

UNITED STATES



OF AMERICA

Congressional Record

PROCEEDINGS AND DEBATES OF THE 90th CONGRESS
FIRST SESSION

VOLUME 113—PART 22

OCTOBER 18, 1967, TO OCTOBER 31, 1967

(PAGES 29209 TO 30688)

pire. The rest of the press took a dim view of this.

Some things the press can't do. Most importantly, it can't violate the anti-Communism law, which is an extremely broad statute. I was told, as an example, that a local dealer handling a Time or Newsweek issue containing "pretty pictures" of North Korea or China had better rip them out or expect a ban on distribution.

Highly blatant or exceedingly reckless criticism of the government is almost sure to bring action. Example: a magazine editor was jailed for falsely calling the President the mastermind of a smuggling ring.

Too often, several sources observed to me, some Korean newspapers will print rumors without checking them out. Since advertising revenue is small, most papers depend on circulation income and tend toward sensationalism in news treatment.

U.S. AID NOW CAN CUT BACK

U.S. aid to Korea has taken two forms—money and advice. Both have been of great help.

From 1957 until 1966, the U.S. put in \$200 to \$250 million a year in direct economic aid—on top of the substantial military aid (exclusive of our own military costs there).

Now, direct economic grant aid has dropped to \$45 million a year and is declining annually. Military aid has dropped some, but still enables Korea to support 28 divisions. Korea has thus made up many millions a year that used to come from America.

(In 1956-60, for example, the country exported only \$24 to \$32 million annually, mostly such primary items as tungsten and other materials, seaweed and fish. Last year exports reached \$250 million, with more than half in manufactured goods).

U.S. economic aid has been going through several phases, similar to the program in Taiwan, which phased out two years ago this July.

The first step involves grants for the "foundation"—harbors, railroads, power, agriculture.

Next come "soft loans"—that is, long-term, extremely low-interest loans, both to government and private enterprise. Gradually, as private investment grows, loans get "harder," shorter terms and higher interest rates. At some point, the local government and industry can do just as well obtaining money elsewhere.

(When Taiwan phased out, its credit rating was such that it could go to the World Bank or other world financing sources for loans).

Presently, Korea is still in the "soft loan" stage, but it's clear the loans will get "harder."

A few years from now, one high Korean official said to me, the half-billion dollars in foreign aid on which they used to depend will gradually be cut to zero.

"President Park has urged the people to find their own way. The people and government must work together."

For a population of Korea's size, there are many competent technical people for government service.

At the same time, the Korean administrators have been eager for U.S. counsel, much of which they have put to good use.

Four years ago each government department had its own set of statistics. The U.S. suggested one set and they went to it. People in different departments working on the same problems met, in many cases, for the first time, and this broke down agency walls.

The office of National Taxation has been assisted by U.S. tax advisors. A new accounting system was installed for railroads. With U.S. advice, Korea liberalized its exchange rate and reorganized its credit system. In agriculture, the latest U.S. techniques have been demonstrated in soil testing and fertilizing use and vocational training.

In short, the Koreans have taken U.S. ideas and modified them to fit local circumstances. Most have worked.

SENATOR ALEXANDER WILEY

Mr. PROXMIRE, Mr. President, I ask unanimous consent that an eloquent editorial on the career of the late Senator Alexander Wiley, who died last week, published in the Milwaukee Journal, be printed in the RECORD.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

ALEXANDER WILEY

The distinction that Wisconsin voters accorded to Alexander Wiley, who died Thursday in his 84th year, was to keep him in the United States senate longer than any other senator in the history of the state—four full terms, 24 years. The Senators La Follette, sr. and jr., served 19½ and 22 years.

Seniority thus made the proudly self-styled country boy from Chippewa Falls the highest ranking senator Wisconsin ever had. He was the longtime ranking Republican on both the judiciary and the foreign relations committees of the senate and chaired each one at a different time of party ascendancy—the latter in the important early years of the Eisenhower administration.

Sen. Wiley won two splendid distinctions for himself. He became a convert to high principled internationalist views that served his country well in the postwar era. And he became officially a father of the St. Lawrence seaway, a great boon to his home state, by assuming the leadership for it at the time of ripening. His name is perpetuated in one of the seaway works, the Wiley-Dondero canal.

After a warmup run for governor in 1936, Wiley became a party hero two years later by recapturing a senate seat from the New Deal, defeating F. Ryan Duffy, sr. Three terms later, in 1956, he was the central figure in one of Wisconsin's most memorable political dramas, from which he came out bruised but triumphant.

In a bitter irony, he was the intended victim of his own loyalty to the first Republican national administration in 20 years. The party still had its Eisenhower and Taft wings, and Taftites were in command of a strong Wisconsin machine. Shabbily and cruelly they set out to get rid of Alex Wiley for his "betrayal" of isolationism and his independence of bossism. An apparently doomed, almost pathetic figure, he found a majority of Republican primary voters still with him; they turned aside the grab for his seat by the organization man, Congressman Glenn Davis.

When he tried for still another term in 1962 he was overtaken by his irascible old age and by Gaylord Nelson. Wisconsin knew him no more; he lived out his last years a recluse in Washington.

Sen. Wiley made up for a lack of intellectual pretensions with wisdom to be a learner and with courage of conviction. World War II shook him completely out of his instinctive rural midwestern isolationism. As a disciple of the great Sen. Vandenberg he came to give both Presidents Truman and Eisenhower valiant and valuable backing in all manifestations of America's world role—Marshall plan, Atlantic treaty and all—very nearly earning the name of statesman in that work.

He was a warm hearted, high spirited, jovial man, yet a sturdy battler on occasion. He was a decent and honorable man. A pleasant story of him is how he once could have blocked an appointment of the man who had just been his election opponent, Thomas E. Fairchild. He cordially endorsed the appointment instead.

His state owes him an affectionate mem-

ory; his party and historians of the Eisenhower administration would rightly acknowledge substantial debts to Alexander Wiley of Wisconsin.

FOREIGN MEDICAL PERSONNEL

Mr. MONDALE, Mr. President, Mr. Richard D. Lyons wrote an excellent article on the brain drain involving foreign medical personnel.

The situation Mr. Lyons outlines would be serious indeed if the only ramifications were on the quality and competence of medical care in the United States. But it involves far more than that. Each one of the foreign doctors who comes to the United States and remains here constitutes the loss of an extremely valuable resource to his native country. It is a loss, not only in terms of health services and standards in his country, but also a loss of a potential leader to a developing nation, which desperately needs every bit of its talent and leadership working for national development.

Mr. President, I ask unanimous consent that this well-documented article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

FOREIGN PHYSICIANS, MANY UNQUALIFIED, FILL VACUUM IN UNITED STATES

(By Richard D. Lyons)

The national shortage of doctors and the rising demand for health services has led to the immigration of thousands of foreign physicians, many of doubtful ability who may arrive to practice in American medical institutions sight unseen and quality untested.

The influx of doctors from overseas has become so great in the last 20 years that as many foreign-trained physicians enter the health care system of the United States each year as are graduated from American medical schools.

About 45,000 doctors who were trained in foreign medical schools now reside in this country, and the number is increasing at the rate of 10 per cent a year.

Many of the foreign doctors, possibly as many as 5,000, have been unable to pass tests of basic medical knowledge and are practicing medicine without licenses, sometimes because of loopholes in state certification rules and sometimes with the knowledge of the hospitals in which they work.

Interviews with medical educators, hospital executives and public officials showed that some American hospitals were so short-staffed that they were advertising for doctors overseas and paying their travel expenses to come here, ostensibly for post-graduate study but often for use as cheap help.

MORE FROM POOR NATIONS

The paradox of the migrant doctor problem is that the countries with the better medical schools and standards of health care have far fewer physicians migrating to the United States than those nations whose levels of medical education and services are poor.

England, France, Japan and the Scandinavian nations enjoy higher longevity and lower infant mortality rates than the United States, a reflection of national systems of health care at least as good if not better, but relatively few doctors from there come to this country.

A much larger number enter from such underdeveloped nations as India, Iran and the Dominican Republic, countries with lower standards of health care and a doctor shortage of their own, and these physicians may have only the sketchiest knowledge of both English and medicine.

"This is a major national scandal and there has been no policing of foreign doctors because no central organization is responsible for them," said Dr. Harold Margulies of Washington, assistant director of the American Medical Association's Division of Socio-Economic Activities.

Dr. Margulies, who has studied the problem for six years, estimated that from 2,000 to 5,000 foreign-trained doctors were practicing medicine in the United States without licenses.

SUBSTANDARD CARE SEEN

"I have personally seen unlicensed foreign medical graduates working in hospitals," he said. "We have been meeting our manpower shortage in the United States with substandard people who are offering substandard care in our institutions."

While some of the foreign doctors practicing medicine without licenses do so in violation of state laws, the shortage of physicians has been so acute that many regulatory groups have not moved against them. Penalties vary widely between jurisdictions.

Some hospital officials said that the employment of foreign medical graduates was dictated through necessity as the demands increased for the staffing of emergency rooms, hospital wards and psychiatric institutions.

"Patients in many state hospitals have no hope of getting out and many doctors are uninterested in drab surroundings and uninteresting work," said one hospital executive in Chicago, who added bluntly: "So why not bring in doctors who have 'read' medicine for only six months?"

Dr. Edwin L. Crosby, director of the American Hospital Association in Chicago, attributed the influx of foreign-trained physicians to the increased demand for medical services that opened "thousands of more internship and residency posts in American hospitals, along with the desire 'of many foreign graduates for training in the United States.'"

Dr. Crosby stressed, however, that the hospital association "does not believe that the presence of the vacancies and the need for physician coverage should be used to permit the employment of inadequately trained physicians or those with a substantial language barrier."

An official of the American Medical Association in Chicago said that according to association records almost 7,000 foreign doctors enter the United States every year, yet only half had passed a formal test of medical knowledge prepared by the Educational Council for Foreign Medical Graduates in Philadelphia.

Without certification that he has passed this test, a foreign doctor cannot enter a post-graduate training program in a good hospital, which was probably what attracted him to the United States in the first place.

MAY BE LISTED AS ORDERLIES

"We feel that a lot of these guys end up by working in state institutions and marginal hospitals," the A. M. A. official said. "They may be on the books as broom handlers and orderlies even though they may be actually practicing medicine."

Several medical educators agreed, however, that the instruction foreign doctors receive in this country produces many fine physicians who practice high-quality medicine whether they choose to remain here or return home. But no one knows how many do eventually leave the United States.

According to A.M.A. records, there are 45,749 graduates of foreign medical schools residing in the United States. The figure includes 5,722 graduates of Canadian schools, whose standards are as high as American institutions. The countries of origin and numbers of others are: the Philippines, 5,055; Germany, 4,150; Italy, 2,811; Switzerland, 2,313; the United Kingdom, 2,110; India, 1,833; Mexico, 1,201; Korea, 1,060, and Iran, 1,000.

Federal surveys have shown that last year 3,000 foreign medical graduates entered the United States, while 4,500 more came here on exchange visas. In addition, 500 United States citizens returned home after receiving doctorates of medicine at foreign schools. Thus, a total of 7,500 foreign medical graduates entered the United States last year while American medical schools graduated 7,574.

The drain on medical manpower has become so acute in India that this month she refused to allow physicians to take an examination that would qualify them for practice in the United States.

As one Pennsylvania medical educator said: "This country is simply stealing talent and stealing it from countries that can least afford it."

The doctors coming here, he said, "are not being educated—they're being used" by hospitals that cannot "afford to hire competent doctors."

A study by the Association of American Medical Colleges seemed to bear him out. One-quarter of the positions open to interns and residents in American hospitals were being filled by foreign medical graduates, but most of the foreign doctors were not going to the best institutions.

"Most of those who do not have licenses disappear to state hospitals and some states grant special licenses to practice medicine only in that state and only in that institution," he said.

According to a list of state licensing requirements printed in the Journal of the American Medical Association, 20 states have limited licensing arrangements allowing physicians to practice medicine even though they have not been licensed to do so.

But half of the 3,000 foreign medical graduates who take state licensing examinations every year fail the tests, according to the Association of American Medical Colleges. And passing the examinations may not be a true indication of a doctor's proficiency.

NONE FAILED IN THREE STATES

Dr. Robert C. Derbyshire, past president of the Federation of State Medical Boards and Secretary of New Mexico's Board of Medical Examiners, conducted a study of state licensing procedures between 1955 and 1965.

During that period, he said, the boards in Oklahoma, Idaho and Tennessee "did not fail a single candidate" for a license to practice medicine. In addition, Kentucky, Wyoming, Michigan, Minnesota, Alabama and South Carolina failed only 14 applicants. "The nine states with the lowest failure rates examined 10,455 candidates, with a failure rate of less than 0.14 percent," he said.

Armand L. Bird, executive secretary of the Idaho Board of Medical Examiners, said that the failure rate was low because "applicants for licensure are screened well in advance of the test" to see if they are competent. But Mr. Bird declined to estimate how many applicants had been turned down before the formal test was given.

The Oklahoma Board of Medical Examiners reported that 20 applicants failed in the last two years, and that some failed in previous years, but that the statistics had become garbled.

The administrative assistant to the Tennessee board, Mrs. Gertrude Moore, said that 13 applicants had failed since 1964 but that they were not listed as "failures." She said that the 13 were given a second chance to pass the test and that most did.

Dr. G. Halsey Hunt, executive director of the Educational Council for Foreign Medical Graduates, said that "the licensing each year of close to 1,500 graduates of foreign schools is not a good thing for the United States."

"If these doctors stay in this country," Dr. Hunt said, "they drain something out of the economy of their homeland. They come here because it looks like greener pastures with interns making \$400 a month and residents \$600, even though the American graduates

get the good jobs and the foreign medical graduate gets what's left."

Council statistics showed a high failure rate among those foreign doctors taking the council's test, which is given at United States embassies and consulates. About 60 per cent of those taking the test for the first time overseas fail. Dr. Hunt said, although 98 per cent of Americans would pass it.

But Dr. Hunt pointed out that many of those who failed took the examination again and that 65 per cent eventually passed. "Anyone who has passed the ECFMG is a person who has a degree of medical knowledge comparable to 98 per cent of American medical graduates," he said.

The council's test is a one-day examination containing 360 questions taken from the National Board of Medical Examiners tests that many American medical students take in place of state licensing tests. The passing score is 75. Yet only 12 per cent of foreigners score above 80, as opposed to 80 per cent of Americans.

"The ECFMG examination is a meaningless, watered down test," said Dr. Margulies of the A.M.A. He contended that while the questions were taken from the national board tests, "the most difficult questions are eliminated to allow a larger percentage to pass."

The council's annual report for 1965 says: "It must not be assumed, however, that passing the ECFMG examinations means the same as passing National Board Examinations. Questions that have been judged to be very difficult for American graduates have not been included in the ECFMG examinations."

"To use 75 as a passing grade for this exam would be okay if those who came here returned home again after specialized training," Dr. Margulies said. "But giving them patient responsibility is simply unsatisfactory."

Failure rates for graduates of foreign medical schools vary widely depending on the institution. Last year graduates of the University of Santo Tomas in Manila passed 170 state licensing examinations and failed 110. Istanbul University graduates took 158 tests and failed more than half. University of Bologna graduates passed 48 tests and failed 44. Graduates of British and Scandinavian medical schools passed 100 examinations and failed only nine.

"We are pretending that every medical degree is the same," one medical educator said. In many overseas medical schools, he added, students attend lectures for four years "and never see a patient until they come to the United States to serve as internes."

The curriculum of American medical schools devotes the first two years to instruction in the basic medical sciences, while the second two are used for clinical teaching in which the students work with patients under the tutelage of experienced physicians.

Most foreign-trained doctors entering this country are tested to determine minimum competence, but there has apparently been only one attempt to rate their over-all performance as doctors.

Dr. Erwin Hirsch, director of medical education at the Princeton (N.J.) Hospital, has been giving the same test of basic medical knowledge to American-trained doctors and physicians trained overseas for more than a year.

"The test does not pretend to prove that a man is a good doctor because you can't rate a doctor by an exam alone," Dr. Hirsch said. "But it is a devilishly clever test and the best gauge we have of measuring clinical competence. The test takes a full day and comes pretty close to judging the art of being a doctor. Actual cases and their management are presented, including motion pictures of patients."

Thus far 60 Americans and 129 foreign doctors have taken the test, which has been given at the beginning and end of their internships. Dr. Hirsch said that there was only one American failure both times. One-third

of the foreign graduates passed the test the first time, he said, but after internship two-thirds of them passed.

Dr. Hirsch said that hospitals were using a variety of "recruiting drives" for foreign medical graduates. A director of medical education in a nearby state said he received monthly letters from travel agencies in New York offering to arrange delivery of foreign medical graduates. One of these agencies is the Korea Travel Service in Manhattan, directed by Peter Ohm.

"Business is booming," Mr. Ohm told a recent visitor. He estimated that in the last three years he had placed 120 graduates of South Korean medical schools in American hospitals.

Mr. Ohm said that South Korean doctors who want to come to the United States get in touch with his office in Seoul "and we contact the hospitals here." The American hospitals advance the money for tickets to his travel agency, he said, and the Seoul office gives the tickets to the Korean doctors.

"Today if I call a hospital and say I have a doctor for them they would pay me immediately," Mr. Ohm said.

Mr. Ohm said that internship "used to be slavery, but it's not any more." He explained that some small hospitals will give the air fare to the doctor as a bonus, as well as furnishing him with an apartment and a salary of \$600 a month.

He said that the Korean doctors seemed to be satisfied with their new jobs. "Most don't go back home once they get here," he said, even though the Government in Seoul has been trying to persuade them to return.

Attempts to limit the influx of foreign doctors have failed in part because of changes in the immigration regulations.

At one time ECFMG certification was almost mandatory. Then the regulations were relaxed to let foreign doctors enter the country without certification if they had a medical degree and had practiced for at least two years in their own countries. This year the law was changed again to allow in any graduate of a medical school.

"Something should be done about it," Dr. Hunt of the educational council said.

Something is being done about it—in Canada. Medical licensure boards there are studying means of developing uniform requirements for medical licenses that would apply in all 10 provinces, said Dr. J. C. C. Dawson, registrar of the Ontario College of Physicians and Surgeons.

Dr. Dawson said that Canada's foreign doctor problem was more acute than America's because "when your immigration people tell them [the foreign doctors] to move on they come here."

But Dr. Dawson, like his American colleagues, did not envision any quick solution because of the difficulties of getting 10 provincial or 50 state boards to agree on uniform standards.

Many American private health groups are seeking to involve the Federal Government, not only in the foreign doctor problem but also in the whole range of troubles of the American system of health care, including the financing of medical schools.

One panel of leading medical educators estimated in a report to the Federal Government that the cost of expanding medical schools to the point that they could start to produce as many new American doctors each year as are entering from overseas could be as high as \$1 billion. Yet many American medical schools are on the verge of bankruptcy.

Subcommittee of the Committee on Banking and Currency has devoted much of its energy to the problem of developing a broad program for homeownership for the lower income family. Until last year this was one of the major missing links in our housing policy. Representative SULLIVAN established the first such program with the 221(h) program which is now being implemented in St. Louis, Milwaukee, Philadelphia, and other cities.

However, this is a small program, tied to rehabilitation and requiring the use of FNMA special assistance funds. There is still the need for a larger program. There has been a recognition of this need as exemplified by the large number of proposals for homeownership which were introduced this session. The Housing and Urban Affairs Subcommittee held over 2 weeks of hearings this session, and the vast majority of the testimony was about homeownership. The conclusion of this testimony is that a program of homeownership for the lower income family is a useful supplement to our existing housing legislation. It will offer one more alternative to the lower income family as it tries to better its housing condition.

Upon completion of the hearings the distinguished chairman of the subcommittee, the Senator from Alabama [Mr. SPARKMAN], submitted a plan for sales housing to the subcommittee which will be the basis for the final bill reported from the subcommittee. However, the chairman also suggested that the junior Senator from Illinois [Mr. PERCY] and I develop modifications that would reflect our two positions. Such a compromise has been developed, and it is my hope that this compromise, along with the chairman's ideas, will be the basis for a bill to be reported at this session.

Mr. President, this morning I received a telegram from Mr. Walter Reuther, president of the United Automobile Workers, which supports this compromise and recommends the inclusion of it in the 1967 omnibus housing bill. Mr. Reuther has been a leader in developing and supporting proposals to benefit America's poor. He is truly one of America's leading citizens. It is indeed a compliment to this proposal that Mr. Reuther has seen fit to endorse and support it. Mr. President, I ask unanimous consent that the text of the telegram from Walter Reuther be printed in the RECORD.

There being no objection, the telegram was ordered to be printed in the RECORD, as follows:

DETROIT, MICH.
October 27, 1967.

Senator MONDALE.
Senate Office Building,
Washington, D.C.:

Through the cooperation and support of Chairman Sparkman, a viable compromise provision to establish sales housing program for the less advantaged based on proposals by Senators Mondale and Percy can be included in the proposed Housing and Urban Development Act. On behalf of the United Automobile Workers, I urge support for this provision in the Banking and Currency Committee.

WALTER P. REUTHER.

MILWAUKEE SENTINEL SUPPORTS PROPOSED NEW BUDGET

Mr. PROXMIRE. Mr. President, in a recent editorial the Milwaukee Sentinel writes:

Difficult as the budget reform task is said to be, every effort ought to be made to put the single-budget concept into effect as soon as possible.

The prospect of bringing the federal budget under control, making it structurally sound as well as financially sound, ought to be started at least with the budget President Johnson is to submit next January.

This forthright support for prompt use of the new budget comes from a paper which has been consistently critical of the administration's fiscal policies and has a deep concern for economy.

If the President is to propose his financial plans next January in the new budget form—and I join the Sentinel in hoping that he does—then Congress has a great deal of homework ahead of it.

This is why the hearings of the Joint Economic Committee which will be underway shortly can be so useful to Congress in winning an understanding in detail of the new budget proposals.

Mr. President, I ask unanimous consent that the Milwaukee Sentinel editorial supporting the single-budget idea be printed in the RECORD.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

SINGLE BUDGET

Combining the federal government's three budgets into one budget would seem so eminently sensible that one might think it should be done forthwith.

Unfortunately, as logical and desirable as the president's budget study commission recommendation is, it is no simple and easy task to make the changeover. Consequently, it is believed highly unlikely that the reform can be instituted by next January, when the next budget is to be submitted. There just isn't enough time, we're being told.

As is all too well known, the federal budget is out of control two ways. One of the ways is fiscally. The long spell of spending beyond our means has reached a point where the budget is practically meaningless, with soaring deficits making a mockery of spending estimates.

The other way the federal budget is out of control is structurally. Through many administrations, the budgetary system has grown more and more complicated, until it has become a virtual shell game with the spending pea lost to even the sharpest eyes during the shuffling of the shells of the administrative budget, the consolidated cash budget and the national income accounts budget.

Combining these three budgets into one clearer package, it is important to note, will not automatically bring the budget under control fiscally. The only way this can be done is to quit spending more than is taken in year after year.

But consolidating three budgets into one will go a long way toward bringing the federal budget under control structurally. This, in turn, could help bring the budget under control fiscally by giving the public a clearer understanding of Washington's spending policies. To put it the other way around, it would be harder for an administration to sell the public the notion that the nation can eat its cake and have it, too.

Therefore, difficult as the budget reform task is said to be, every effort ought to be made to put the single budget concept into effect as soon as possible.

WALTER REUTHER SUPPORTS A PROGRAM OF SALES HOUSING FOR THE LOWER INCOME FAMILY

Mr. MONDALE. Mr. President, at this session the Housing and Urban Affairs