video tape producing capability. Probably 100 percent of the medical colleges do. They vary greatly in their effort to extend the service outside their own walls.

Briefly, during the heyday of the regional medical program, an effort was made to have the medical center be sort of a production fountainhead for the general and community hospitals within its region. In most instances, that did not go very far. There have also been efforts in one or two States—California, notably—to have programs produced. For example, UCLA had a fairly extensive service to about 60 or 70 hospitals which it had going for some time. As a matter of fact, during its early stages we gave it considerable support. They did not have the duplication facilities and we supplied them for them gratis just to encourage them.

Senator NELSON. Go ahead.

Mr. RAEBEN. This is further to your questions.

When we began the service we really thought that we would be a clearinghouse. I expected that the programs would be produced by medical schools, which were at that time just acquiring video tape equipment or, in some instances, by Government facilities, for example, the National Naval Medical Center, or Walter Reed Army Medical Center, which were interested and active in medical television.

In short, we expected to vest responsibility for producing the programs in the academic medical community. We expected just to be a duplicator. That programing, however, proved to be quite often not suitable for distribution for technical or production reasons. In a few instances, it was simply not available to us. It became more effective for NCME to provide direct production assistance to the physicians at those very same medical centers whose work was to be the subject of the programs. In short, the doctor who would have been in the program produced by his institution produced the same program. We supply the director, the cameras, the medical artwork and so forth.

Senator NELSON. Well, if an institution—a teaching hospital for example—was going to supply the expertise for some program, the practicing and teaching physician would participate and VIS would supply the technical personnel to film whatever is presented. Is that what you are saying?

Mr. RAEBEN. That is correct. And normally a writer as well to work with the physician in developing the script.

Senator NELSON. How many university teaching hospitals or hospitals of any kind do you have an association with of that nature?

Mr. RAEBEN. Well, it is a very large number. I can hardly think of a medical center in this country where we have not produced programs. I guess you would have to say over a several year period we have produced programs at virtually all major medical centers in this country. There may be some exceptions.

Senator NELSON. I notice you refer in your statement to "700 NCME hospitals." Let me ask the question another way. Can you separate out those that are medical-college-affiliated teaching hospitals from those that are not? My question being, how many of the medical colleges in this country, through their teaching hospitals