As an essential component of this broad effort, the authority for the Regional Medical Programs should be extended and support should be provided for their continued development.

Thank you very much for this opportunity to appear before you today.

[ATTACHMENT A]

STATEMENT OF LESTER BRESLOW, M.D., ON THE CALIFORNIA COMMITTEE ON REGIONAL MEDICAL PROGRAMS, MARCH 27, 1968

The California Regional Medical Program has been funded for only 15 months and although it would be premature to claim that lives had been saved, nevertheless, it can be said with confidence that the stage has been set for the provision of greatly improved health care services for heart disease, cancer, stroke, and the disorders related to them.

Just this week a study was launched by the California Health Data Corporation to gather information on the origin of every patient admitted during the entire week to every hospital in California. The study, never before undertaken on so large a scale, will show where each patient came from, what his diagnosis was when he was discharged from the hospital, and other information. While these may seem little more than a set of dry statistics, the results should reveal with great accuracy the kinds of medical services needed for Californians and others cared for in the State. Other data gathering studies, which are expected to lead very shortly to operational programs, will be described later.

From the very beginning, planning for the California Regional Medical Program embraced all the major medical and health interests in the State. The California Medical Association, spokesman for the State's 23,000 practicing physicians; the California Hospital Association, representing virtually all of the 600 short-term acute general hospitals in the region; the California State Department of Public Health; the California Heart Associations; the California Division of the American Cancer Society; the deans of all of the eight medical schools in California, and the deans of the two major schools of public health were joined by eight public representatives of the consumer. Together they constitute the legal advisory committee for the region and are known formally as the California Committee on Regional Medical Programs. The Committee has met many times, has gained strength, grown gratifyingly more confident of itself as an entity and has increasingly been able to resolve differences amicably.

As for operational programs, we are looking forward to a two-day site visit in California on April 1 and 2 by a review committee of the National Advisory Council for Regional Medical Programs. They will examine the merits of 14 operational proposals generated by local community interest in five of the State's eight planning areas, and by the California Heart Association. These first operational proposals are heavily weighted toward continuing education, and include some promising innovative experiments.

The greatest single topic of interest among these early operational proposals concerns coronary care units, reflecting a growing consensus throughout the Nation that such units, properly equipped and with highly-skilled doctors and nurses to run them, can bring about a dramatic reduction in deaths due to myocardial infractions and other cardiac emergencies. Four of the 14 proposals deal with the training of physicians and nurses and the equipping of coronary care units. One proposal would offer nurse training in several communities throughout Northwestern California, stretching from the Bay Area to the Oregon border along the Pacific Coast, and would include intensive training for physicians at the San Francisco General Hospital, under the tutelage of University of California cardiologists. Similar proposals would be offered through several hospitals in the highly concentrated Los Angeles basin and include the beefing up of the intensive coronary care unit at the Los Angeles County General Hospital.

A joint proposal by the University of Southern California and the University of California at Los Angeles would join with the Charles R. Drew Medical Society and others to establish a postgraduate medical school in the Watts-Willowbrook ghetto area of Los Angeles. Internship and residency programs would be generated along with inservice and postgraduate training for doctors, nurses and allied health professionals, close relationships with the faculties at USC and UCLA and detailed planning to meet heart disease, cancer and stroke needs in the area.

At Roseville, a community of 20,000 citizens 18 miles northeast of Sacramento, the University of California Davis Medical School has encouraged local physi-