for health in the region, scientific devices which are needed but lacking at present, a communication facility which possibly could be adopted for purpose of the program.

The research group functions as a medical experiment station drawing together the talents of all university disciplines which can contribute to the definition or solution of health care problems.

Of the 21 bioengineering projects now active, I should like to mention two. One result of this research has been the development of a diagnostic chair, which simplifies the taking of a heart tracing. The chair reduces the time required for an EKG from about 20 minutes to less. Another piece of equipment developed by the engineers and the physicians working together is an electrolytic unit which has proved extremely helpful in speeding the healing of leg and body ulcers for the diabetics or patients who must be in bed for long periods, and these compact units can be taken home.

An added feature is an alarm system which reminds the patient to keep the bandage properly dampened.

Future programs could be summarized as the design of more model delivery systems in cooperation with the public and health professional involving finally the entire region, continued concentrated study of appropriate services designed to be self-supporting, the assistance to programs in providing for treatment of disease and rehabilitation of patients suffering from these categories of disease, and last, a translation of new ideas into action on behalf of the patient or the potential patient.

This is indeed an exciting, though wearing, time to be involved in health affairs. The regional medical program, to my mind, offers one of the best means for achieving optimal health for all people, who are in effect the real beneficiaries of regional medical programs.

I would certainly urge the support and the continuation of this program.

Now I have here an organization chart of the Missouri regional program which I would like to offer for the record.

Mr. ROGERS. The committee would be very pleased to have that, and it will be made a part of the record at this point.

(The document referred to follows:)

MISSOURI REGIONAL MEDICAL PROGRAM ORGANIZATION

1. GOAL SETTING

(*a*) Policy is set by representatives of the public and the practicing profession upon advice from:

Medical schools.
State departments related to health.
Voluntary organizations.
All health professional organizations.

(A total of more than 50 people read and comment upon each Proposal.)

(*b*) Planning is for a selected population of people regardless of where they may ultimately receive their care. This permits maximum use of communication mechanisms already established between the many involved groups.

(*c*) Planning and operations are kept administratively separate.

2. ORGANIZATIONAL PATTERN

The Project Review Committee consists of the head or his delegate from the schools of osteopathy and medicine, the Division of Health, Director of Welfare and Director of Mental Diseases. This committee serves as an advisory body to the Council on all proposals.