urbanized areas, I am strongly attracted by the potential of regional medical programs and impressed by their progress.

The strength of these programs stems from the spirit of voluntary cooperation which underlies them, and which was written into the law largely by your committee 3 years ago.

This voluntary, cooperative approach to problem solving isn't as swift as a more direct approach might appear to be, but I hope that you will be persuaded that it is far more sure.

Regional medical programs are becoming strong and successful forces in our society because they challenge the ingenuity of the participants. They are becoming strong and successful forces in our society because they exist to meet specific local problems, not problems that have been rendered sufficiently vague to be labeled national problems. And finally, regional medical programs are becoming strong and successful forces in our society because they are based upon plans and decisions made by those who must carry out the plans and decisions, and by those who will be affected by them.

The last point—broad-based involvement for cooperative planning and action—is the paramount reason regional medical programs will ultimately succeed in the inner cities of America. It is a program that health planners have long awaited, a program to draw together the hospitals, physicians, public health agencies, and all of the other elements necessary to provide efficient, effective, and economic health services.

It is also a program which must incorporate the opinions and thoughts of the public to be served by these health resources, and this too is a terribly difficult task. The population of our inner cities is depressed in mind and spirit, handicapped by lack of education and opportunity, and all but overwhelmed by poverty and need. This must not deter us. Without the cooperation and the support of these people, no program can succeed.

The development of regional medical programs has seemed slow in the inner cities, but there has been progress. It's not unlike the construction of a building. Until the foundation is laboriously dug and built, and the main structure begins to rise, progress is not apparent. Regional medical programs have been digging their foundations with a process of careful planning, and the structures beginning to merge—the operational programs—will be all the sounder and stronger for this every effort. Briefly stated, from the national view, the progress of regional medical programs has been dramatic. Less than 2 years ago, there were no regional medical programs; today there are 53 organized and at work.

There is one further reason why I view the period of planning as so essential. The experience gained in this program—I wish to stress this point—for heart disease, cancer, and stroke can serve as a guide to make it far easier for other health programs to meet the needs of our country's entire population, including our urban areas. Significant changes in the traditional methods of delivering health care must be effected. I believe with active and meaningful involvement of all health professionals, the regional medical programs will provide the mechanism for the health professionals to markedly improve the patterns of organization and distribution of health care.