Directors of Medical Education. Dr. Evans assisted me in preparing my testimony for today, Mr. Chairman, and I would like to request that his article be inserted in the record of this hearing. I hope, gentlemen, that Dr. Evans' article will convince you of the need for Regional Medical Program construction authority.

Thank you; that concludes my statement.

[From the Journal of the American Hospital Association, December 1967]

Hospitals and Regional Medical Programs: A Plea for Coordinated Action

(By Robert L. Evans, M.D.[1])

To say that in the last three years our medical care system has been subjected to close scrutiny, deep concern, and an incomprehensible quantity of advice is both trite and insufficient. Since early 1965, our medical care system has existed in a holocaust of suggestion, pressures for change, and internal and external examination, which has involved the President of our nation on one hand and volunteer drivers of our neighborhood ambulance clubs on the other.

Organizations representing every level of medical care and medical education in our voluntary system and virtually every executive and legislative branch of our national, state, and local governments have had their say—and are still talking. Beginning with the Coggeshall report in 1965 and progressing through the DeBakey commission, the AMA task forces on education and care, the Millis commission, the pending reports of the National Advisory Commission on Health Manpower and a similar Commission on the Cost of Medical Care, our system, its voluntary hospitals, organized medicine, medical colleges, and the role of our federal and state governments have been studied by so many groups and individuals that often there have seemed to be more bacteriologists than bacteria composing the culture. There are no indications that this trend will stop. There should be no desire for the cessation of these activities unless they are threatened with the mumps of miniscuIity, from which they may emerge sterile.

Good health is now a fundamental right, together with life, liberty, and the pursuit of happiness. Examination of the system that ensures this health is now in the public domain.

Legislative Activity

Complementing the studies and investigations has been a host of bills representing the greatest activity in social legislation our nation has ever experienced. This began with the legislation encompassing hospital and medical care for the aged and indigent, followed by the various health career training acts, and more recently has included the programs for planning on a regional nonpolitical base and on a nonregional, political base (Public Law 89–239 and Public Law 89–749).

This legislative onslaught is aimed at producing better health for the citizens of our nation, although in some respects it replaces properly aimed rifle fire with poorly aimed shotgun charges. No one can predict with any degree of accuracy the eventual effect of the activities of the mid-1960s on our voluntary care system—indeed, to attempt an intelligent appraisal is a staggering and incomprehensible task. This paper is concerned with only a small and comprehensible portion of the studies—the planning legislation—that portion concerned with the Regional Medical Programs of the National Institutes of Health, continuing education in medicine, their relationships to our hospitals and medical colleges, and their governmental support system.

Beginning in the 1930s, but accelerated productively by World War II, two parallel governmental funding systems have had a vital impact on medical care and knowledge: (1) billions of dollars of federal support and additional millions of voluntary foundations support have gone into basic biomedical research, and (2) additional billions have gone into hospital and facility construction.

While expenditures for research were producing almost indigestible quantities of new knowledge designed to be productive in the prevention, diagnosis, and treatment of disease, other monies in smaller quantity were developing a voluntary system of hospitals and other community facilities that are structurally

---

[1] Robert L. Evans, M.D., is director of medical education, York (Pa.) Hospital, and president of the Association of Hospital Directors of Medical Education.