

among Members of Congress and their staffs.

Because my seniority in Congress is only slightly longer than that of the Forum, I feel a certain kinship with it. As a new Member, I have sought to develop sources of information on a wide variety of topics upon which I can rely. One of these sources has been the Forum.

I know of no other periodical which performs the same function as the Forum. It gives a breadth of perspective rarely possible in a paper with a daily deadline, while it avoids the mire of detail common in some of the less frequent theoretical journals. I cannot say that I have based a vote solely on a Forum article, but I have often found information there which has helped me to find my way to a decision.

It is, therefore, with pleasure that I call upon my colleagues to join me in honoring the Capitol Hill Forum and its staff on this first anniversary. From one new Member to another, I want to extend all good wishes for its continued success.

LATIN RELATIONS WITH CHILE IMPROVING

HON. LARRY McDONALD

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, April 12, 1976

Mr. McDONALD of Georgia. Mr. Speaker, since the situation in Chile is simply nothing like that generally presented in the world and American press, I would like to call my colleagues attention to the following article which appeared in the Times of the Americas on March 31, 1976.

Two points are especially important: First, that most Latin American observers discount the atrocity stories about Chile; in part, because most of those who supported the Socialist-Communist-Radical coalition government of Allende are being permitted to go into exile, including some terrorists.

Second, because of Chile's improved image, its relations with other Latin American countries are improving.

The article follows:

ATROCITY STORIES DOUBTED: LATIN RELATIONS WITH CHILE IMPROVING

WASHINGTON.—The anti-Marxist military government of Chile still is being castigated by the United Nations Human Rights Commission, but most Latin American observers act as if they doubt the veracity of the atrocity stories about Chile.

Of the Latin nations, only Mexico and Cuba insist that Chile is a fascist dictatorship, where the lives of the government's opponents are worth nothing.

The other countries not only have normal relations with Chile but those relations seem to be improving.

For instance, the Organization of American States is going ahead with plans to hold its next general assembly in Santiago, starting June 4.

Another indication is the action of the World Bank and the Inter-American Development Bank in making sizable credits available to Chile.

If the Latin American governments appear to agree with the Chileans who charge that

the Soviet Union has been orchestrating the campaign against Chile in the United Nations and elsewhere. Significantly, the loudest voices raised against Chile in most international forums are Marxist.

What seemingly has contributed to improvement of the Chilean image is the fact that Chile has been permitting most of those who served in the Socialist-Communist-Radical coalition government of President Salvador Allende to go into exile.

Chile has even allowed terrorists and their accomplices to leave.

Best know, perhaps, was Dr. Shella Cassidy, a British medic who was captured by Chilean authorities after a gunfight at the convent where she had been hiding. Although she was charged with sheltering and giving medical aid to a terrorist leader, eventually she was turned over to British Embassy officials and flown to London.

Nelson Gutiérrez, the terrorist Dr. Cassidy treated, No. 2 man in the movement of the Revolutionary Left (MIR), his wife and daughter managed to escape arrest and obtained asylum in the Vatican Embassy in Santiago. Eventually, Chile allowed them to take asylum in Sweden.

Earlier, Andrés Pascal Allende, a nephew of the late president and leader of the MIR, and his girl friend, both of whom had been involved in the Oct. 16 shootout in which Gutiérrez was wounded, were permitted to take asylum in Costa Rica. They had escaped capture, too, and sought refuge in the Costa Rican embassy.

These are just a few of the persons who have been permitted to go into exile in recent weeks.

But this relatively generous policy on the part of the Chilean military government is not something initiated on the spur of the moment.

It can be said to date back to before Allende's overthrow and death. It is a matter of record that the Chilean armed forces tried to convince Allende that he should not resist the coup and that he should accept their offer of a safe conduct out of the country.

Allende chose to fight on and committed suicide in La Moneda Palace rather than face capture, most Chileans say. Marxists insist that he was shot by an army officer.

However, shortly before Allende was buried, his wife and daughters were allowed to leave Chile for Mexico.

By now, most of his cabinet ministers and other prominent Marxists have been permitted to go.

One notable exception is Sen. Luis Corvalán, secretary general of the Communist Party. Corvalán has been waiting trial by a military court for the last 30 months. He was detained a few days after the events of Sept. 11, 1973.

F. EDWARD HÉBERT: DEAN OF THE LOUISIANA DELEGATION

HON. JOHN B. BREAUX

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, April 12, 1976

Mr. BREAUX. Mr. Speaker, as a member of the Louisiana congressional delegation, I must take this opportunity to say that Congressman F. EDWARD HÉBERT has set an example of dedication to our Nation which is difficult, at best to rival.

Dean HÉBERT, as he is known within the Louisiana congressional delegation, has spent a great part of his life in the service of his country. His contributions

have been numerous in maintaining the highest standard of excellence in our defense posture.

He is tough and single-minded in his belief that this Nation should continue to enjoy the place of superiority, not only in defense but in every aspect of our Nation's activities.

As he retires at the end of this Congress, Dean HÉBERT will leave behind an example for all of us who attempt each day to serve the people we represent, an example of dedication and contribution.

I take this opportunity, Mr. Speaker, to wish him continued years of service, health and happiness.

THE MARTINEZ VA HOSPITAL'S UNIQUE PREMEDICAL PROGRAM

HON. ROBERT L. LEGGETT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, April 12, 1976

Mr. LEGGETT. Mr. Speaker, I would like to bring to the attention of the House a facet of our health care delivery system that appears to have been little noticed.

It is that competition for entry into medical schools, and the attendant burdens on selection committees, have increased dramatically in recent years. While the number of admissions to medical schools has been growing, the number of applicants has gone up much more rapidly. In fact, over the past 10 years, the number of students applying to medical schools has risen 122 percent.

The heavy competition among applicants has forced the schools to look at a wide variety of factors in the attempt to determine which of the candidates will best serve the needs of the population as physicians. A high level of academic achievement and intellectual potential, as measured by grades, faculty recommendations, and scores on the medical college admission test, is obviously a primary criterion. Most schools also examine such personality traits as motivation, perseverance, level of maturity, and skill in relating to others. These personal and social factors are, however, difficult to evaluate.

Despite the sophisticated testing and indepth evaluations, the admission process is still a relatively unpredictable procedure. Any candidate, no matter how well qualified in terms of grades, test scores, references, and character traits, is still a calculated risk. Studies have shown that the performance of the physician is still largely unpredictable by any of the traditional selection or educational achievement measures, including the MCAT scores.

It is evident, then, that the medical school selection process poses a very difficult task to say the least. Schools must be concerned with far more than academic achievement, since they are seeking ideally to produce physicians who are whole and complete professionals, as committed to helping people under the

Hippocratic oath as they are versed in medical skills.

Knowing of the difficulties selection poses, I was most interested to learn of an unusual program being run by the Martinez VA Hospital in Davis, Calif., in my district. This hospital provides, under the direction of Dr. Michael C. Geokas, who is a professor of medicine at the University of California at Davis, as well as chief of medicine at Martinez, a unique program of teaching and counseling services for premedical students. This program has been maintained the last 2 years by volunteer effort of the hospital medical faculty and is offered at no cost to students, the VA, the university, or the taxpayers.

The main goal of this program is to identify, encourage, and assist the most promising students, including women and minority members, in entering medical school. The program consists of three areas: volunteer work for the students in various sectors of the hospital, such as the coronary unit and clinical laboratories; counseling students on the commitment to study medicine and serve as a physician; and a regular lecture series on the nature of medical education, as well as various medical disciplines and specific areas like nutrition and alcoholism.

This program should provide prospective students with valuable experience and insight about the intricacies of both medical education and the health care delivery system. I also believe that this type of premedical program in a hospital environment represents a promising approach to identifying and assisting the candidates who are most suitable for entry into medical school. This program should enable students to discover that they are unfit for a long and demanding career in medicine before, rather than after, they seek admission to medical school. I am also hopeful that it will stimulate student interest in primary patient care, which represents one of the most pressing problems in our health care delivery system today.

I commend this program to my colleagues as one which has the potential to offer a major improvement in the medical student-selection process. Similar programs can be established in any university-affiliated hospital, provided that the necessary spirit of cooperation and volunteerism exists among the hospital faculty. I urge my colleagues to encourage the development of such programs in the hospitals of their districts.

At this point I would like to include in the RECORD a description of the program provided by the Department of Medicine of the Martinez VA Hospital:

MEDICAL SERVICE PREMEDICAL PROGRAM

Homer Smith. From *Fish to Philosopher*, 1953: "It is scant modesty for man, even if he is 'the highest vertebrate' to presume that he can predict the cosmic plan on the intensity of his joy and pain, or cement the stars together with even his highest aspirations."

INTRODUCTION

Medical education is being challenged to produce more primary physicians, more medical scientists and more physician specialists. Modern medicine covers a whole

spectrum of functions: the promotion of health, the prevention of disease, the diagnosis and treatment of disease, rehabilitation of the patient, basic and applied research with exploration of new frontiers of knowledge, teaching and organization and delivery of health services. During the last five years, both the number of medical school admissions and the number of qualified individuals applying to medical schools have increased, the latter more than the former. The number of students applying for admission into medical schools in the U.S. has increased 122% in the past ten years. There were 42,624 applicants for the first year class in 1974-1975. The first year class numbered 14,963 in 114 medical schools. One hundred and seven (107) schools granted the M.D. degree to 12,714 students in the academic year 1974-1975. Over 8,700 women applied to enter medical school in 1974-1975, of whom 3,260 enrolled in that first year class. That number of women entering medical school represents a 360% increase over the number entering just four years ago. Increasing numbers of women are seeking and preparing for careers in medicine. The efforts of medical schools to increase minority enrollment during the past six years has resulted in a substantial increase in the proportion of the total student body who are members of minority groups. The actual number of minority group students has more than doubled during the same time period.

The heavy competition among qualified applicants seeking admission has forced the schools to rely on a wide variety of factors in trying to determine which candidates will, as physicians, best serve the needs of the population. Admissions committees do not seek a stereotyped ideal combination of characteristics in their applicants. A high level of scholastic achievement and intellectual potential is generally desired. These are measured by college grades, particularly science grades; by recommendations from undergraduate faculty including premedical advisers; and by the MCAT (Medical College Admission Test) scores. Most schools mention the desirability of such traits as curiosity, initiative, motivation, perseverance, purpose and breadth of interests. Furthermore, leadership, social maturity and human relations skill, are desirable. The personal and social traits that medical school admissions committees look for are difficult to measure. Sinclair (*Medical Students and Medical Science*. London: Oxford Univ. Press, 1955) has summed up the situation admirably, when he said: "Several attempts have been made to define the characteristics of the ideal medical student, attempts which have often ended in an atmosphere of unreality. Such a creature is a chimera, half man, half god and, like many other mythical beasts, is scarcely worth remembering."

With the increase of the number of applicants for entry to medical school, there is a steady increase in the number of well-qualified candidates. The responsibility of the medical schools is to be as certain as possible that the students they select will do better than those they exclude. It has been said that despite the sophisticated testing and criteria development the admission of any candidate, no matter how seemingly well-qualified in terms of grades, MCAT scores, references, character, motivation, etc., is still a calculated risk. Dr. Calvin Taylor, after an extensive study of the correlation between academic and career performance, reported the shocking finding, "that physician performances are still largely unpredictable by any traditional selecting and educational achievement measures including the MCAT scores" (Taylor, Calvin W: "Measurement and Predictors of Physicians' Performance", 1971, Aaron Press, Salt Lake City, Utah). One of the principal reminders of the failures of the selection system are the drop-outs, the students who leave medical school

without qualifying. There are very large differences on drop-out rates between different universities and countries. Attrition rates in Medical Schools in the United States are about 9% according to one report (Johnson D. G. and Hutchins, E. B., *J. Med. Educ.* 41:12, 1966). It is tempting to assume that the drop-out is academically poor and that the University's only error lay in selecting him. However there may be many reasons why an academically adequate student may be unable to utilize the teaching provided. This is a field that needs a great deal more research.

We may conclude, then, that the selection process for medical school admission is very difficult to say the least and no one pretends that most of the schools actually take the "cream of the crop" with the present selection procedures. We believe that a premedical program in a University-affiliated hospital might be of considerable value in an attempt to identify, encourage and actually assist the most promising students (who prove themselves suitable for a career in Medicine), in entering Medical School.

DESCRIPTION OF THE PROGRAM

The Medical Service of the Martinez Veterans Administration Hospital has initiated a unique premedical teaching, counseling and volunteer program. This program is under the direction of Michael C. Geokas, M.D., Ph.D., Professor and Vice-Chairman of the Department of Medicine at UC-Davis School of Medicine, and Chief of Medicine at Martinez VA Hospital. Premedical students from colleges and universities in the geographical area adjacent to the Martinez VA Hospital are encouraged to enroll in this course. The Premedical Program is offered as a community service without cost to the students, the Veterans Administration, the University of California or the taxpayer. This program is maintained by the volunteer effort of the members of the faculty of the VA Hospital. All applicants are interviewed by Dr. M. C. Geokas before enrollment.

PROGRAM STRUCTURE

The Premedical Program at the Martinez VA Hospital includes a) Volunteer work for the students in the various sections of the Medical Service, the Clinical Laboratory and other areas of the Hospital. The volunteer assignments are arranged formally with Mrs. Jeanne Hayward, the Director of Volunteer Services at the Martinez VA Hospital, whose cooperation has been excellent. Students who are able to participate in the volunteer phase of the Premedical Program are asked to formally "sign in" with the Volunteer Service, and are cautioned in budgeting their time properly so as not to undermine their academic efforts.

The volunteer assignments available at the VA Hospital, in the context of the Premedical Program, include:

1. The Escort Service.
2. The Medical Library.
3. The Pharmacy.
4. The Intensive Care Unit.
5. The Medical Administration Service.
6. The Ward Volunteer Service.
7. The Clinical Laboratory.
8. The Outpatient and Admitting area.
9. The various Research Laboratories.
10. The Cardiology Clinical Laboratory.
11. The Pulmonary Function Laboratory.
12. The Clinical Gastroenterology Laboratory.

Twice a year an intensive orientation course is given to the premedical students involved in the volunteer program by members of the Administrative, Nursing and Laboratory Sections of the VA Hospital who volunteer their time on weekends.

(a) Counseling: Students are counselled in groups and individually with regard to study habits, time budgeting, self-discipline, the significance of commitment required to

study medicine and subsequently succeed as a physician and the significance of systematic painstaking effort during the college years in order to secure a high grade point average (GPA) and a high MCAT score. Junior and senior students are given assistance in selecting the appropriate medical schools in the U.S. in relation to course work requirements, age, application procedures and state and regional residence policies. Students are encouraged to consult carefully the medical school admission requirements, published by the Association of American Medical Colleges, (Association of American Medical Colleges, One Dupont Circle, N.W., Washington, D.C. 20036). Pre-medical students are counselled extensively concerning foreign medical schools and other alternatives for rejected applicants. At present it is estimated that more than 5,000 U.S. citizens are studying medicine abroad. The choice of school should be based primarily on the applicant's familiarity with another language because acceptances are at times provisional pending the passing of a language examination. It is emphasized that language skills must be reasonably strong to permit monitoring of lectures and the students participation in competitive oral and written examinations.

THE LECTURE SERIES

A special lecture is given to the Premedical students every Saturday from 10:00 to 11:00 a.m. at the Veterans Administration Hospital, Martinez, California, Medical Service (Conference Room B-301), which constitutes an integral part of the Premedical Program. The speakers are selected among the members of the VA full-time staff and the UC-Davis School of Medicine faculty and also among prominent citizens from the community.

The lectures include a considerable variety of subjects such as:

- Premedical Planning.
 - The Medical School Admission Process.
 - The Nature of Medical Education.
 - Overviews on Human Physiology and Biochemistry.
 - Aspects of Human Nutrition.
 - Overviews of various medical subspecialties, e.g. Cardiology, Gastroenterology, Pulmonary medicine, Neurology, etc.
 - Review of diseases due to faulty habits.
 - The problems of Alcoholism.
 - Review of Laboratory Medicine and Laboratory Instrumentation, etc.
- The lectures are designed in such a way as to demonstrate to the students the enormity of the material included in the Medical School curriculum as well as to increase their understanding of the complexity of medical education.

Furthermore, the students are encouraged to attend the various other educational programs organized by the Medical Service. For instance, a special lecture series organized for the general public in the Fall of 1975, was attended by most of the premedical students and included the following subjects:

- The Problem of Alcoholism in Our Society.
- High Blood Pressure. The Silent Menace.
- What You Should Know About Heart Attacks.
- Do's and Don'ts of Your Diet.
- What You Should Know About Cancer. Arthritis—Some New Answers.
- How Smoking Affects Your Health.
- Overweight and the Affluent Society.

IN SUMMARY

This is a unique Premedical Program, sponsored by a University-affiliated Department of Medicine and includes students from UC-Berkeley, UC-Davis, Hayward University, Diablo Valley College and other schools in our vicinity.

The program includes volunteer work in the various sections of the hospital, counseling of students and a lecture series given

by the VA and UC-Davis faculty, which includes overviews of various medical specialties, and general topics given by prominent citizens.

We believe that the selection of candidates for medical school admissions is a matter of extraordinary importance, related to the health of the American people. There is an abundance of well-qualified candidates for admission, and one would expect that the medical schools could easily admit the "cream of the crop". However, the selection procedures appear to be inadequate at the present time, despite the valiant efforts of the admission committees. As medicine is as much of an art as a science, what the public needs these days in a doctor is a total human being with a genuine love of humanity and not merely some cold Phi Beta Kappa with a 3.8 GPA.

We believe that the gigantic problem of malpractice insurance has brought the process of selection of the doctors of tomorrow into a sharp focus indeed.

It might be that we need a new breed of physicians who have: Intelligence, scientific curiosity, high scholastic performance, but also self-discipline, emotional strength, interest in people, compassion, and above all, sensitivity to the needs of the public and a willingness for long range commitment and dedication to public service.

In our view it should be considered a great privilege by a young man or woman to be given the opportunity to study Medicine.

We believe that during the premedical college years a considerable degree of conditioning of students for a successful career in Medicine can be accomplished through a well-organized premedical program in a hospital environment. This could reduce the number of Medical School dropouts.

This Premedical Program provides to the students invaluable experience and insight concerning the intricacies of health care delivery and sensitizes them to the needs of the patients.

Students who find that they are unfit for a long and demanding career in Medicine quite frequently change their orientation to other fields. We have found that the emphasis on self-discipline, time-budgeting, integrity, responsibility, compassion for the sick, the need for serious commitment and a constant urging to improve scholastic performance constitute an enormous impetus to the students.

In turn, the hospital staff has expressed admiration for the dedication of the students and their contribution to the hospital as volunteers.

Our observations during the last two years indicate that the Premedical Program represents a promising pathway in our attempt to identify and assist the candidates who are suitable for Medical School admission.

The program's greatest asset is this: It teaches by example: In a hospital environment the VA staff volunteer their time to the program as a public service. Thus the program has been sustained for two years without cost to the students or to the taxpayer.

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REPORT ON THE LAW OF THE SEA CONFERENCE

HON. PHILIP E. RUPPE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, April 12, 1976

Mr. RUPPE. Mr. Speaker, our colleagues, "PETE" McCloskey and BEN GILMAN, are presently serving as congressional delegates to the Law of the Sea Conference in New York.

They have submitted a report on their observations of the first 4 weeks, which I think is worthy of careful study by all of us.

BACKGROUND PAPER AND PROGRESS REPORT ON NEW YORK LAW OF THE SEA CONFERENCE. HALF-WAY POINT, APRIL 9, 1976

HISTORICAL SETTING

Strong maritime powers have traditionally desired the broadest possible "freedom of the seas." Since the last century, when naval guns had a range of three miles, generally accepted international law has recognized the freedom of the high seas outside a three-mile "territorial" sea controlled by the coastal nation.

In 1945, however, President Truman proclaimed that the United States owned exclusive rights to the rich mineral resources on our continental shelves extending well into the Atlantic, Pacific, Caribbean, and Arctic Oceans. Subsequently, certain Latin American countries, notably Peru, Ecuador, Chile and Brazil, claimed jurisdictions out to 200 miles, in order to protect their tuna and shrimp resources.

In 1968, the United States enacted the