

**STATEMENT OF DR. CARLETON B. CHAPMAN, REPRESENTING
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES; ACCOMPANIED BY DR. LLOYD ELAM**

Dr. CHAPMAN. Thank you, Mr. Chairman. I am Carleton B. Chapman, dean of Dartmouth Medical School, and on my right is Dr. Lloyd Elam, who is president of Meharry Medical College. We are on this occasion spokesmen for the Association of American Medical Colleges. Our association represents the 88 medical schools in the United States as institutions, a large proportion of the Nation's medical educators as individuals, and 330 major teaching hospitals.

Mr. Chairman, I would like to point out that we would like to speak to the regional medical programs, because medical schools are intimately involved in these programs, and while we favor in general the other provisions of the bill, we can claim special expertise in these areas.

We spoke before this group in favor of the adoption of the heart disease, cancer, and stroke amendments in February 1965, but emphasized that the Nation did not then possess enough trained personnel to carry out the provisions of the proposal. At the time, our spokesman noted that our medical schools, originally set up solely to train physicians, were already developing into medical service centers with constantly expanding responsibilities in the health field. He went on to say:

This experience makes it clear that the professional and institutional relations are complex and delicate. It also makes it clear that it is painfully difficult to procure and maintain an adequate supply of trained manpower. A functioning regional complex . . . would make the efforts of the practicing physician more effective, but the development and operation . . . will require a marked increase in trained manpower.

He also noted that the success of a regional complex is heavily dependent on the continued and growing effectiveness of the medical school and the medical center.

At this time, 3 years later, we consider these observations still highly pertinent.

But, in general, we believe the discernible effects of Public Law 89-239 to date have been salutary. It has created a mechanism by means of which the Nation's medical schools have begun to relate to community and consumer health needs, and to work with many lay and professional groups in designing new methods of coping with these needs. It has initiated the organization of the Nation into regions, for the purpose of delivery of health services, very effectively. And although this organizational process has not yet proceeded to completion, the results to date more than justify the passage of the law.

We are well aware that efforts to implement the legislation have been associated with many problems. Regional organizational structures and, for that matter, the definitions of regional boundaries, are in some instances unduly complex and clumsy. Some health professionals complain that they do not understand the intent of the law and some are suspicious of it. Lay and professional groups which, in some regions, are attempting to reach joint decisions for the first