As some of you will remember from the early RMP Days, the legislation initially known as the Heart Disease, Cancer, and Stroke Program underwent an early name change to Regional Medical Programs. This uncertainty about the name of the program, the lack of direction from the federal government as to specific goals and objectives to be achieved by this new program, and the minimal amount of money made available resulted in a considerable degree of confusion. Gradually, the catch-phrases of the legislation were examined and "cooperative arrangements" were defined as working agreements between medical schools, hospitals, and clinics. "Bringing the latest scientific finding from the laboratory to the practitioner" was defined as continuing education of health professionals and has, unquestionably, upgraded medical care throughout the United States during the intervening five years. Much of this improvement was accomplished in the areas of Heart Disease, Cancer, and Stroke, as might be expected. Although these "killer" diseases account for 70% of the causes of death in the United States, a definite impact upon care of patients with other diseases has occurred.

During the past several years we have heard more and more about the inadequacies of health care delivery throughout the United States. The statement is made that vast numbers of our citizens cannot or do not know how to obtain medical care. We are told that the private practitioner of medicine is similar to the proprietor of the corner grocery store who cannot compete adequately with the supermarket, that the delivery system must be changed. There is little doubt that some change is going to occur since the administration is recommending health care through Health Maintenance Organizations, Senator Edward Kennedy is advocating National Health Insurance, the American Hospital Association is recommending its recently developed "Ameriplan", and even the American Medical Association is advocating a program known as "Medi-credit."

At the same time that the various persons and organizations are recommending changes in the methods of financing health care, Regional Medical Programs finds itself somewhat at odds with the declared health goals of the Nixon administration. As one of the programs within the Health Services and Mental Health Administration, it seems appropriate to many coordinators that Regional Medical Programs should review these stated objectives and see which are appropriate to it. During late 1970, those concerned with the Regional Medical Programs in California determined that the areas of health manpower and the delivery of personal health services to those groups of citizens deprived of health care or to