vide American citizens, wherever they may be, with better health care and to provide that care more efficiently.

Cooperation between lay and professional groups in designing such methods has, in general, been most impressive, but the balance has not invariably been ideal. Good faith and understanding between such groups cannot be created overnight, but one of the most striking accomplishments of the original law is that it has set the stage for the development of effective cooperation between these groups.

The original law is accomplishing what it set out to do but the pace at which such developments can proceed must be viewed realistically. We are not in agreement with those who say that the pace is unsatisfactory; on the contrary, the rate at which planning has proceeded has, to date, been very impressive, owing in no small measure to the understanding and wisdom which have characterized the administration of the law.

The next 3 years will be critical ones in that what has been done will have to be critically evaluated; that which is successful must then be encouraged; that which is ineffective discarded. At this stage, as in the planning phase, the medical schools can and no doubt will render signal service.

We believe, Mr. Chairman, the law should continue to operate for the present without substantive change but that the results it is producing must soon begin to be critically evaluated and scrutinized. The Nation's medical schools are now involved, for the most part, to the extent of their capabilities, not in an effort to gain control, but rather to help to provide the Nation a critical service. And as we go about meeting our obligations under the law, we seek the understanding of our critics; those who feel that we are reaching for dominance, no less than those who feel that we are not moving fast or vigorously enough on the other. We are, Mr. Chairman, placed squarely in the middle but we recognize that the essence of the regional medical program activity is vital to the welfare of the Nation. It is one of several major obligations which we must discharge.

Mr. ROGERS. Thank you, Dr. Chapman, for an excellent statement.

I might say, too, that I recall that many of your suggestions were accepted by this committee in the writing of the original law. You were most helpful to the committee.

Before questioning, if we could have a statement from Dr. Lloyd Elam.

Dr. ELAM. Mr. Chairman, my name is Lloyd Elam. I am president of Meharry Medical College in Nashville, Tenn. Before assuming that position, I was chairman of the Department of Psychiatry at Meharry and for a brief time, dean of the School of Medicine.

I speak today as an official representative of the Association of American Medical Colleges and wish to comment specifically on relationships between regional medical programs and medical schools.

I come before you today as one who has had direct experience with a regional medical program, a program which is already entering the operational phase after having made remarkable progress in bringing together various health resources in the Midsouth area during its planning phase. I have a deep concern about the availability and quality of health care among the poor, especially in our cities; I am particularly