

The Overshadowed Story

□ Less than a month had elapsed since the enactment of the long-awaited Health Professions Educational Assistance Act of 1976 (Public Law 94-484) when the popular press and health publications began describing opposition from health professions schools, particularly medical schools, and hospitals to certain provisions of the new law. The rapid development of this controversy and other events of last fall unfortunately overshadowed an important health manpower story: the impressive accomplishments in improving the nation's health manpower resources since the beginning of Federal health manpower support, the refinement of our understanding of the nation's health manpower problems, and the potential impact of Public Law 94-484 on those problems.

□ The article in this issue of *Public Health Reports* by Dr. Daniel F. Whiteside, Director of

HEW's Bureau of Health Manpower, relates some of that submerged story and will help us to keep sight of the fact that present and past controversies notwithstanding, the commitment of the Government, schools, and other parts of the health system to improving the nation's health manpower resources has been genuine, aggressive, and productive.

□ The number of health professions schools rose from 249 in 1963-64 to 297 in 1976-77. The number of health professions graduates increased by 105 percent between 1963-64 and 1975-76. The ratio of active physicians per 100,000 population advanced from 140 in 1960 to 159 in 1974.

□ These accomplishments would not have been possible without the willing contributions of the health professions schools and the work of both Legislative and Executive branches of State and Federal governments. There is a consensus among these contributors that Public Law 94-484 is appropriately aimed at improving the geographic and specialty distribution of health professionals and is worth continued effort and support. But it is also apparent that areas of disagreement remain.

□ What constitutes appropriate quid pro quos for Federal support of health professions schools? What is the place of the foreign medical graduate in the American health care system? To what extent should Government regulate the opportunities for specialization and the distribution of health manpower resources? How can we weigh the desirable expansion of educational opportunities for some against the resulting diminished opportunities for others?

□ These difficult questions must be examined by this Administration to assure that present policies reflect changing needs and realities. This Administration has already demonstrated its support of health professions education by requesting substantial funds to carry on the progress that has been made since the early 1960s. We must also insure, however, that these funds are used as effectively as possible in producing health professionals who will deliver those services which are most needed and for those geographic areas that have not yet benefited fully from the impressive improvements in our health manpower supply.