

to extend and approve the provisions relating to regional medical health programs.

I join my colleague, Dr. DeBakey, in strong recommendation for construction funds, and I will give one example of this later, which will illustrate the great need for construction funds in this program.

What we are asking today is authorization for the next 5 years for these funds, with the hope that funds will be available, released from other sources, which will make the support of this program and so many other worthy programs before the Congress possible.

I would like to say just a few words about these programs.

There has been a magnificent beginning already. I want to give evidence that the administration is excellent under Dr. Marston in the division of regional medical programs, and that the Council and advisory boards are composed of wise and courageous men who are not afraid to say no, nor are they not afraid to say yes, in the approval of programs that deserve approval.

I have the privilege as a member of the National Advisory Council to represent that council to the Regional Medical Programs Council; this is my second year of watching and listening with great appreciation and helping, when I am asked for help, in the deliberations of these advisory boards.

The regional medical program represents the first time in the history of American medicine where all segments of society concerned with the health of our people have come together to achieve a common goal of better health, preservation of lives, and the prolongation of good life for people who suffer from these dread diseases. This is a great triumph in itself, and would be worthy of the entire cost of this program if this were the only spin-off of what has been done.

The regional medical programs, quite simply, are concerned with bringing to every man, woman and child suffering from these dread diseases, and eventually, I hope, from all diseases, all that is known today that might save lives or prolong good life. This is accomplished in the simplest terms in two ways.

We begin with the community hospital and the doctor in practice. We give added strength first in manpower in trained personnel in those community hospitals, and, second, technical facilities for what is lacking. And we link these community hospitals with so-called "centers."

These centers are not buildings in one place. They are not in one building, but they represent a portion of a given region where there is a concentration of expertise in medical schools, teaching hospitals and research institutions, where there are facilities and manpower and expertise that cannot be duplicated endlessly.

The country just can't afford that.

If we can bring these two segments of the medical community together, the community hospitals and these medical complexes, and with good means of communication in the modern idiom for rendering diagnostic assistance and therapeutic advice, we will achieve something that in the field of cancer, and other fields, will bring great rewards.

I want to mention figures that I had the privilege of mentioning once before before this committee.