that would otherwise not have been attractive to them. They have been used to active teaching programs in the university centers, and they have tended not to want to go too far from these.

But I think the opportunity to keep up professionally, to interact with other people and with students on a continuing basis, will be an added benefit.

Maine is a very good example of the needs of the country to attract physicians to areas other than these urban areas where most of them have settled, or the suburban areas.

I think that the regional medical programs are making and can continue to make a significant contribution to this.

Mr. KYROS. I have one last question, Mr. Chairman. That is this: You have seen the program in operation for a couple of years now.

What can you say about the fact that this is Federal money, that there is a possibility, always, when using Federal funds, that the Federal Government gets some kind of control over the medicine and medical practice. You know, we hear this all the time, and we are concerned about it, and I wouldn't want to see Federal control over medicine.

How can you say, sir, as administrator of this program, that Federal control is not an encroachment on medical practice through this program?

Dr. MARSTON. I think this committee took a very important step when it gave essentially veto power to the regional advisory groups. This means that we cannot establish on the national level any regional operational activity that has not had prior approval of the appropriate Regional Advisory Group. And this is perhaps the strongest point.

The other point is that, again, the Surgeon General is limited by the fact that every application must be recommended for approval by the non-Federal, National Advisory Council on regional medical programs. I think basically these are the two sharpest assurances that the control will remain at the regional level.

A third assurance is that the programs are working with the control remaining at the regional level. This is recognized, I think, at the Federal level as well as throughout the country.

Mr. KYROS. You have had no feedback of any problems concerning complaints of Federal control like we have had in programs, such as OEO and others?

Dr. LEE. I think there was a great deal of speculation that this would be the case. The fact that it has not been the case, the fact that there has been increasing participation by practicing physicians in the planning of the programs and as the operational programs develop, the extent of participation, the fact that there are 800 hospitals with their staffs participating are indications that this, in the planning and early operation stage, really has grassroots support.

I would add one other thing to what Dr. Marston said. I think the actions of this committee and the periodic oversight of the program by the Congress is another assurance to physicians, with the law as it is written, that there will not be Federal control.

Certainly, the way in which the program has been administered has been just in the opposite direction, to stimulate to the maximum extent possible, local initiative. Those who participate have to solve their local differences, which have been considerable in some of the regions.