aware of it, we are disturbed by it. At least in the health area we try to be aware of our limitations. I wish you would help us to do things better. I wish you would be more aware of your own limitations and let us help you more effectively.

Four Kennedy Bills

Kennedy's intentions apparently are to continue to seek stiff sanctions to attack the distribution problem, but his strategy seems to be more flexible. On 6 March he introduced four health manpower bills which pretty well box the congressional compass on the matter. Teaming with Senator Jacob J. Javits (R–N.Y.) and other senators, he introduced S. 989, which in form is substantially the same bill that emerged from committee last year before the Senate amended it. A second bill, S. 990, Kennedy introduced at the request of the Association of American Medical Colleges (AAMC), the Washington-based, national organization of medical schools and academic medicine's rough equivalent of the American Council on Education. The other two bills introduced were S. 991, the measure introduced in the House last year by Representative William R. Roy (D–Kans.), which would combat maldistribution by increasing scholarship aid for those who serve in shortage areas and by phasing out capitation grants, and S. 992, the Rogers bill passed by the House in the last Congress.

The AAMC bill was based on the recommendations of a task force set up at the behest of the worried membership. The AAMC's major priority is guaranteed capitation support at a higher level and with as few conditions as possible. As for the issue of geographic distribution, AAMC opts essentially for a policy of voluntarism, favoring the kind of financial incentives offered by the armed services in recruiting physicians and dentists and existing student assistance programs, such as National Health Service Corps Scholarships.

The AAMC found its task force proposals were getting little attention, so it was decided to translate the recommendations into a draft bill, the form which is most readily assimilable on Capitol Hill.

The Administration line on federal aid to medical schools under Presidents Nixon and Ford has, in general, been to oppose institutional support. On 20 February, Health, Education, and Welfare Secretary Caspar W. Weinberger appeared before the Rogers Interstate and Foreign Commerce subcommittee on health and environment and, for the most part, reiterated past Administration positions. He argued that medical students could afford to pay a larger proportion of the costs of their education through higher tuition because of their expectations of high earnings. He asked that capitation payments be reduced and be ultimately phased out and expressed the view that government support of continued expansion of medical schools would result in a surplus of health personnel in the 1980's. On the issue of maldistribution he repeated the Administration preference for scholarship aid to students who agreed to serve in shortage areas and for a plan that would give financial incentives to those choosing primary care specialties (general practice, internal medicine, pediatrics).

The points now being argued have not changed very much since 1963, when the Health Professions Assistance Act was first passed, but perceptions and priorities have altered markedly. The first law was limited essentially to providing construction grants for educational facilities primarily because the American Medical Association feared that other forms of aid would open the way to federal meddling in medical education. In 1965, the law was expanded to provide institutional support in the form of project grants intended to finance expansion and innovation and also scholarship aid. The next year, an Allied Health Professions bill extended aid to technicians and other health personnel. The multiplication of categorical programs designed to accomplish special ends began to make the manpower legislation unwieldly, and in 1968 there was an attempt at consolidation and rationalization in a new Health Manpower Act. Medical school officials welcomed increasing federal funds, but many felt they were losing the power to plan and budget for their own programs. The compromise that produced the capitation grants in 1971 went some way toward satisfying the demand for institutional support, but the intense pressure on medical school budgets caused by inflation in recent years has made some feel that they perhaps got too little too soon.

At present funding levels, the largest subtotal of support goes to capitation payments—$194 million a year (authorization, $294 million). Funds for construction total $101 million (authorization, $299 million). Support for special projects, such as training of allied health personnel gets $101 million (authorization, $242 million). Total funding is $541 million (authorization, $1.1 billion), for all programs.

This year, medical school budgets have been seriously affected by the rise in energy costs and other shocks of double-digit inflation. The almost universal reaction—in both private and public schools—has been to raise tuitions substantially, in a few cases by record sums, and there has even been talk of $10,000-a-year tuition as a possibility if a major infusion of new federal aid is not forthcoming.

Muddled Prospects

What is the prognosis for legislation? Rogers appears to be standing pat with the bill that passed the House, modified this year so that the quid pro quo's required of the medical schools—the requirement that enrollments be increased, physicians' assistants trained, and a stipulated portion of capitation grants spent on "remote site" training—are moderated.

Rogers has no plans for further hearings on the health manpower bill and the assumption is that it will again sail through the House.

Kennedy asked his colleagues in the Senate for statements expressing their views on health manpower issues, saying these would be taken into account when the committee takes up the matter again. He plans more hearings on the legislation, but has not yet set a date.

Both Kennedy and Rogers appear to be in somewhat stronger positions than during the last Congress. Kennedy suffered his reversal on the health manpower bill immediately after he had announced he would not be a candidate for President, and some observers think the rebuff was part of a negative reaction to the announcement.

Rogers came out of a minirebellion in the Commerce Committee at the start of the Congress with his subcommittee's jurisdiction secure and his personal prestige augmented.

Everyone connected with the health manpower legislation is vowing that a new, strengthened law will soon be enacted, but at the moment there is certainly no consensus on when that will happen or what will be contained in a Kennedy-Rogers bill, or a Rogers-Kennedy bill, or . . . —JOHN WALSH

Erratum. In the Appointments column (28 Mar., page 1216), Donald R. Bennett was cited as chairman, neurology department, University of Utah. Bennett is chairman of the neurology departments at the University of Nebraska and Creighton University.