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DEPARTMENT OF HEALTH, EDUCATION  
AND WELFARE

National Institutes of Health  
Division of Regional Medical Programs

National Advisory Council on  
Regional Medical Programs

Minutes of Meeting  
February 19-21, 1967

National Institutes of Health  
Conference Room 4  
Building 31

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

Minutes of Seventh Meeting 1/ 2/  
February 19-21, 1967

The National Advisory Council on Regional Medical Programs convened for its seventh meeting at 8:00 p.m., Sunday, February 19, 1967, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. William H. Stewart, Surgeon General, Public Health Service, and Chairman, ex officio, presided.

The Council members present were:

Dr. Leonidas H. Berry	Dr. Edmund D. Pellegrino
Dr. Michael E. DeBakey	Dr. Alfred M. Popma
Dr. Bruce W. Everist	Dr. Mack I. Shanholtz
Dr. John R. Hogness	Dr. Cornelius H. Traeger
Dr. Clark H. Millikan	

The Council members absent were:

Dr. James T. Howell  
Dr. George E. Moore

Public Health Service members attending some of the sessions included:

Mr. Arthur Bissell, Office of the Surgeon General  
Dr. Wilfred D. David, National Center for Chronic Disease Control,  
Bureau of Disease Prevention and Environmental Control  
Dr. Clarence A. Imboden, National Center for Chronic Disease Control,  
Bureau of Disease Prevention and Environmental Control  
Dr. Paul Q. Peterson, Bureau of Health Services  
Dr. Marjorie P. Wilson, National Library of Medicine

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- 1/ Proceedings of meetings are restricted unless cleared by the Office of the Surgeon General. The restriction relates to all material submitted for discussion at the meetings, the agenda for the meetings, the supplemental material, and all other official documents.
- 2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

Liaison members attending:

Dr. Murray M. Copeland, NCI Council  
Dr. Edward W. Dempsey, NIGMS Council  
Dr. John B. Hickam, NHI Council  
Dr. A. Earl Walker, NINDB Council

Others attending:

Miss Carolyn Casper, NIH-OD  
Mr. L. M. Detmer, American Hospital Association  
Mr. Frank Ehrlich, NIH-OD  
Dr. Robert L. Ringler, NIH-NHI  
Miss Machele A. Snyder, General Accounting Office  
Miss Pauline Stephan, NIH-NCI  
Dr. Ken Surrey, NIH-DRG  
Mr. David Wright, NIH-FMB

DRMP Staff:

Mr. Stephen J. Ackerman, Chief, Planning and Evaluation Branch  
Mr. James Beattie, Chief, Grants Management Branch  
Mr. Edward Friedlander, Assistant to Director for Communications  
and Public Information  
Mr. Charles Hilsenroth, Executive Officer  
Mr. James D. Lawrence, Financial Management Officer  
Dr. William D. Mayer, Associate Director for Continuing Education  
Mr. Maurice E. Odoroff, Assistant to Director for Systems and Statistics  
Mrs. Martha Phillips, Acting Chief, Grants Review Branch  
Dr. Margaret H. Sloan, Chief, Program Development and Assistance Branch  
Mr. Storm H. Whaley, Associate Director for Organizational Liaison  
Mr. Karl D. Yordy, Assistant Director

Miss Rhoda Abrams, Planning and Evaluation Branch  
Mr. Ira Alpert, Program Development and Assistance Branch  
Mr. Robert C. Anderson, Program Development and Assistance Branch  
Mr. Nick Cavarocchi, Grants Management Branch  
Mr. Larry Coffin, Grants Management Branch  
Miss Cecelia Conrath, Continuing Education Branch  
Dr. James Dyson, Continuing Education Branch  
Mrs. Mary Geisbert, Program Development and Assistance Branch  
Dr. John Hamilton, Program Development and Assistance Branch  
Dr. John G. Hazen, Program Development and Assistance Branch  
Dr. Frank Husted, Continuing Education Branch  
Dr. Philip A. Klieger, Program Development and Assistance Branch  
Dr. James A. McA'Nulty, Program Development and Assistance Branch  
Dr. Robert M. O'Bryan, Program Development and Assistance Branch  
Dr. George Retholtz, Grants Review Branch  
Mrs. Jessie F. Salazar, Grants Review Branch  
Mrs. Judy Silsbee, Continuing Education Branch  
Mr. Daniel Zwick, Planning and Evaluation Branch

I. CALL TO ORDER AND OPENING REMARKS

Dr. William H. Stewart, Surgeon General, PHS, called the meeting to order at 8:10 p.m., and then turned the meeting over to Dr. Marston.

II. ANNOUNCEMENTS

Dr. Marston made general announcements about the Service Desk and luncheon arrangements. Also, he read the statements on, "Conflict of Interest," and, "Confidentiality of Meetings."

The four new Council members, Drs. Hogness, Pellegrino, Popma, and Shanholtz, were introduced. Also introduced was the new liaison representative from the National Advisory Council on Neurological Diseases and Blindness, Dr. A. Earl Walker, Professor of Neurological Surgery, The Johns Hopkins University, Baltimore, Maryland.

Dr. Mary I. Bunting has resigned from the Council due to her heavy commitments. She asked that we express her pleasure in working with this Council in getting the program started, and her continued interest in the program.

The sudden passing of Dr. Harry F. Roberts, a member of our staff, was announced. The Council asked Dr. Marston to express its condolences to Mrs. Roberts and the family. Subsequently, the following letter was sent to Mrs. Roberts:

"Mrs. Harry F. Roberts and family                      March 6, 1967  
14102 Parkland Drive  
Rockville, Maryland 20853

Dear Mrs. Roberts:

The National Advisory Council on Regional Medical Programs at its February 1967 meeting was informed of the passing of Dr. Roberts. Just prior to adjournment of this meeting individual members of the Council asked that the minutes show that among the more pleasant and informative activities they had experienced during the past year was the opportunity to work with your husband both formally and informally. The Council, then, as a whole, instructed me to express its condolences to you and your family. They specified that you be informed of their deep appreciation for Dr. Roberts' contributions to the Council and to this new program.

Sincerely yours,

/s/

Robert Q. Marston, M.D.

Associate Director, NIH, and

Director, Division of Regional Medical Programs"

### III. CONSIDERATION OF FUTURE MEETING DATES

We had contemplated the need to have a special Executive Meeting of the Council on April 3, 1967, to discuss the report to the President and Congress as required by Section 908 of P.L. 89-239, and to obtain Council input prior to the development of the final draft of the report. The Council agreed that instead of having an Executive Meeting that the final draft of the report could be handled by mail. In this connection, it was noted that four members of the Council, Drs. DeBakey, Everist, Howell, and Pellegrino, are members of the ad hoc Committee which is working on the report. The April 3 meeting was, therefore, cancelled.

The Council approved the following dates for future meetings:

May 21, 1967 (8:00 p.m.)  
May 22-23, 1967 (9:00 a.m.)

August 27, 1967, (8:00 p.m.)  
August 28-29, 1967 (9:00 a.m.)

November 19, 1967 (8:00 p.m.)  
November 20-21, 1967 (9:00 a.m.)

### IV. CONSIDERATION OF MINUTES OF NOVEMBER 1966 MEETING

The Council unanimously recommended approval of the Minutes of the November 27-29, 1966, meeting as written.

### V. PROGRESS REPORT ON, "SURGEON GENERAL'S REPORT TO CONGRESS"

A progress report was made on the activities concerning the development of this report. The ad hoc Advisory Committee, which is working on the report, has two more meetings scheduled before submitting the final report. The Council members will be consulted prior to the completion of a final draft of the report, after the ad hoc Advisory Committee completes its recommendations.

### VI. COMMENTS FROM LIAISON MEMBERS

Dr. Dempsey reported on some of the activities which have been going on in the National Institute of General Medical Sciences (NIGMS). There is an area of biomedical engineering which NIGMS is interested in furthering, particularly at the level of basic research in the development of monitoring systems, in the development of prosthetic activities, and in the areas of computer utilization. Since all of these are areas in which the programs involved in the Regional Medical Programs require some relationship, it is believed that knowledge and collaboration are possible.

Recently, NIGMS was part sponsor at a conference of comparative pharmacology in which activity in the field of drug effectiveness, utilization mechanisms of drug action, particularly species differences in drug action, were considered. This has considerable future relevance to some of the things in which the Regional Medical Programs will be involved.

Another program in NIGMS, in collaboration with the Child Health Institute, which will be of importance to the Regional Medical Programs, as well as to the Heart and Neurology Institutes, is a joint enterprise in the support of a series of studies to determine the developmental stages of a variety of congenital defects. This is in the formative stages at the present time.

The NIGMS Council would like to see some attention given to ways in which provisions for research activities can be built into the Regional Medical Programs from the beginning. It is believed that in the original concept of the regional programs they could provide facilities and resources in which research can be done without having to provide the direct funds for accomplishing the research out of funds available through this program.

Drs. Copeland, Hickam, and Walker had no comments to make on behalf of their Councils.

VII.. REPORT ON ALL APPLICATIONS WHICH WERE CONSIDERED AT THE NOVEMBER COUNCIL MEETING

The following actions have been taken:

AWARDED

<u>Application Number</u>	<u>Region</u>
1 S02 RM-00040-01	Colorado-Wyoming
1 S02 RM-00041-01	Western Pennsylvania
1 S02 RM-00043-01	Indiana
1 S02 RM-00044-01	Maryland
1 S02 RM-00045-01	West Virginia
1 S02 RM-00046-01	Georgia
1 S02 RM-00047-01	Nebraska
1 S02 RM-00048-01	Ohio Valley
1 S02 RM-00049-01	Virginia
1 S02 RM-00050-01	Syracuse
3 S02 RM-00006-01S1	North Carolina
1 S02 RM-00021-01R	Northlands (Minnesota)
1 S02 RM-00028-01R	Alabama
1 S02 RM-00033-01R	Louisiana
1 S02 RM-00035-01R	South Carolina

RETURNED FOR REVISION

<u>Application Number</u>	<u>Region</u>
1 S02 RM 00042-01	New Jersey
1 S02 RM 00022-01R	Ohio
1 S02 RM 00024-01R	Florida

DISAPPROVED

3 S02 RM 00007-01S1	Texas
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VIII. FOLLOW-UP DISCUSSION ON CONTRACTS

A proposal from the American College of Surgeons to undertake a study of the mechanisms for developing a list of centers with outstanding diagnostic treatment and training capabilities in the field of cancer had been discussed at the November 1966 Council meeting. This study would provide assistance in carrying out the purposes of Section 907 which calls for the Surgeon General to develop such lists in the fields of heart disease, cancer, and stroke.

At the time of discussion, the Council felt that the application was too brief, that the methods to be followed were not spelled out adequately, and that the budget was excessive in light of the justification given. This was, therefore, communicated to the American College of Surgeons, and a revision was submitted. The Division of Regional Medical Programs, on the basis of discussion and favorable recommendation by the Council, will pursue more detailed negotiations of the contract.

Another proposal which had been discussed at the November Council meeting was a contract for a task force and regional diagnostic and treatment centers in the area of choriocarcinoma. The Council, in November, had given its general approval to this activity. However, in further discussion, realizing that one such laboratory was already being supported by the Cancer Control Program, the Division of Regional Medical Programs held discussions with the National Center for Chronic Disease Control. An agreement was reached that this was an appropriate activity for the Cancer Control Program to carry out, and the Cancer Control Program agreed to extend its support beyond the initial laboratory already supported. Further, it was agreed that it would be more reasonable to have the National Cancer Institute provide support for all of the clinical trials activities involved in the choriocarcinoma program, and to have the Cancer Control Program provide support for all of the laboratories involved in this program.

The Division of Regional Medical Programs, therefore, will not be involved with supporting this activity, except in the area of



continuing education of physicians regarding the availability of these services and the need to utilize these services for all patients where the possibility of choriocarcinoma is indicated.

IX. CONSIDERATION OF OPERATIONAL GRANT APPLICATIONS

1 S03 RM-00002-01, University of Kansas Medical Center

A joint site visit was made by representatives of Council, Review Committee, and Staff in November. This provided an opportunity to obtain first-hand a feeling for operational activities proposed and problems related to the region.

The Council agreed with the recommendation of the Review Committee that this is an area with considerable experience in cooperative arrangements, and would be favorable toward the development of a strong regional medical program.

There was consensus that a reduction in amounts would not jeopardize the program, and the applicant could easily restructure its priorities within the recommended \$1 million (+ or - 10%).

The Council recommended that the advisory group be broadened to include representation from minority groups.

The amounts requested were: \$2,521,177, first year; and \$2,450,000, second year, plus appropriate indirect costs. Approval was recommended by the Council in the amount of \$1 million (+ or - 10%) for the first year. Two additional years are recommended for approval, but with the amounts to be negotiated at the time of renewal at around the figure recommended for the first year. These amounts are in addition to indirect costs.

1 S03 RM-00004-01, Albany Medical College of Union University, Albany, New York

Prior to the presentation of this application to full membership of Council, a site visit by representatives of Council, Review Committee, and Staff was made to Albany on November 7, 1966. The overall program was judged to be sound and the region's past experience with the concept of a regional medical program strengthened the recommendation to the reviewing groups that the proposal has much merit and promise.

The amount recommended by the Council to be awarded for the first year is \$750,000 (+ or - 10% subject to staff negotiation), plus appropriate indirect costs, and the additional two years are to be negotiated at the time of renewal at around the figure recommended for the first year.

The amounts requested were: \$1,126,435, first year (includes direct costs for specific pilot projects and other general support) and excludes amount the applicant proposes to transfer from their planning grant; \$936,739, second year; and \$613,340, third year, plus indirect costs.

1 S03 RM-00009-01, 3 S03 RM-00009-01S1, and 3 S03 RM-00009-01S2,  
University of Missouri School of Medicine

A three-year planning grant was awarded to the Missouri Region on June 9, 1966. The first operational grant application, consisting of three pilot projects, was submitted on October 1, 1966. The two supplemental applications were submitted later. The application was considered at the November Council meeting following a site visit. The Council was encouraging and instructed Staff to proceed with a more detailed analysis of the application.

Council recommends that the Advisory Committee needs to broaden its representation to include the Negro community, such as the National Medical Association and the Lincoln University of Missouri. Also, the involvement of the Ellis Fischel Hospital in Columbia needs to be clarified.

Council recommends approval in the amount of \$2.5 million (+ or - 10% subject to staff negotiation) for the first year, plus appropriate indirect costs. Two additional years are recommended for approval, with amounts to be negotiated at the time of renewal at around the amount recommended for the first year. The amounts requested for each year were: \$3,249,261, first year; \$3,754,614, second year; and \$1,787,526, third year, plus appropriate indirect costs.

Dr. Mayer absented himself. Dr. Berry abstained from voting.

1 S03 RM-00015-01, Utah, Intermountain Regional Medical Program

A site visit by representatives of Council and DRMP Staff was made in November after the application was evaluated by the Review Committee. Council recommends approval. The affirmative action on #10 is conditional pending satisfactory evidence from a technical committee, made up in consultation with the National Heart Institute, as to the techniques of evaluation of the program, and justification of the cost by experts in the biomedical application of computers and computer techniques. It is anticipated that the grant will be awarded in two stages; first a grant of \$820,000. Following additional review and a site visit for the computer based physiological monitoring (requested \$929,000), it is anticipated that an appropriate award will be made.

The amounts requested were: \$1,853,689, first year; \$1,221,913, second year; and \$809,521, third year.

X. CONSIDERATION OF PLANNING GRANT APPLICATIONS

1 S02 RM-00051-01, University of Tennessee College of Medicine

The Council recommends approval after staff contact to assure compliance with the following conditions:

1. Inclusion of minority groups on the advisory group;

2. The core staff seems to be drawn totally from the medical center, but should be broadened to include the periphery;
3. There needs to be involvement and representation of Negro doctors in the participating hospitals; and
4. There is a need for involvement of voluntary agencies in the regional planning.

With the exception of some phases of the application such as the portion requesting funds for renovation and the concerns outlined above, the application was considered to be well thought out and shows much promise for a viable regional medical program.

The amounts requested were: \$155,056, first year; \$148,600, second year; and \$73,100, third year, plus appropriate indirect costs.

Dr. Berry abstained from voting.

1 S02 RM-00052-01, University of Arkansas Medical Center

This application was considered by Council to reflect a genuine desire to undertake a planning study to ascertain the health care needs in each of the 75 counties of the State of Arkansas. The grassroots nature of the proposed program was viewed as being a major strength of this application. The existing facilities and programs, with proper planning, can be extended throughout the state, and it is apparent that much thought was given to the outlying areas. The suggestion was made that the advisory group could well include representation from the neurological sciences.

The Council recommends approval of this application. The amounts requested were: \$394,620, first year; \$421,682, second year; and \$97,300, third year, plus appropriate indirect costs. The amount of the award for the first year will be established following staff negotiation.

1 S02 RM-00053-01 and 1 S02 RM-00053-01S1, State of Michigan

The two-part planning proposal, the first of which requests support for the central group, the Michigan Association for Regional Medical Programs, Inc., and the second, which is a supplement, proposes planning activities for each of the three medical schools and for the State Department of Health.

In its entirety the application reflects a comprehension of what a regional medical program should be, and the initial

proposal makes the needs and overall objectives in the state of Michigan clear. The lines of authority and communication are well drawn and the approach to planning is comprehensive.

However, the Wayne State section of the application is unclear as to numbers and types of personnel requested, and the recommendation of approval by Council included the condition that this be clarified, as well as the inclusion on the advisory group of a member of the National Medical Association or some similar representative of a minority group.

The total amount requested in the original and supplemental application was: \$1,040,639, plus appropriate indirect costs. The amount of the award will be determined by Staff following clarification of the Wayne State portion of the personnel budget.

1 S02 RM-00054-01, Medical Care Development, Inc., Augusta, Maine

The Council unanimously recommends approval of this application upon clarification of the following items:

1. Fiscal accountability of the new private, non-profit organization;
2. Participation of local hospitals;
3. Additional clarification and justification of the budget;
4. Relationship and roles of the Committee of Practicing Physicians and the Regional Advisory Committee; and
5. Clarification of the organizational framework as outlined in the chart as presented in the application.

The Council felt that the plan as envisaged by this State is unique in that although there is no medical school in Maine, an outstanding one in a neighboring State is actively involved. This relationship is well known and should be fruitful in regional medical planning.

The amounts requested were: \$201,344, first year; and \$204,709, second year, plus appropriate indirect costs.

1 S02 RM-00055-01, College of Medicine, University of Arizona

The College of Medicine is new with only a few faculty on hand, and so has limited experience as an organized unit in the rendering of medical care. The concomitant development of the School of Medicine and the Regional Medical Program will be an interesting study.

The application reflects the concerns about the needs of the region, and it is believed that the applicant's ideas have been formulated into a reasonable proposal at a modest cost. Council was in agreement that the proposal is worthy of support, with the conditions as follows: (1) the advisory group should be established as the over-all authority, and should be broadened to include representatives of various hospitals and minority groups; and (2) further exploration is needed on the adequacy of some of the requested salaries.

The amounts requested were: \$214,100, first year; \$296,725, second year; and \$143,363, third year, plus appropriate indirect costs. The amount of the award will be determined by Staff after the conditions are met and salary levels are negotiated.

1 S02 RM-00056-01, St. Louis, Missouri-Illinois Bi-State Medical Program

There was agreement by Council that this Bi-State proposal, which was submitted in behalf of three applicants (St. Louis University School of Medicine, Southern Illinois University, and Washington University School of Medicine) is well thought-out and organized. Their plans for continuing evaluation will define weaknesses in planning, and provide an opportunity to make simultaneous adjustments with development of the program. The possible overlap with the Central Missouri Region was recognized, and it was agreed that the planning grant activities will delineate the regional boundaries.

The Council recommends approval with the condition that additional member(s) of minority groups be appointed to the advisory committee. The amounts requested were: \$546,751, first year; \$547,989, second year; and \$543,972, third year, plus appropriate indirect costs. The amount of the award will be determined following necessary negotiation by Staff.

1 S02 RM-00057-01, University of Mississippi Medical Center

The Council recommends that this application be returned for revision.

Council was in general agreement with the critique of the Review Committee that the presentation is rather loosely organized so as to confuse planning and operations. Also, in addition to a general vagueness about proposed programs, all projects seem to emanate outward from the medical center, with very little evidence of any reciprocal movement or attempt at assessment of needs. Another example of an apparent extension of existing programs is the proposal to expand educational in-service TV.

The alteration portion of the budget will, of course, need elimination; the budgeted personnel needs further description (and a statement about the reasoning of the need for three different coordinators); the travel request seems excessive; the planning group should take another look at their overall planning project and particularly give thought to Council's concerns about relationships between planning groups; representation on the central planning group needs to be widened, since it will probably evolve into the decision-making body; also wider representation on the regional advisory group is in order; and finally, all possible encouragement and consultative assistance should be offered this group.

Council wanted to assure the applicant that the "return for revision" in no way denotes a discouragement or negative action on its part.

Dr. Marston absented himself.

1 S02 RM-00058-01, New York Metropolitan Region

There was consensus by Council that this complicated area is coming to grips with existing problems common to all large urban centers, and that a great deal of progress has been made in recent months in the development of a coordinated program. However, some reservations and concerns were identified and it was agreed that a site visit (or visits) will be necessary for their solution and exploration of possible ways to assist in the planning phase.

The Council recommended approval of the application subject to the findings of the site visit, the amount of the award to be determined at the time of the site visit, but not to exceed \$1-million. The amounts requested were: \$1,401,365, first year; and \$1,311,150, second year, plus appropriate indirect costs.

Drs. Pellegrino and Traeger absented themselves.

1 S02 RM-00012-01R, University of Oregon Medical School

This is a revised application which identifies the applicant as the University of Oregon Medical School. The recommendation for approval was passed unanimously with clarification of the following six conditions:

1. Role to be played in program activities by the medical school;
2. Role of community hospitals in development of the program;
3. Plans for role of practicing physicians;
4. Plans for full-time involvement of Program Coordinator;

5. Expansion of plans for medical school staff participation in program; and
6. Clarification of future representation of the Kaiser Foundation Health System in the region.

There was discussion about item 6 above, and the opinion expressed that the problem will be easily resolved now that the program planning has been shifted from the domination of the state medical association to that of the medical school with much broader representation from the entire state. Council agreed that Staff should be satisfied on all of the above concerns before an award is made.

The amounts requested were: \$166,494, first year; \$177,998, second year; and \$73,464, third year, plus appropriate indirect costs.

1 S02 RM-00022-01R2, Ohio State University

The revision was considered by Council at its November 1966 meeting, and the decision reached to return it the second time since it was still unacceptable. After a meeting with the applicants, the new version was submitted and represents a more modest preliminary planning activity, along the lines indicated by Council.

The Council unanimously approved the revision as mutually agreed upon at the time the regional representatives visited this Division and as submitted: support for a core planning staff to provide interim support with the understanding that a supplemental request will be forthcoming as planning develops; development of relationships with other major health interests throughout the region; further meetings of the regional advisory group; and an indication of the basis for the development of effective regional cooperation in the planning for a regional medical program.

Only one year is requested, and the Council recommends approval of an award not to exceed \$100,000, plus appropriate indirect costs.

1 S02 RM-00026-01R, Greater Delaware Valley Region, Philadelphia

While a number of complexities have been removed from the present revision, and it is evident that the institutions are now willing to explore cooperative arrangements, Council identified a number of areas in need of clarification, and agreed that this could be accomplished by one or more site visits with representatives of Council and staff in attendance. Among the problems are: position of the University City Science Center (UCSC) governing

body vis-a-vis regional medical program planning; identification of on-going programs; UCSC's responsibility for data collection and analysis; status of the advisory committee; key people in the program, budget, etc.

The Council recommends approval subject to clarification of these areas through a site visit to be made by Staff and members of Council. The amount requested was: \$1,862,421, plus appropriate indirect costs. The amount of the award will be negotiated by Staff either during or immediately following the site visit.

3 S02 RM-00003-01S1, University of Vermont

This is a modest, single-purpose supplement to plan a cardiovascular registry, with specific focus on Chittenden County. The application was planned in consultation with the National Heart Institute. The county has a fairly stable population which is a good choice for baseline studies which will be useful in planning for the region.

The recommendation for approval was passed unanimously with the condition that the proposal include the services of a biostatistician.

The amount requested is: \$62,140, plus appropriate indirect costs.

1 S02 RM-00019-01S1, State of California

The application represents a supplemental planning grant request. Council expressed an awareness of influences which have tended to slow down the planning process, and agreed that the recently appointed Director needs encouragement and sympathetic guidance. It was the consensus that the region now needs to come to grips with the concept of a regional medical program for this complex area, and that a site visit would serve a useful educational purpose as well as providing the opportunity for further clarification of the proposal.

The Council recommends approval subject to a site visit by Council and Staff to clarify the concerns, including evidence of involvement of Negro and Mexican physicians in the project and on the Advisory Committee, the amount to be determined in accordance with the recommendations of the site visit. The amounts requested were: \$1,039,643, first year; \$1,513,018, second year; and \$745,014, third year, plus appropriate indirect costs.

XI. ADJOURNMENT

The meeting was adjourned at 11:30 a.m., February 21, 1967.



I hereby certify that, to the best of my knowledge, the foregoing minutes and attachments are accurate and complete.

*Robert Q. Marston*

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Robert Q. Marston, M.D.  
Associate Director, NIH, and Director,  
Division of Regional Medical Programs

Eva M. Handal, Recording Secretary  
Committee Management Officer, DRMP

NATIONAL ADVISORY COUNCIL ON  
REGIONAL MEDICAL PROGRAMS

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4/19/67