in, or in direct relationship to, tax dollar-financed or tax-exempt institutions.

The development of our health manpower can no longer be left in its traditional forms. It must be adequately planned for and financed so as to assure the nation an ample supply to meet carefully anticipated needs. In every conceivable way, all the factors which relate to health—including jobs, housing, education, environment and health care delivery—must be correlated in a national health program. Anything less is a placebo which lulls into a temporary quietude the voices of the bulk of that group of people euphemistically called the "silent majority." Anything less short-changes all of us.

National health insurance is a step forward along the road to total health care, provided that along with it we create a national health program firmly based on philosophical concepts that will draw all Americans together. A national health program based on genuine equality, eliminating profit-inspired special privileges for some at the expense of the rest of us, is a goal that is now attainable. Let us make this a national priority for the 1970s.

(The Journal is indebted to John L. S. Holloman, Jr., M.D., for the above editorial. Dr. Holloman is a practicing physician and Past President of the National Medical Association and Chairman of the Physicians Forum, 2160 Madison Avenue, New York, N. Y. 10037.)

LETTERS TO THE EDITOR

TO THE EDITOR:

Program of Continuation Education

Fifteen years ago, Columbia University School of Public Health and Administrative Medicine established a Program of Continuation Education in which over 18,000 students have participated in courses ranging from three days to one year. During this decade and a half, invaluable assistance has been provided by the United States Public Health Service and other federal agencies. Grants through the Public Health Traineeship Program have been especially helpful for short-term training. Such funds have made it possible for innumerable people from all kinds of agencies, public and private, to attend courses and institutes which would otherwise have been denied them because of inadequate budgets.

These prefatory remarks are important because I do not want to give the slightest impression that the federal aid has not been appreciated and effective. However, I believe that there are philosophies and policies that need updating, and there is one in particular that is an anachronism in 1970. I refer to trainee eligibility requirements under Section 306 of the Public Health Service Act. Let me cite one example which illustrates so well the anachronistic and parochial philosophy of these criteria. In October, 1967, we developed an institute on "Smoking and Health," at the request of and in cooperation with the Philadelphia Department of Health, the Philadelphia Division of the American Cancer Society, the Heart Association of Southeastern Pennsylvania, and the Pennsylvania Tuberculosis and Health Society.

Since major emphasis was to be placed on communicating with the teenage and younger pupils, our planning committee decided that recruitment of participants should be according to the following priorities: elementary school teachers, junior and senior high school teachers, school administrators, youth workers,

parent-teacher "activists," school nurses, school physicians.

The application for a short-term training grant was approved by the Health Manpower Grants Branch of the Public Health Service, but a caveat was attached saying that certain categories of persons mentioned in our application were not eligible for traineeship awards. Excluded were the first five priorities the committee had established! The only people eligible were "professional health workers." Obviously, this came close to defeating the purpose of the institute—reaching the teenage and younger pupil—because it left eligible for traineeships only school nurses and physicians, categories to which we had assigned priorities six and seven.

On receiving this disheartening news, I started communicating with various offices of the government in an effort to obtain funds elsewhere, because schools and youth agencies had no money to send their people to the institute, although many were greatly interested, agreed that smoking education should begin at an early age and were convinced that teachers who are with pupils continuously all day long could have the greatest influence.

The first call I made was to the National Clearinghouse for Smoking and Health. They were sympathetic, said they were completely in accord with the way our committee had set priorities, but regretted they could not help financially. Similar regrets were expressed by the Food and Drug Administration, the National Institute of Mental Health, the National Cancer Institute, the National Heart Institute, the Division of Chronic Disease Programs, and many other offices of the Public Health Service, large and small. One of the assistant Surgeons General told me that the Surgeon General probably had the authority to authorize a modification of the ruling, but doubted that he would be willing to set such a precedent. In short, none of the offices concerned with the deleterious effects of smoking, either directly or indirectly, was able (or willing) to stick out its bureaucratic neck to provide training for teachers and youth workers which all unanimously agreed was long overdue.

Statements such as the following from the documents which prescribe the terms and conditions that govern traineeship grants for short-term training, under the Public Health Traineeship Program, are out of step with the times:

> "Examples of persons *not* eligible for traineeship awards include nurses aides, bookkeepers, secretaries and clerks, teachers who teach health on a part-time basis or incidentally as part of their teaching load, laboratory assistants, law enforcement officials (such as county attorneys and police and probation officers), and clergymen."

I am directing this letter to the Journal in the hope that some of your readers might be willing to join in efforts to bring about a change in eligibility requirements. Ironically, the present restrictive policy impedes implementation of many of the United States Public Health Service's own high-priority programs for involving the consumer, for developing new careers for nonprofessionals, and for upgrading delivery services in poverty areas.

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TO THE EDITOR:

Concerning Short-Term Traineeship Grants awarded under the Public Health Traineeship Program, this division is responsible for the grants management aspects of the Public Health Traineeship Program.

I appreciate the problem Mr. Lindaman describes in his letter and have no