Mr. KYROS. But the President has put in a statement that he supports it.

Can you tell us specifically how a general practitioner in a rural area gets involved in a program? Say there is a regional program in the area in which he practices, but he is in a small town that doesn't have a hospital.

Dr. MARSTON. A number of examples come to mind. There was a problem—again in North Carolina, to take up where I left off—of a community that was about to be without a physician, and the people in the community turned to the regional medical program for assistance.

The regional program was able to examine what the problems were in attracting physicians to that community and growing out of that, there has developed a rather major study for that region in the problems of the rural area.

The principal example, I think, is an easy one: The tradition of the Birmingham Associates which, as you will recall from testimony leading to passage of this legislation, was held up as a model of how various health institutions and resources can have a relationship through an organization such as the associates. The activities of the Birmingham Associates are being expanded and carried further by the regional medical programs.

There are a variety of other things being done to assist the physician in rural areas where no hospital exists. There are opportunities for physicians from one part of Washington State to come into and actually spend time in larger hospitals. This includes an exchange so that someone arranges to take over their practice for a period of time. There are the usual continuing education programs, but I think with a different emphasis—with the emphasis on doing those things that meet the needs of the physician rather than offering a course that is preselected for him.

The difference has been that the physician is involved in decisions and in planning in terms of his needs rather than coming in at a later stage.

There are also other facilities or services in a number of the regions that are planned and will be implemented for the physician.

Dr. LEE. I would just add another comment on that, and this relates to a personal experience I had visiting Vinel Haven Island, where there is one physician in general practice. He has been able to attract occasionally third- and fourth-year medical students to come and spend part of the summer with him, and this has been a tremendous stimulus to him. It has provided him the best possible opportunity to keep up.

It has also been a unique educational experience for the students, because people have lived there for many, many generations, and certain disease patterns there are somewhat unique. He has developed relationships with, for example, diabetic experts at Harvard, who have been interested in diabetes in this particular population group.

He has been able to keep up far more effectively than the average practitioner, and one of the things that is being explored in the program is the participation of third- and fourth-year medical students in these community hospital teaching programs.

The development of teaching programs in community hospitals, the extension of teaching programs, will attract young physicians to areas