

involving these diverse groups, a plan was developed for the organization of a regional advisory group composed of approximately 125 knowledgeable and interested persons broadly representative of our region.

Evidence of the interest of the physicians of Georgia in the regional medical program has been shown by the fact that the entire April 1967 issue of the journal of the Medical Association of Georgia was devoted to the Georgia regional medical program.

This is the journal I asked to be put in the record.

Although the program had only officially begun on January 1, 1967, the responsibility for leadership by physicians was already keenly felt. In fact, the Medical Association of Georgia was unanimously elected by the regional advisory group to serve as applicant for the Georgia region.

May I quote briefly from an editorial entitled "A Unique Opportunity for Leadership," which appeared in the April journal.

The regional medical program for Georgia provides the membership of the Medical Association of Georgia a unique opportunity for leadership in "promoting the science and art of medicine and the betterment of the public health." However, the role of leadership can only be effectively assumed as physicians understand the program.

The legislation which established this program was the result of the report of the President's Commission on Heart Disease, Cancer, and Stroke, commonly called the DeBakey report. However, Congress gave thoughtful consideration to many medical leaders and organizations before passing Public Law 89-239 in October 1965. As a result, this law provides for local medical programs which can and will be developed by people in the areas involved for the people in the areas to be served. This is inherent in the legislation through the language of "cooperative arrangements," and "without interfering with the patterns, or the methods of financing, of patient care of professional practices, or administration of hospitals."

The regional medical program for Georgia has been planned carefully by Georgia people in a truly cooperative atmosphere during the past 15 months. This can best be judged by the membership of the program's Georgia advisory group. The program is practical and will provide the tools for every practitioner to improve not only his own medical capabilities but also to improve the quality of medical care provided for each and every one of his patients.

This is a challenge for each member of the Medical Association of Georgia and may well be our greatest opportunity in our time for exhibiting responsible leadership.

Another factor which we feel recommends the extension of the regional medical program is the already demonstrated marked improvement in communication and dialog, not only among teachers, medical schools, and practitioners, but also among all of the health professions in the region. In short, we have begun what we believe to be successful treatment of the "town gown" syndrome in our region. The long-range effect of this will be improved care of patients. The original program plan for the Georgia region takes into account that new knowledge from the medical centers must flow to every area of the region and equally important, the knowledge and needs of the practitioner and others in the small towns must flow to the medical centers.

Still another recommendation for the extension of this program, we believe, has been the demonstrated mechanism for developing a program of public education to stimulate lay people to want and to seek good medical care. There are many economically disadvantaged people