interested in what regional medical programs can do in this critical area.

The regrettable fact that my institution, Meharry Medical College, has limited personnel and resources allows me to emphasize the point that the responsibilities we assume under regional medical programs must not become a drain on our finances or our manpower. Thus, as we enter into cooperative arrangements with other health resources of our region, to improve diagnosis and treatment of heart disease, cancer, and stroke, we must do so without jeopardizing our primary educational obligation.

Within these constraints, Meharry and the other medical schools of the Nation wish to express a strong sense of responsibility for the health problems of the communities that surround us. Regional medical programs offer an opportunity for such involvement. Indeed, we see in them the possibility for strengthening our colleges to carry out their unique obligation in community health, especially in the development of better ways to apply new and advanced procedures and improved ways of educating health personnel for this task.

Let me describe briefly how the Tennessee Midsouth regional medical program came into being and what we expect to accomplish in the next few years. The program was initially established through the cooperative endeavors of a wide variety of interested groups in Tennessee and southern Kentucky.

The discussions involved Meharry Medical College, Vanderbilt University School of Medicine, Hospital and Health Planning Council of Metropolitan Nashville, private hospitals, medical societies, public health agencies, and voluntary health organizations. A regional advisory group was established and planning funds were received in August 1966.

In our area, as in many regions across the country, the bringing together of these interests for planning purposes has resulted in an entirely new perception of health problems of the region and of new ways to solve them. I can indicate the extent of our progress by telling you that in June 1967, a little more than 10 months later, a request was made for operational funds for 34 projects to be carried out in the region. The projects varied widely in content and in scope, but each was concerned with solving a particular health care problem in heart disease, cancer, or stroke which had been identified during the planning process.

One project which typifies the region's activities, and allows me to speak to a particular problem that we at Meharry are addressing, is the regional medical program project concerned with long-term evaluation of the health status of 30,000 underprivileged persons in an urban poverty area known as north Nashville.

Our department of family and community health, in conjunction with the Office of Economic Opportunity, is establishing a neighborhood health center for this group of needy people. This is, as you can imagine, a large undertaking and one which requires a great deal of medical skill and effort. One of the major problems is to determine exactly what type of health care is actually required by these persons. Another, of course, is to measure the quality of care and to find out if it is actually achieving what it sets out to do. The regional medical