This section apparently is designed to extend the regional medical programs to Guam, American Samoa, and the Trust Territory of the Pacific Islands, as well as to other areas. The extension of such programs would promote the acquisition and dissemination of medical knowledge and skills throughout U.S. territories in the Pacific. Medical research and training in which the University of Hawaii School of Medicine is presently engaged in several cooperative ventures in these Pacific areas, would be strengthened and improved. The result of all this is that the people in these areas would receive the full benefits and assistance of American medical science and technology.

For the foregoing reasons, I strongly urge that Section 103 be retained in the measure that is reported out by your Subcommittee.

It is requested that this letter be included in the record of hearings on H.R. 15758.

Aloha and best wishes.

Sincerely,

SPARK M. MATSUNAGA,
Member of Congress.

AMERICAN HOSPITAL ASSOCIATION,
Washington, D.C., March 26, 1968.

Hon. HARLEY O. STAGGERS,
Chairman, Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D.C.

DEAR CONGRESSMAN STAGGERS: This statement expresses the views of the American Hospital Association on H.R. 15758 which amends the Public Health Service Act so as to extend and improve the provisions relating to regional medical programs, to extend the authorization of grants for health of migratory agricultural workers, to provide for specialized facilities for alcoholics and narcotic addicts, and for other purposes.

REGIONAL MEDICAL PROGRAMS

This Association strongly supported the development of the legislation which resulted in P.L. 89–239. We were pleased that certain recommendations, which we felt were essential to the most effective development of the program, were incorporated in the law. We have continued to follow carefully and with great interest the progress of the program. The past two years appear to have been spent in the main in the establishment of regional programs and in their planning. The operating stage of the program is really only just beginning with a limited number of projects having been approved to date. Though good planning is highly essential it is to be hoped that the program will move forward rapidly in its application. We have always believed the purpose of the bill is to establish a bridge between the science of medicine and its full application to the care and treatment of patients. In the coming months, therefore, it is to be hoped that the programs developed will be felt by the public in terms of a broadened application of knowledge in the treatment of these diseases covered under the program. We urge the Committee to authorize the full amount requested for the program for the fiscal year ending June 30, 1969.

The Association has continued to feel that implementation of the intent of the law would necessitate a full involvement on the part of hospitals and their medical staffs. This will necessitate not only the participation of the medical schools and the larger teaching and community hospitals but the smaller hospitals spread throughout the nation which provide a focal point for medical care and treatment in smaller communities. We have been disappointed at the extent of involvement of hospitals and particularly the minimal participation of these smaller community hospitals which is so essential if the program is to have meaning to the public at large. Therefore, the American Hospital Association will undertake a number of steps which it is hoped will result in a much wider involvement of hospitals. We have also noted that very little emphasis has been given thus far to preventive care and long-term patient care and we intend to stimulate leadership on the part of the hospital field in fostering such a broad approach to the regional medical programs. We will continue to work closely with the administrators of the program and to work for the fullest participation of the hospital field.