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.

This 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 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 emerge—the operational programs—will be all the sounder and stronger for this early effort. Briefly stated, from the national view, the progress of Regional Medical Programs has been dramatic: Less than two 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 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.

I believe our experience in Michigan is not a typical. With the $1,294,449 grant awarded the Michigan Regional Medical Program almost a year ago, the Federal Government has essentially bought a blueprint for the initial stages of action. Most tangibly, this initial blueprint is a 504-page document, our first operational grant request, which defines what we must do and commits us to doing it. It is not a sterile plan devised in some ivory tower. It represents a realization that previously fragmented health resources can unite to provide the best possible patient care for heart disease, cancer, and stroke, a realization held by the scores of men and women who live in the real world and who have contributed and will continue to contribute to this planning task. It represents our entire Michigan countryside.

From my point of view as a health planner concerned with the total health needs of my metropolitan area, one of the most important facets of this Michigan Regional Program is the series of linkages which have been made with a great number of groups and institutions engaged in health planning and providing health services in our Region. I hope that the staffs and Advisory Groups of all Regional Medical Programs share my zeal for coordination of activities in this regard. Specifically I believe Regional Medical Programs and Comprehensive Health Planning programs, both authorized by legislation enacted by the 89th Congress, are quite complementary and mutually supportive of their activities and goals. Every effort should be made by the staffs of these two programs, at the local levels, to ensure this cooperation and coordination exist.

To help make these Programs more effective, I urge your approval of Title I, HR 15758, with one change: Give the Regional Medical Programs limited authority for construction to meet regional needs as stated in the Surgeon General's *Report on Regional Medical Programs to the President and the Congress*, and as eloquently amplified in an article entitled, "Hospitals and Regional Medical Programs: A Plea for Coordinated Action". This article appeared in the December 16, 1967, issue of *Hospitals* magazine. It was written by my good friend, Dr. Robert L. Evans, Director of Medical Education at the York (Pennsylvania) Hospital, and immediate past president of the Association of Hospital