gram were to be significantly curtailed or even dropped, you would find a considerable disillusionment in the medical profession. I think most of us feel there is a strong chance that the RMP is going to offer all of us help and cooperation, not interference, from the Government on our local medical problems. I think that if it were possible to establish a long period, such as 5 years, the RMP could then do significant future planning and the medical community would know that the program was here to stay.

I have certainly enjoyed the experience of coming to Washington, D.C., and appearing before this committee.

Thank you very much for the opportunity.

Mr. ROGERS. Thank you very much, Dr. Bratrude. Your testimony is the type I think the committee needs to hear, from a practicing physician. We are delighted that you took time to present this testimony to the committee.

Dr. Carter?

Mr. CARTER. I certainly want to congratulate the gentleman upon his presentation. He is one of the men who applies the tools which have been given him, and in addition will evaluate and use what other tools are given him by our regional groups. I am impressed by his paper, and the depth of what he says. I am happy to have such a young physician before us today.

Mr. ROGERS. Let me ask you: You say you are the only general practitioner on the Advisory Committee for your region, or is this a subregion?

Dr. BRATRUDE. I am the only one for the Washington-Alaska meeting. We have six practicing specialists from various disciplines; in addition, of course, to many physicians in the universities.

Mr. ROGERS. But there are six out of 30 whom you would classify as practicing physicians?

Dr. BRATRUDE. Seven, counting me.

Mr. ROGERS. How many hospital administrators do you have?

Dr. BRATRUDE. Two.

Mr. ROGERS. Do you think this is a good ratio?

Dr. BRATRUDE. It is difficult to put everybody there. We have six or seven lay people, we have two nurses, we have a dentist; and by the time you are done, we really aren't heavily laden with the medical school people.

Mr. ROGERS. Would it be more of a problem getting away if you were not in partnership?

Dr. BRATRUDE. I would like to speak about this a bit. I think the concept of the practicing physician is changed somewhat. As we are trained today, we are totally convinced that we have to stay current; and I think, as we set ourselves into practice, many of my colleagues in our county are in independent practice, such as Bill Henry, one of the doctors there. He feels it is important enough, and has educated his patients enough that he gets away for courses. I believe that group or no group, this is the way it is going to be in the future.

Mr. ROGERS. You don't think it can be brought down to the hospital level?

Dr. BRATRUDE. I don't mean that. We have hospital staff meetings, and visiting professors who come for seminars, and the gentleman