuition covering only a small part of the basic cost of this education. I urge upon the Committee approval of the authorizations requested in H.R. 13456 and H.R. 13573. I believe the documentation is completely adequate to support authorization for a five-year period.

A PROGRESS REPORT ON THE FEDERAL PROGRAM OF FORMULA GRANTS TO THE SCHOOLS OF PUBLIC HEALTH—1959–1969

PREFACE

This *Progress Report on the Federal Program of Formula Grants to Schools of Public Health, 1959–1969* describes how the nation's schools of public health have fulfilled their commitment to the Congress and the American people to help provide expanded and higher quality services to people by training of health personnel. The formula grants allocated to the schools under the Hill-Rhodes Act have been the key factor in training the vitally needed cadre of health specialists that are in such short supply in Federal, State, and local health agencies.

The schools of public health¹ and their deans, faculty members, students, and graduates who are a part of this national health effort are grateful for the assistance, encouragement, and support given them by the Congress, the American taxpayers, and their colleagues in other health professions.

This *Progress Report* also outlines the historical background of the establishment of the formula grant programs; the amounts and uses to which such funds have been utilized by the schools; the spectacular results that have been achieved during the past decade; the varied roles played by schools of public health; and the dimension of future needs for the Fiscal 1970–1973 period.

Finally, it shows how the schools of public health—with the assistance of the Federal formula grant program funds—have been able to fulfill their mission in serving the complex changing health needs of our modern society, in meeting new challenges to our health environment, and in seeking innovative approaches to the age-old problems of disease, chronic illnesses, and the protection and promotion of our national health and well-being.

INTRODUCTION

The purpose of this *Progress Report* is to render an accounting of stewardship to the Congress and the American people on what has been accomplished during the past ten years in utilizing formula grants to augment the number of trained public health professionals to provide services to the people of our country through Federal, State, and local health agencies.

A relatively small amount of Federal funds have been invested in this program. But few Federal programs have produced such a significant impact in furthering national objectives and in meeting urgent national needs. This *Progress Report* describes how such results have been achieved, the key role that graduates of schools of public health play in our country, and projects the needs for continued formula grant support over the next several years.

LEGISLATIVE HISTORY

The Hill-Rhodes Act of 1958 (P.L. 85-544) was the first formal recognition by Congress of the Federal responsibility in providing formula grant assistance to institutions of higher education to assist in comprehensive graduate training in the public health professions.

The bi-partisan bill was sponsored in the House of Representatives by Rep. George M. Rhodes (D., Pa.) and was co-sponsored in the Senate by Senators Lister Hill (D., Ala.), John F. Kennedy (D., Mass.), Pat McNamara (D., Mich.), Irving Ives (R., N.Y.), and John Sherman Cooper (R., Ky.). It was passed by a unanimous vote in both the House and Senate after extensive hearings and was signed into law by President Eisenhower.

The Act amended Section 314(c) of the Public Health Service Act by earmarking \$1 million a year for a two year period in grants to accredited schools of public health to provide comprehensive professional public health training. It specified that primary consideration be given in the allocation of funds to the number of Federally-sponsored students attending each school.

During the debate on the measure, it was pointed out that the eleven schools of public health were—in effect—the public health equivalent of West Point, Annapolis, and the Air Force Academy in providing professional health training and leadership for the Nation. Most graduates of the schools go into the public

¹ Schools of public health are located at the following institutions: University of California (Berkeley), University of California (Los Angeles), Columbia, Harvard, Yale, Johns Hopkins, North Carolina, Michigan, Minnesota, Tulane, Pittsburgh, Puerto Rico, Oklahoma, Hawaii, Loma Linda, and Texas (Houston), accredited in June 1969.

service in staffing essential public health positions in municipal, county, State, and Federal governmental levels.

When the original formula grant legislation was enacted, there were eleven accredited schools of public health eligible for grants—five State universities (California at Berkeley, Michigan, Minnesota, North Carolina, and Puerto Rico) and six privately-endowed institutions (Columbia, Yale, Harvard, Johns Hopkins, Pittsburgh, and Tulane).

Since then, four new schools have been accredited and have shared in the formula grant program. Three are State universities (Hawaii, California at Los Angeles, and Oklahoma) while one is privately-endowed (Loma Linda University in California). Another State university—the university of Texas at Houston—is being accredited in June 1969 and will be eligible for formula grant funds for the 1969-70 school year. Several other schools are expected to apply for accreditation during the next several years to help meet the growing need for professional public health personnel.

In 1960, Congress enacted P.L. 86-720, which extended the formula grant program with a \$1 million annual authorization and removed the time limitation on the program. It also authorized \$2 million annually for project grants to schools of public health, nursing, and engineering to strengthen and expand graduate public health training.

A provision of the Community Health Facilities and Services Act of 1961 (P.L. 87-395) amended the original formula grant program by increasing the annual authorization from \$1 million to \$2.5 million to meet rising teaching needs and student enrollment at the schools. The program was also extended until June 30, 1966.

A section of the Community Health Amendments of 1965 (P.L. 89-109) increased the formula grant authorization from \$2.5 million to \$5 million for one year.

The Comprehensive Health Planning and Public Health Service Act of 1966 (P.L. 89-749) again extended the formula grant program to schools of public health for two years and authorized \$5 million for each of the two succeeding fiscal years. This measure also transferred the program from Section 314 to Section 309(c) of the Public Health Service Act.

The Partnership for Health Amendments of 1967 (P.L. 90-174) further extended the formula grant program, authorizing \$5 million for the fiscal year ending June 30, 1968, \$6 million for the year ending June 30, 1969, and \$7 million for the year ending June 30, 1970. These step increases were further recognition by Congress of the growing magnitude of the public health training needs of the country. Authorization for the formula grant program will expire unless extended during the present Congress.

ALLOCATION FORMULA

Regulations promulgated by the Public Health Service pursuant to the legislative intent of the original Act have resulted in the following formula in the allocation of formula grant funds:

One-third of each annual appropriation is allocated equally among the schools of public health in recognition of basic teaching costs that do not vary in direct proportion to the number of Federally-sponsored students; and

Two-thirds of each annual appropriation is allocated to the various schools in proportion to the number of Federally-sponsored students in each school, using the average of the past three fiscal years to avoid wide fluctuations from year to year.

Thus, the accreditation of new schools of public health (without a corresponding increase in appropriations) actually *reduces* the proportionate share of total funds allocated to each school.

CRITICAL NEEDS—FISCAL 1970 APPROPRIATIONS

This unfortunate situation presently faces all schools of public health in the 1969-70 school year. The University of Texas at Houston school of public health will be accredited in June 1969 and be eligible for formula grant funds in September of this year. Under the present law, \$7 million is authorized for the Fiscal 1970 year; but only \$4,554,000 of this amount has been requested in the new budget—the same amount as appropriated by Congress last year. Thus, unless additional funds are appropriated this year, each school of public health

will lose part of its allocation to help provide funds for the new school in Texas.

Actually, even the full appropriation of the \$7 million in formula grant funds authorized for this year would still fall short of meeting actual needs of the schools. In a survey conducted by the Association of Schools of Public Health in April, 1969 the fifteen presently accredited schools of public health have estimated their formula grant needs at \$8.8 million for the 1967-70 school year. This amount would be required just to keep pace with increased student enrollment, higher costs, and to correct existing shortcomings in instruction. This is \$1.8 million *more* than authorized by Congress for Fiscal 1970 and almost *double* the amount of formula grant funds requested in the Fiscal 1970 budget.

In the recent survey conducted by the Association of Schools of Public Health, schools have indicated that additional funds that are needed would be used to correct what they consider to be major existing shortcomings in instruction in such vital areas as:

Environmental Health, including Radiation Health and Occupational Health;

Comprehensive Health Planning and Health Administration;

Epidemiology and Related Fields;

Population and Family Planning, including Maternal and Child Health;

Mental Health;

Nutrition; and

Medical Care and Hospital Administration.

FORMULA FUNDS VS. TOTAL COSTS OF SCHOOLS

Formula funds provided under the Federal program have *not* kept pace with rising costs of basic operations and teaching at the schools of public health. Table 1 shows that while total student enrollment has almost *doubled* since 1963, total costs have increased by almost *three times*. The proportion of costs met by formula grant funds in 1968 was actually less than it was in 1963. Meanwhile, the number of Federally-sponsored students at the schools has steadily increased and now amounts to *two-thirds* of the total enrollment.

While the 1,961 Federally-sponsored students attending the fifteen schools of public health represented 67 percent of the total student enrollment, tuition received by the schools for these students was only \$2.1 million, or about 6.5 percent of the total costs for basic operations and teaching for the year. Even with the formula grants and various other restricted types of grants received by the schools under other Federal programs, it is clear that the schools are—in effect—heavily *subsidizing* the training of the essential cadre of public health professionals for all levels of government service. Limited State funds or private endowments *cannot* meet the rapidly growing needs of the schools of public health in fulfilling these vital national health responsibilities.

TABLE 1

Year	Total enrollment	Total cost basic operations and teaching	Formula funds allocated	Proportion of costs met by formula funds (percent)	Proportion of federally sponsored students in total enrollment (percent)
1963	1,618	\$11,600,000	\$1,900,000	16	56.4
1968	2,908	\$32,500,000	4,000,000	12	67.0

¹ When one adds research and service activities, the total becomes \$64,099,000.

ROLES OF SCHOOLS OF PUBLIC HEALTH

Schools of public health have a vital national and an international role. The Federal government and the 50 states are dependent on the fifteen schools in twelve States and Puerto Rico for the supply of graduate trained public health professionals. A survey shows that *only 25 percent* of the graduates actually work in the States where they attend public health school—a clear indication of the national characteristic of the schools. States that *not* have schools rely on the continuing efforts of institutions in other States for trained public health manpower. The schools have also been heavily involved in the international health field for many years. Many graduates are foreign nationals, often sponsored by

our government as part of the AID program. Most return to careers of public health leadership in their own countries.

The schools play essential roles in many diverse fields that are important to the national welfare:

Teaching.—The teaching role of the schools prepares physicians, dentists, engineers, nurses, and other professional public health personnel to organize and administer programs and to perform research and teaching functions aimed at controlling and preventing disease and other health hazards. It is also directed toward the promotion of sound health practices among population groups at the local, State, and Federal levels.

Public Service.—A survey of graduates of public health schools shows that more than 90 percent enter professional employment in public agencies at the local, State, or Federal Health levels. Many faculty members of the schools also serve as expert consultants to public and private health agencies concerned with public health matters. The increasing concern with such health problems as air and water pollution, aging, chronic diseases, radiation, accident prevention, mental health, and nutrition has caused a corresponding increase in demands for new curricula and training of professional public health personnel in these and other fields to fill existing vacancies in public agencies.

Research.—The schools' research role is oriented primarily to the search for the causes and for the means of controlling and preventing disease, accidents, and other health hazards on a mass basis, rather than to the clinical aspects of healing sick persons—the primary concern of research in medical schools and hospitals. Other public health research develops basic knowledge of the social, cultural, and economic factors involved in effective application of proven health measures among various population groups.

INVESTMENT AND RESULTS

Since the enactment of the Federal formula grant program in 1958, Congress has authorized \$41 million in assistance to the schools of public health. Of this amount, \$26,454,000 has been subsequently appropriated by the Congress, allocated by the Public Health Service, and expended by the schools to carry out the purposes of the program. Table 2 shows the figures for each fiscal year in which the program has functioned. During this period, the number of schools of public health has increased from eleven to the current level of sixteen, reached by the accreditation of the University of Texas (Houston) in June of 1969.

In the fiscal year ending June 30, 1969, some \$6 million in formula grants were authorized and \$4,554,000 appropriated by Congress and allocated to the schools of public health. Grants ranged from a high of \$639,000 for one school down to a low of \$119,500. The average size grant for the fifteen schools sharing in the formula program was \$303,000 for the 1968-69 school year.

TABLE 2.—FORMULA GRANT ASSISTANCE TO SCHOOLS OF PUBLIC HEALTH—AMOUNTS AUTHORIZED AND APPROPRIATED BY CONGRESS, FISCAL YEARS 1959-70

Fiscal year ending June 30—	Number of schools	Amounts authorized	Amounts appropriated
1959	11	\$1,000,000	\$450,000
1960	12	1,000,000	1,000,000
1961	12	1,000,000	1,000,000
1962	12	2,500,000	1,900,000
1963	13	2,500,000	1,900,000
1964	13	2,500,000	1,900,000
1965	13	2,500,000	2,500,000
1966	14	5,000,000	3,500,000
1967	14	5,000,000	3,750,000
1968	15	5,000,000	4,000,000
1969	15	6,000,000	4,554,000
1970	16	7,000,000	(1)

¹ Appropriation pending.

The success of any program in which the public interest is involved must be measured by the amount of Federal funds expended and the significance of the results achieved. What has been the result of this investment of taxpayers' dollars in the type of programs carried on by the nation's schools of public health? To what extent have these expenditures helped to meet our health needs? Fed-

eral formula grant funds—plus those they helped to generate—have produced these dramatic results in the 1959-69 years since enactment of the program as compared with the comparable time period immediately preceding its enactment:

A 124 percent *increase* in the number of students enrolled at schools of public health (24,361 as compared with 10,872);

A 74 percent *increase* in the number of graduate degrees awarded by schools of public health (11,240 as compared with 6,451);

(See Table 3 for data listed by years for this period).

A 195 percent *increase* in the number of Federally-sponsored students at schools of public health (from 717 in 1959 during first year of program to 2,115 in the current school year);

A 187 percent *increase* in the total number of students currently enrolled at schools of public health in the 1969-70 year as compared with the 1957-58 year (3,525 as compared with 1,230);

An *increase* from 11 to 16 in the number of accredited schools of public health provided comprehensive graduate training and degrees in the health professions;

The *addition* of hundreds of new courses in the schools to meet the health needs of our changing society, such as Environmental Health, Mental Health, Maternal and Child Health, Radiological Health, Medical Care for the Aged, Comprehensive Health Planning, Epidemiology, Nutrition, Hospital Administration, Industrial Health, and many others.

TABLE 3.—U.S. SCHOOLS OF PUBLIC HEALTH—TOTAL NUMBER OF GRADUATE DEGREES—STUDENT ENROLLMENT, 1948-69

Year	Number of graduate degrees awarded	Number of students enrolled in credit courses
Before enactment of formula grant program:		
1948	460	638
1949	471	865
1950	524	969
1951	620	1,025
1952	604	1,039
1953	608	998
1954	584	915
1955	567	971
1956	582	1,045
1957	659	1,177
1958	772	1,230
Total, 1948-58	6,451	10,872
After enactment of formula grant program:		
1959	785	1,304
1960	744	1,266
1961	766	1,399
1962	747	1,619
1963	798	1,848
1964	1,032	2,047
1965	1,092	2,267
1966	1,195	2,608
1967	1,196	3,115
1968	1,337	3,363
1969	1,548	3,525
Total, 1959-69	11,240	24,361

TABLE 3A (GRAPHIC)

U. S. SCHOOLS OF PUBLIC HEALTH
Graduate Degrees Awarded
1948 -- 1969

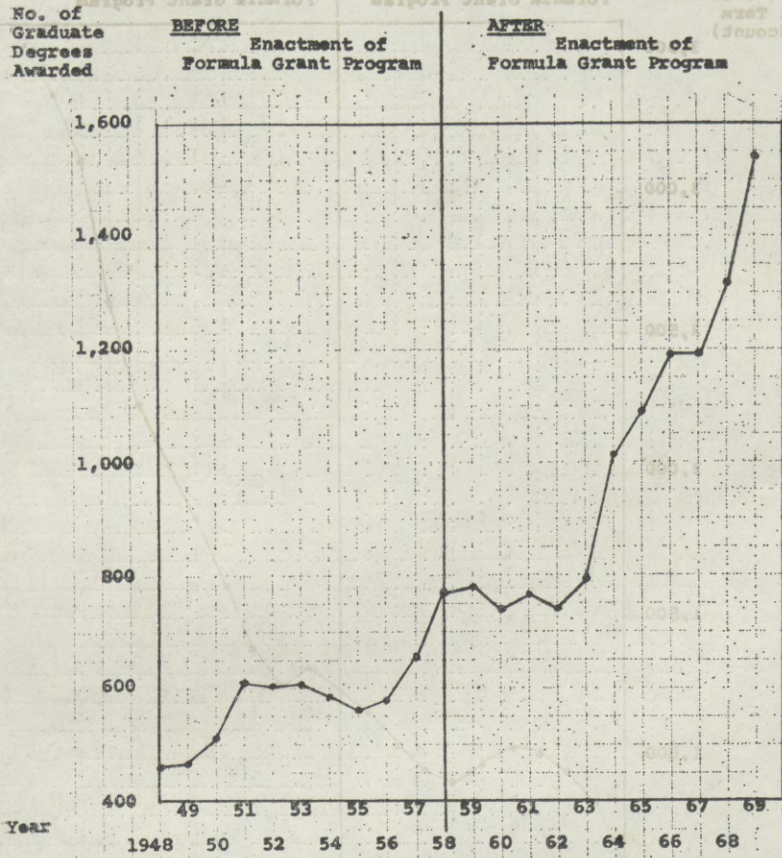
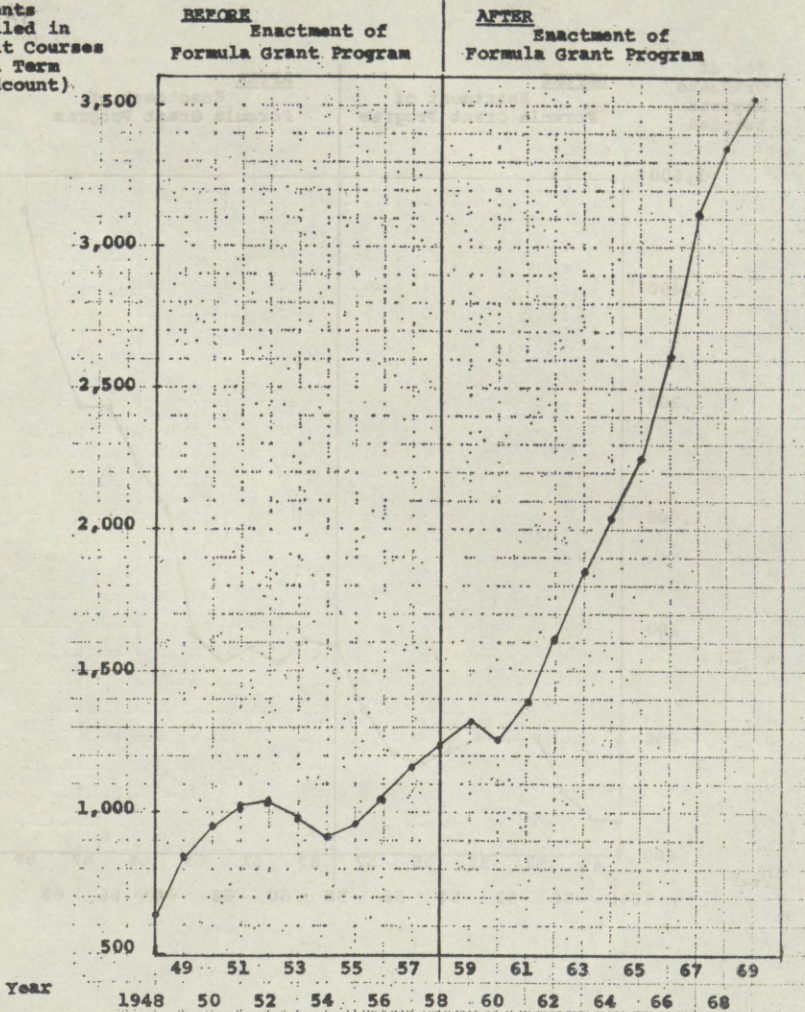


TABLE 3B (GRAPHIC)
 U. S. SCHOOLS OF PUBLIC HEALTH
 Growth of Student Enrollment
 1948 -- 1969

No. of
 Students
 Enrolled in
 Credit Courses
 (Fall Term
 Headcount)



USES OF FORMULA GRANT FUNDS

Schools of public health, unlike other institutions, cannot rely on alumni contributions for financial support since virtually all graduates are engaged in public service activities. Thus, they must depend more heavily on grant programs than many of the other professional schools. Of the total expenditures of \$64 million by the fifteen schools during the 1967-68 school year, the level of support they received from their parent institutions ranged from 6 percent to 33 percent of their operating expenses, with an overall average of only 23 percent.

In this situation the importance of formula grant funds is characterized not

only by the amount but by the flexibility of this type of financial support, which enables the schools to stretch the funds for more effective use.

Over the years, each school has devised methods to maximize the effective use of formula grant funds. In its questionnaire to Deans of the schools in April, 1969, the Association of Schools of Public Health asked for statements on how the formula grants have been used. Here is a representative sample of comments received:

"The major programs for which formula grant funds are currently being used . . . are public health nursing, maternal and child health, biostatistics, support staff for core curriculum, and strengthening field training needs in health education. Existing teaching programs have been expanded and improved by the purchase of audio-visual equipment, instructional and library materials, and laboratory equipment . . . In community service, continuing education has been a major support item of this School's activities for health workers in the State."

"Formula grant funds constitute an indispensable component of our budget for instructional purposes. Literally speaking, these funds undergird, in varying degrees, all of the ten academic departments . . . Between 1958 and 1968, student enrollment increased by more than 100%. This rapid expansion could not have taken place without the financial support of formula grant funds."

"Formula grant funds made possible a full-time obstetrician with training and experience in Maternal and Child Health and Population Problems, enabling us to offer courses in this area such as Family Planning, Maternal Health Guidance Programs, etc. Extension programs for outlying health departments were conducted as well as the organization and presentation of a program on Drug Abuse. Currently, a program is being initiated to develop community betterment programs in a Mexican-American community and another among a Negro and Mexican-American community."

"Departments chiefly aided by formula grant funds are Microbiology, Behavioral Sciences, Environmental Sciences, Health Services Administration, Biostatistics and Demography, and Human Ecology. Since the formula funds have not significantly increased, they can provide little base for further expansion until appropriations are increased."

"The formula grant funds are interwoven into the fabric of this School's staff budgets to such an extent that, if they were no longer available, the entire program would be in jeopardy. They are used in practically every programmatic area in the School's teaching and training activities. Further, an increase in grant funds is needed urgently if existing programs are to keep pace with rapidly changing events and if programs needing basic development are to be instituted. Areas which need updating and improvement are environmental health, epidemiology, and public health administration. Newer areas which need development are within the scope of behavioral sciences as they affect the public's health, population control, and area-wide comprehensive planning."

"Formula grant funds play an extremely important role in the teaching program of the School . . . Changing social needs require flexibility in planning of teaching. Formula grants permit the development of specific training programs which will meet immediate needs, such as family planning, programs meeting health needs of ghetto areas . . . and problems of urban populations."

"Formula grant funds have been used to meet a variety of needs in the School. They have provided for the employment of faculty in the areas of public health nursing and mental retardation . . . Formula grant funds also enabled the School to purchase some of the more expensive and urgently needed teaching equipment for which other funds were not available. Equipment such as calculators, microscopes, and projectors were purchased."

"Formula grant funds have enabled us to continue to meet the varied teaching responsibilities imposed by new and changing public health needs. Faculty have broadened and strengthened programs in Air Pollution, Biochemistry, Health

Administration and Planning, Health Education, Occupational Health, Public Health Nursing, and Sanitary Engineering . . . The availability of these funds has been a significant factor in making it possible for us to more than double student enrollment during the past decade. Without these funds, it would have been practically impossible to expand our faculty to provide high quality training for the rapidly expanding student body . . ."

"Formula grant funds have been important in the instrumentation of various activities in our School which have had considerable impact on community affairs. Our School has functioned actively as consultant to various legislative bodies in health matters. Through an evaluation study we were instrumental in the reorganization of health services provided to workers through the State Insurance Fund. Our cooperation was also requested by the committee planning a project for a Model City . . ."

"If formula grant funds ceased during one month, the School would have to close down the following month. Thirty-five fulltime faculty members receive part of their salary from such funds and the entire salary of nine lecturers is dependent on these sources . . . This money has enabled us to approximately double our class size in three years, has equipped a good library for us, paid for a librarian, enabled us to obtain up-to-date teaching supplies, enabled our biometry section to begin converting its teaching from calculators to computer terminals, and brought many distinguished scientists to address our students and faculty . . . Formula grant funds are the oxygen supply of our scholastic body and we shall surely asphyxiate without them . . ."

NATIONAL HEALTH LEADERS

Graduates of schools of public health play vital roles in our national health effort. The list that follows represents the wide range of activities and agencies—Federal, State, and local—in which key positions are currently held by public health school graduates. This listing is drawn from a sample of graduates of the various schools.

FEDERAL LEVEL

Public Health Service	Atomic Energy Commission
Food & Drug Administration	Social Security Administration
Indian Health Service	Regional Medical Programs
Air Pollution Control	Comprehensive Health Planning
Migratory Workers Program	International Health Programs
Environmental Health Sciences	Population Control Programs
Tuberculosis Control Bureau	Cancer Control Bureau
Accident Control Bureau	Communicable Disease Center
Center for Health Services and Development	Center for Vital Statistics
Center for Radiological Health	Heart & Stroke Control Bureau
Chronic Disease Control Bureau	Office of Economic Opportunity
National Institutes of Health	Aedes Aegypti Eradication Program

STATE & MUNICIPAL LEVELS

State Health Commissioners	Vital Statistics Offices
County Health Officers	Sanitary Engineering Offices
City Health Officers	Mental Health Centers
Public Health Nurses	Comprehensive Health Service Programs
Nutrition Programs	Hospital Planning Councils
Mental Retardation Programs	Computer Units
Dental Health Programs	Regional Medical Programs
Health Education Programs	Drug Control Programs
Comprehensive Health Planning Agencies	Social Service Departments
Rehabilitation Programs	Alcohol Control Programs
Rat Control Programs	Air & Water Pollution Control Programs
Maternal & Child Health Programs	Venereal Disease Control Programs
Tuberculosis Control Programs	Laboratory Health Services
Veterinarian Service Programs	
Secretaries of Health & Welfare	

MISCELLANEOUS

Voluntary Health Agencies	Departments of Preventive
Health Insurance Programs	Medicine in Medical Schools
Mental Health Agencies	Health Foundations
Cancer Societies	Heart Associations
Research & Teaching in Schools of	International Health Organizations
Medicine, Nursing, Dentistry, Vet-	Tuberculosis Associations
erinary Medicine, Public Health, and	Mental Retardation Agencies
Allied Health Professions	Population Control Organizations

DIMENSIONS OF NEED—1971-1973

As has been already noted, the schools of public health have estimated their financial needs for the 1969-70 school year (FY 1970) at \$8.8 million in formula grant funds. This amount is required just to keep pace with increased student enrollment, the need for new courses, and rising operating costs. This compares with a current authorization ceiling of \$7 million for Fiscal 1970 and the President's budget request of only \$4,554,000—the same amount as appropriated by Congress last year.

The serious financial crisis facing schools of public health during the next several years poses a growing threat for the 1970's in their ability to supply the increasing demands by health agencies for trained professional health manpower. Vacancies already exist in key health positions at all levels of government despite the tremendous increase in the numbers of skilled health personnel being trained each year by the schools of public health.

At their annual meeting in Minneapolis last April, the Deans of all the schools of public health in the United States expressed their concern in a communication sent to President Nixon, HEW Secretary Finch, and Budget Director Mayo. It said:

"Deans and Directors of the sixteen university schools of public health, meeting to review current educational situation, respectfully but urgently call attention to critical need to provide increased financial support for comprehensive preparation of graduate physicians and other health leaders needed for public service in Federal, State, and local governments, who are now vitally important to present and future health of our people, particularly those now deprived of health services in inner cities and poverty areas.

"Although \$7 million authorized in fiscal 1970 for formula grants so essential to operation of schools of public health, only \$4,554,000 requested by past administration. Unless Congress appropriates full amount authorized we must report that increased manpower shortage will seriously impair possibility of meeting nation's health needs."

It is clear that since the schools of public health are the *only* source to train these vitally needed health professionals, our national needs can only be met by increasing the appropriations level in the Fiscal 1970 budget and by raising the authorization ceilings by legislative action in the 91st Congress to more realistic levels. Only then and by the subsequent appropriation of adequate funds during the Fiscal 1971-73 years can our Nation be assured of meeting our national, State, and local health manpower requirements.

How can these needs be determined? The Association of Schools of Public Health in April 1969 solicited data to pinpoint specific quantitative and qualitative needs in a questionnaire to the Dean of each school of public health. Detailed data for each of the three years—1970-71, 1971-72, and 1972-73—was furnished by the schools and carefully analyzed. The results are shown below:

An estimated \$51 million in Federal formula grant funds will be required by the nation's schools of public health during the Fiscal 1971-1973 period to meet the expanding student enrollment, teaching programs, and increases in basic operating costs:

	Million
Fiscal year 1971-----	\$12.5
Fiscal year 1972-----	16.8
Fiscal year 1973-----	21.6

The schools have estimated that these funds, if authorized and appropriated by Congress, would be distributed approximately as follows in the various areas of instruction:

	Percent
Epidemiology -----	14
Environmental health, including radiation and occupational health -----	13
Health administration, including comprehensive health planning -----	13
Continuing education -----	10
Population and family planning, including maternal and child health -----	8
Health education -----	7
Biometry -----	7
Medical care and hospital administration -----	6
Mental health -----	5
Nutrition -----	5
Behavioral sciences -----	4
Public health nursing -----	2
Aging and chronic diseases -----	2
International health -----	2

The remaining two percent of the funds would be used to improve supportive services for the teaching programs of the schools of public health.

SUMMARY

This *Progress Report* has described how Federal formula grant funds have been utilized by the nation's schools of public health and presented the remarkable record of accomplishment made as a direct result of the financial assistance provided during the Administration of four Presidents by the 85th through the 90th Congresses under bi-partisan support.

It is clear that such progress in public health training and practice could not have been made without formula grant funds, which provide the flexibility required in the schools' teaching and administrative structure.

It is also clear that future progress in the public health field in America depends, in large part, on the continuing and expanding support of the schools of public health through formula grant funds. Estimates of the dimension of these needs during the next several years have been provided.

To the achievement of this growing dimension of needs for the decade of the 1970's, the Nation's schools of public health rededicate themselves.

Mr. JARMAN. Thank you very much, Dr. Wegman.

How many students do you have in the School of Public Health at the University of Michigan?

Dr. WEGMAN. We had at the beginning of the fall term this year, sir, 451 graduate students registered. I might say, with some pride, that our school has taken very seriously the concept of year-round operation, and we are going steadily with full educational programs. The only period in which the school is "down," is between the 18th and 25th of August.

Mr. JARMAN. I was interested, when you say in your prepared statement that, under the present ratio, two-thirds to three-fourths of the students come from outside of the State.

Dr. WEGMAN. Yes, sir.

Mr. JARMAN. Does this cover a fairly wide area outside?

Dr. WEGMAN. This year, I think our figures would include 36 States and 17 foreign countries. When we include Ph. D. candidates, I guess that goes up to 21 foreign countries.

Mr. JARMAN. That is certainly a very wide coverage.

Dr. WEGMAN. Very wide coverage; yes, sir.

Mr. JARMAN. Thank you.

Mr. Nelsen?

Mr. NELSEN. No questions.

Mr. JARMAN. Mr. Rogers?

Mr. ROGERS. Thank you, Mr. Chairman.
Dean, I think your testimony is good.

I noticed in your programs at the University of Michigan that they are quite broad. I do not see any course, though, in developing new careers, or work in developing new careers. Do you have such activity going on at your school?

Dr. WEGMAN. Well, in a sense, yes. The new careers, Mr. Rogers, have to be considered in relation to specific programs. For example, one of the important areas of new careers has to do with the physician assistant or something of that sort. We have a program in maternal and child health where a great deal of the emphasis is on using—we generally use the term “auxiliary personnel” or something of the sort, working as obstetric assistants in prenatal clinics and infant-care clinics.

Now, we have not designed a specific program for them, because, frankly, we think that for the moment this kind of training is best given at the prebaccalaureate or the baccalaureate level, and our school is a graduate school. We consider our function as training the teachers for those programs, and this we have thought of, but since the teachers have to be more or less in specialized areas, we prefer to train them through the specialized areas. Just next month, I have been invited to a meeting of the Macy Foundation which they are calling in Virginia to review some of the characters of curricula for pediatric and obstetric assistants.

Mr. ROGERS. Here is one of my concerns: I think the public health schools could perform the service for the whole medical field, and that is emphasizing new careers, new personnel, and it has got to break in somewhere, and I think there is a reluctance in your average medical school to branch out because I think there is some reluctance, I think, to accept these people until they are kind of established somewhere. It is a chicken-and-egg situation. It seems to me that these schools of public health could constitute a forum to really give an emphasis and push here. It is my understanding that the Department is considering using some public health hospitals as training bases.

Now, do you have any connection at all with the public health hospitals? Do you do any training with your students there?

Dr. WEGMAN. No, sir; not really. The nearest Public Health Service hospital to us is the one in Detroit which has been in some difficulties, and it is not very easy. We are using, we do have facilities, because of expansion in the medical school, at Wayne County General Hospital, about 30 minutes' drive from Ann Arbor. And other universities—I would not like to concentrate just on our own with which I am familiar, but the other schools I know are interested very much in this.

I might add, Mr. Rogers, that your question is particularly timely, because just about midnight last night in Philadelphia—where we have been having marathon meetings of the Governing Council of the American Public Health Association and where, this year, we have been having quite a lot of participation by consumers and students in the meeting—during the meeting a very bright young lady asked suddenly for permission for the floor and said: “Couldn't the American Public Health Association establish a special section for new professionals, for new careers?” When Dr. Lear of Philadelphia invited me to meet with the group later, I sat around with six very bright young people who are all eager to get support from the Public

Health Association through recognition in some way of the importance of their goals. This, I think, is an extremely useful way to make it more attractive and to have their voices heard more among their seniors.

Mr. ROGERS. It just seems to me that we still have not gotten the interest going on new careers. We talk about it a lot; we have committees on it, but I don not see too much concrete result coming about, and it just seems to me that somebody has got to assume some responsibility, and I would think the schools of public health would be a very excellent place to really assert some leadership here. I would like to get some background on this, on what some of the public health schools are doing, and if you could get it from your Association—

Dr. WEGMAN. I would be very happy to, Mr. Rogers.

(The following letter was received for the record:)

ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH, INC.,
UNIVERSITY OF MICHIGAN,
Ann Arbor, Mich., December 3, 1969.

HON. JOHN JARMAN,
Chairman, Subcommittee on Public Health and Welfare, Committee on Interstate and Foreign Commerce, Rayburn House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: When I appeared before your Subcommittee to testify on formula grants to schools of public health, Congressman Rogers asked what the schools were doing in regard to "new careers."

I have had opportunity for only preliminary checking with my colleagues in other schools but I can report that several schools are involved in preparing teachers for educational programs for physician's assistants. One school has developed a program to give additional preparation to registered nurses so that they can serve as "nurse practitioners" carrying out some functions which previously had to be done by physicians. One school has developed special programs for physician's assistants with special reference to the South Pacific area and this material will provide a useful basis for adaptation within the United States.

Some of the schools are working actively with the community colleges in their area to provide additional teaching materials and course outlines and to help with efforts to recruit new students.

Our own school is completing a large-scale report for the State Board of Education entitled "Procedure for Community College Planning in Health Technology." Our project has also prepared a listing of priorities for action in this field, laying emphasis on such new careers as environmental health technicians and nutrition aides.

The Association of Schools of Public Health proposes to review progress in this field at our annual meeting early in April 1970 and I feel certain this will result in still greater and more effective activity.

Very sincerely yours,

MYRON E. WEGMAN, M.D.

Mr. ROGERS. I would be interested in that to see what we can do to be helpful, and it may be—I think some thought is being given to, instead of the trend going down and closing these public health hospitals, it may be that we will have to reverse that, and I think some thought is being given to this in the Department, of changing that and making the building up of—and perhaps even expanding—some of these hospitals as training grounds for some of these new professions and new approaches in delivery and maybe even bringing in some of the people who are discharged from the services and begin to tie them into the medical profession and encouraging programs for them, and it may be that we want to try and work more closely with the public health hospitals that are teaching—the teaching schools along with some public health hospitals.

Dr. WEGMAN. Well, I am certain that the schools all recognize the importance of this. It has been discussed at our meetings, but I guess we have not given as much or specific attention to defining our role. I think our role will continue to be that of providing teachers, but by providing more and more able teachers and more interested ones and helping in advice and consultation, I think, we could do a great deal more.

Mr. ROGERS. Now, how much—and you can supply this for the record—have you increased in graduates since our program has been going on?

Dr. WEGMAN. Well, the schools in general, in terms of the increase in graduates—and incidentally, sir, if you will let me just change this, I think Dr. Steinfeld said, if I heard correctly, that he thought there were 2,800 students enrolled in schools of public health. Our figures show 3,500 enrolled in credit programs.

Mr. ROGERS. 3,500?

Dr. WEGMAN. As enrolled. In terms of the number of graduates since this formula grant program has started, the number of graduates of schools of public health has more than doubled.

Mr. ROGERS. Well, that is good.

Dr. WEGMAN. If you wish the actual number, I am sorry, sir, it is roughly—

Mr. ROGERS. It is what?

Dr. WEGMAN. It is roughly 1,500 a year from all schools right now.

Mr. ROGERS. And what are the projections for increasing that number? Are the schools making efforts now to increase?

Dr. WEGMAN. Every one of the schools is planning on an increase. Of course, this is tied to the traineeship support very closely, and most of the schools have indicated that they can accept more with additional faculty support and additional trainee support, that they could easily do more.

Mr. ROGERS. Would you get us for the record from the various schools what the projection is for the growth?

Dr. WEGMAN. Yes, sir.

Mr. ROGERS. I realize that you may not have that now.

Dr. WEGMAN. I can give you some idea as to our own, but I cannot give you the others.

Mr. ROGERS. Of course, I realize you would not have that information. Thank you. I am sorry to have taken so long.

(The following letter was received for the record:)

ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH, INC.,
UNIVERSITY OF MICHIGAN,
Ann Arbor, Mich., November 20, 1969.

HON. JOHN JARMAN,
House of Representatives,
House Office Building,
Washington, D.C.

DEAR MR. CHAIRMAN: In response to the question posed to me by Congressman Rogers at the hearing before your Subcommittee on November 13, 1969, I am pleased to submit the following information.

Congressman Rogers specifically requested a projection of graduates from schools of public health over the next few years. The following estimates are based upon experience among the schools in the past few years and upon certain important assumptions: first, that funds will be available for support of

general faculty as envisioned under Section 309(c), for special projects in newer fields of public health, Section 309(a), for increased traineeship support, Section 306(a), and for necessary construction. The assumption is also made that the climate of Federal support will encourage new schools to be started.

Given these assumptions a mean rate of growth of roughly 10% a year may be expected. The resulting figures are, approximately:

Graduates:	Year
1,700	1969-70
1,870	1970-71
2,050	1971-72
2,250	1972-73
2,475	1973-74
Well over 2,700	1974-75

I must repeat that these estimates are based upon the assumptions of increase in faculty, facilities and student support, as cited above.

I would be most happy to supply any additional information requested.

Very sincerely yours,

MYRON E. WEGMAN, M.D., *Dean.*

MR. JARMAN. Mr. Hastings?

MR. HASTINGS. Yes; Mr. Chairman.

Dr. Wegman, first, I hope that your public health schools could arrive at some solution to the problem of the common cold. If you could do that, let me know about it.

I think the object of both the administration, HEW, this committee and certainly the schools is all pretty much the same. I think we all recognize the necessity for an increasing awareness and an increasing expenditure being required for the public health services, hospital facilities and personnel. You differ with HEW on the extension of this particular legislation, meaning the length of time, and it is very understandable, of course. I will ask the question, however, whether you might agree with Dr. Steinfeld in the goals that he stated on behalf of HEW, about the formula grants and traineeships becoming coterminous at some point? This would be desirable, you feel?

Dr. WEGMAN. Yes, sir. We think it would be desirable, strongly desirable, and we would be happy, if the committee so desired, to supply the committee with figures that might be tied into this, if the committee wished to amend and extend the other bills, the other two major authorities, sections 306(a) and 309(a) of the Public Health Service Act. We will be happy to supply our projections of the relative needs to carry on for the duration of this proposal, and they could then be tied together.

(The following letter was received for the record:)

THE UNIVERSITY OF MICHIGAN.

SCHOOL OF PUBLIC HEALTH,

Ann Arbor, Mich., November 20, 1969.

HON. JAMES F. HASTINGS,
House of Representatives,
House Office Building,
Washington, D.C.

DEAR MR. HASTINGS: During the hearings before the Subcommittee on Health and Welfare on November 13, you asked me whether we had supplied the Department of Health, Education, and Welfare with figures on our estimates of needs for project grants, Section 309(a), and traineeship grants, Section 306(a). As you recall, both of these sections apply to support for public health studies in many other institutions, in addition to schools of public health. These include schools of engineering, schools of nursing, schools of medicine, schools of dentistry and others. The extended eligibility was strongly supported by the Associa-

tion of Schools of Public Health and was recommended by the Second National Conference on Public Health Training, called at the direction of the Congress in August, 1963. The report of that Conference is still completely valid in justifying the extension of specialized training for particular purposes, in order to supplement the general interdisciplinary training available only in schools of public health.

My estimates of needs for project grants and for traineeships are, therefore, based to some extent upon assumptions concerning continued growth in needs at other health schools. The great increase in number of applications received by the Public Health Service under these two grants, an increase that could not be satisfied in the past few years because of restricted appropriations, makes me confident that the figures given below are more nearly minimal than optimal.

	[Millions of dollars]				
	1971	1972	1973	1974	1975
Sec. 309(a) (project grants).....	15.0	18.0	21.0	24.0	27.0
Sec. 306(a) (traineeships).....	14.0	18.0	22.0	26.0	30.0

In accordance with your suggestion, I am forwarding a copy of this letter to Dr. Kenneth Endicott, Director of the Bureau of Health Professions, Education and Manpower Training. We are all very grateful for your interest and I should be happy to supply any additional information you might desire.

Very sincerely yours,

MYRON E. WEGMAN, M.D., *Dean*.

Mr. HASTINGS. Well, I assume you have made those figures available to HEW already.

Dr. WEGMAN. We have, in a general way, but we have not tried to finalize the figures now, because of the time. Those grants do not terminate until next year, and we have them in a preliminary way, and I would like to refine them and supply them to the committee and HEW.

Mr. HASTINGS. You are also agreeable, I assume, as Dr. Steinfeld has stated, with the direct grant consolidation, exploring areas of this in terms of such consolidation, and you would favor this approach?

Dr. WEGMAN. Oh, we certainly favor the interrelationship of these. It is exceedingly important, because if one raises traineeships without raising faculty, you are in trouble. If you raise faculty and do not supply enough support for traineeships, you are in trouble.

Mr. HASTINGS. Then, I reiterate that I believe our goals are the same, including HEW.

Dr. WEGMAN. Yes, sir.

Mr. HASTINGS. If you could have complete believability in the intent of Congress and the administration that, in fact, they are going to achieve a savings, then you would not be quite as concerned about the 1-year extension as opposed to 3 or 5?

Dr. WEGMAN. Mr. Hastings, that first conditional clause of yours is a tough one. We used to go through a terrible period of uncertainty each year before Mr. Harris—when he was chairman of this committee—put a firm advance commitment in the legislation for the following year's appropriation, so that we could give most applicants assurance in mid-April. I had tried my best to devise letters and words over the phone to say that we had absolute promises that Congress would appropriate this money, but that we could not write an actual

appointment statement until we had a letter that the funds had been appropriated. And the man would say: "Look, can I sell my house on this? Or can I put somebody into my practice?" And when I said, "well, I am 99 percent sure." He would answer "Who will guarantee that other 1 percent?"

Mr. HASTINGS. I understand.

Thank you very kindly, Dr. Wegman.

Mr. JARMAN. If there are no other questions, that concludes testimony for this morning. Dr. Wegman, we appreciate your coming to contribute to our record.

Dr. WEGMAN. Thank you, sir.

Mr. JARMAN. And the committee will stand adjourned.

(Whereupon, at 11:05 a.m., the committee adjourned.)

