whom we hope to educate to want adequate medical care, but there may be just as many medically deprived people totally unrelated to economic circumstances. Included in this group are many of our most talented and capable citizens who simply do not seek medical care that could be classified as adequate.

Finally, Mr. Chairman, we believe that the key to the success of the regional medical program in Georgia is the involvement of community hospitals. This, no doubt, is true in every region in the country to a greater or lesser extent. Very early in the development of plans for the Georgia program, the regional advisory group recognized that the vast majority of physicians, nurses and others involved in the regional program relate themselves to one or more hospitals. Therefore, each hospital in the region has a vital role in the program and in the future of medicine. This includes the large hospital, the small hospital, and the hospital in the medical center, and the hospital remote to the medical center. At the present time there are about 19,500 hospital beds in Georgia distributed among 178 general and limited services hospitals of all sizes. Over 3,000 physicians serve on the staffs of these hospitals.

To emphasize the role of hospitals in the program, it is planned that each hospital will become a central focal point through which the objectives of the regional medical program will be carried out. Every hospital will become a teaching hospital. This does not imply that medical students and house staff need to be present; but, it does imply that physicians, nurses, dentists, pharmacists, administrators, members of the public, and all of the allied health professionals shall organize themselves into an educational program. Each hospital has been asked to submit the names of a group of persons to serve as a local advisory group to the regional medical program. It was suggested that a physician (as chairman), a hospital administrator, a nurse, and a member of the public be the minimum number to comprise each designated group.

This local advisory group may be as large as the local hospital or community desires, but it must be named by and through acceptable administrative mechanisms.

These groups of local hospital representatives are functioning well. Of Georgia's 178 hospitals, 121 have appointed local advisory groups. This represents approximately 90 percent of the general hospital beds in the region. It is pertinent to this presentation that the chairman of the local advisory groups met in Atlanta on Sunday, March 24, 1968, for a day of planning and discussion. According to the registration, 87 hospital representatives were present. Similar meetings, as approved in the program plans for Georgia region, will be held at least twice during each calendar year. This method of affiliating local direction at the grassroots with the overall program of health planning is, in our opinion, a sound and effective approach.

Although health planning has been going on in our region for many years, this is the first time that representatives from all interested groups have deliberated together in an attempt to coordinate their health care planning into a unified plan for progress. Both interest and participation of the practicing physicians, local hospitals, and medical schools have been excellent. Close communication with other agencies, organizations, institutions, and Government programs is