

#EOLIOVZ*

Dr Lundberg — 10/21/91
The fruits of the weekend's
labors — revised script

JB

SOMEHOW, SOME WAY, SOME TIME: THE REGIONAL MEDICAL PROGRAMS
CUTTING SCRIPT, PART 1 (10/20/91)

.1 VIDEO
00:00:04

AUDIO

.2 BLACK. FADE UP ON
00:00:23 PHOTOGRAPHS OF LYNDON
JOHNSON SPEAKING TO
DEBAKEY COMMISSION

(Audio recording: 41764.lbj)

PRESIDENT JOHNSON: I am firmly
convinced that the accumulated brains
and determination of this Commission
and of the scientific community of the
world will, before the end of this
decade, come forward with some answers
and cures that we need so very much.

.3 MORE STILLLS
00:00:14

NARRATOR: (Voiceover)

With these unvarnished words, Lyndon
Johnson told his Commission on Heart
Disease, Cancer and Stroke to get to
work. It was April 17, 1964.

.4 PAN OF COMMISSION
00:00:17 MEMBERS IN PHOTOGRAPH

JOHNSON (Voiceover):

You have among you some of the great
doctors, some of the greatest public
servants of our time. Somehow, some
way, some time, you are going to find
the answers and I hope it will be soon.

.5 DISSOLVE TO TITLE
00:00:08 SEQUENCE: SOMEHOW, SOME
WAY, SOME TIME--THE
REGIONAL MEDICAL
PROGRAMS, 1966-1976

MUSIC UP FULL.

.6 DISSOLVE TO MONTAGE OF
00:00:31 1960S, GRADUALLY
BECOMING MORE FOCUSED
ON MEDICAL PRACTICE OF
THE 1960S

.7 DEBAKEY FOOTAGE FROM
00:00:20 BBC DOCUMENTARY

.8 DISSOLVE TO:
00:00:29 MEDIUM SHOT, DEBAKEY

NARRATOR (Voiceover):

It was the middle of the 1960s--a time of dramatic change and new awareness. The economy was booming, and medical knowledge was burgeoning. But many Americans were aware of a gap in the benefits of medicine--a gap between what was possible and what was widely available.

No one was more keenly aware of that fact that was Dr. Michael DeBakey, who was even then world famous for his pioneering work in cardiovascular surgery. DeBakey knew that the benefits of his research were not spreading quickly.

DEBAKEY: The gap existed between where the centers were doing this work and out in the periphery, doctors in practice not picking up patients who had these diseases, and referring them for operation. So there was a gap in the knowledge available to treat patients and the patients who were being treated by doctors who did not have that knowledge.

.9 JOHNSON PHOTOS/FOOTAGE
00:00:17

NARRATOR (Voiceover)

President Lyndon Johnson was concerned about a major statistic--the fact that 71-percent of all Americans who died were killed by heart disease, cancer, or stroke.

.10 JOHNSON WITH DEBAKEY
00:00:14

Johnson asked DeBakey to chair the commission which he hoped would come up with a plan to restructure the American practice of medicine in order to combat those three major killers:

.11 DISSOLVE TO:
00:00:17 MEDIUM SHOT OF DEBAKEY

DEBAKEY: He asked me how long the thing would take. I said, "About a year." He said, "We've got to do better than that. I want to be able to include a message from this commission in my address in January."

.12 COMMISSION MEMBERS,
00:00:14 STILLS

NARRATOR (Voiceover):

DeBakey and other commission members began their intense work almost immediately, gathering and analyzing material from all over the country.

.13 REPORT
00:00:31

The report was delivered in December of 1964, in time for January's State of the Union message.

(CONTINUED)

.13 CONTINUED: 22

.14 DISSOLVE TO LBJ AND
00:00:17 COMMISSION

.15 DISSOLVE TO MEDIUM WIDE
00:00:44 SHOT OF LBJ DELIVERING
STATE OF UNION MESSAGE

A copy was sent to every practicing physician in the United States.

PRESIDENT JOHNSON: (Audio: 12964.lbj)

Today it is a very high honor and great privilege to receive the results of your study. (E)

With these guideposts and with these goals, we will begin this year in the Congress and in the country to make a concerted drive on these three enemies to the health of two-thirds of all Americans.

JOHNSON (SOT):

Our goal is to match the achievements of our medicine to the afflictions of our people.

We already carry on a large program in this country in this country for research and health.

In addition, regional medical programs can provide the most advanced diagnosis and treatment for heart disease and cancer and stroke and other major diseases.

(CONTINUED)

.15 CONTINUED: 23

New support for medical and dental education will provide the trained people to apply our knowledge.

NARRATOR (Voiceover)

But the concerted drive on the three enemies had to take a detour through the political process. Proposal number three, advocating the development of regional medical complexes, turned out to be extremely controversial.

DEBAKEY (SOT): It concerned this so-called cooperative arrangement between institutions, creating a regional network across the whole country.

(E) In each region, the idea was to have a center of excellence which would have all of the best technology, the best facilities, the best personnel, the best training, and then surround that center of excellence with

(CONTINUED)

.16 COVER, STATE OF THE
00:00:20 UNION MESSAGE

.17 DISSOLVE TO MEDIUM
00:01:01 SHOT, DEBAKEY

.17 CONTINUED: 24

individual diagnostic stations and even station hospitals, so to speak, which would relate to the center of excellence for the more highly technical work. (E) M.D. Anderson is an example of what we had in mind, you see, and is, in that sense, a center of excellence in carrying out the concept. (Copy to be written.)

.18
00:00:04

.19
00:00:11

Unfortunately, as you look around the country, you have very few. The reason, of course, is that the legislation never authorized them.

.20 MEDIUM SHOT, PAUL
00:00:29 SANAZARO

SANAZARO SOT:

Two bills were introduced with that in mind, one in the Senate, one in the House, and in the course of the summer, various groups from organized medicine made it be known that they could not possibly approve the creation of regional medical complexes if this meant disturbing existing relationships.

.21 MEDIUM SHOT WILLIAM
00:00:23 RUHE

WILLIAM RUHE: (SOT) Practicing physicians tended to be apprehensive about whether this was going to change the practice of medicine. The American Medical Association was worried about this being a first step toward a nationalized health system.

.22 M/S OLSON
00:00:44

OLSON SOT :
I think it was the pressure from the practicing profession that changed it so that the focus really became more heavily placed on education and dissemination of information and co-operation, and the bill that was adopted had a very specific prohibition about not interfering with the private practice of medicine, and that referrals, if any, in connection with demonstration projects would have to be made by referral by a practicing physician.

.23 MS RUHE
00:00:26

RUHE SOT:

The original report spoke, for example of regional medical complexes, complexes not defined, but I think in almost everybody's mind, that evoked the image of large construction efforts, new buildings, new centers assembled in either existing locations or new locations.

.24 MEDIUM SHOT, PAUL
00:00:53 ROGERS

ROGERS SOT:

So the Congress reacted and they cut out any approval for the building of facilities to calm down the concerns that people were going to be sent away. They made the program a cooperative program, where it was not something that someone can come in and direct. You had to get cooperation from people in all of the communities, the medical center, whatever. The only patient care that could be done was in research, in demonstration, but you really couldn't deliver care; it had to be paid for in a traditional way.

(CONTINUED)

.24 CONTINUED: 27

.25 MEDIUM SHOT, MERLIN
00:00:20 DUVAL

.26 LEGISLATION, STILLS OF
00:01:07 LBJ SIGNING 28.a.
MEDIUM SHOT, RUHE 28.B
LBJ STILLS

You could not change that. so that first legislation acceded, really, to the concerns of AMA in those points.

MERLIN DUVAL:

As a consequence, we moved from actually moving patients to moving information so that you could ultimately close the gap between literally the laboratory bench and the patient who needed information.

NARRATOR (Voiceover)

So the proposal for regional medical complexes was modified into a program for information exchange--and the Regional Medical Programs were born.

RUHE SOT:

I think we have to acknowledge that RMP was just another component of the Great Society program in the health field. The idea, of course, was to sell something to the public which would be new and striking and would save many, many lives.

(CONTINUED)

.26 CONTINUED: 28

.27
00:00:17

.28
00:00:34
CARTOONS FROM
MARSTON/YORDY ARTICLE
FIGURE 3: "THEY WANT TO
TELL US WHAT TO DO!"
"THEY'RE NOT GOING TO
TELL US WHAT TO DO?"
"YOU MEAN WE'VE GOT TO
DO EVERYTHING FOR
EVERYBODY?"

NARRATOR VO:

President Johnson signed the
legislation in October, 1965.

PRESIDENT JOHNSON: (Audio: 10665.lbj)
Its goal is simple: to speed the
miracles of medical research from the
laboratory to the bedside. Our method
of reaching that goal is simple, too.
through grants to establish Regional
Medical Programs among our medical
schools and clinical research
institutes, we will unite our Nation's
health resources.

NARRATOR (Voiceover)

That is not to say that the Nation's
health resources were eager to be
united. Throughout the winter and
spring of 1965 and 1966, health
professionals, educators, community
health planners, and hundreds of other
interested people grappled with the
process of planning, organization, and
grant applications.

.29 FIGURE 5:"PLANNING
00:00:26 TOGETHER WASN'T SO BAD,
BUT. . DO WE REALLY
HAVE TO WORK TOGETHER?"

By June, 1966, activities based on the first grants were up and running. In June of 1967, a report on the progress of Regional Medical Programs concluded that it was too soon to comment on their success or failure, and recommended that they be funded for another five years.

.30 FADE TO BLACK OR
00:00:07 DISSOLVE TO SPECIAL
SLATE TO INDICATE END
OF PART 1.

SOMEHOW, SOME WAY, SOME TIME: THE REGIONAL MEDICAL PROGRAMS
CUTTING SCRIPT: PART 2 (10/20/91)

.1 VIDEO
00:00:04

.2 GRAPHIC: MAP OF REGIONS
00:00:32 NAMES OF REGIONS
EMERGE:
GREATER DELAWARE VALLEY
RMP
BI-STATE RMP
LAKES AREA RMP
INTERMOUNTAIN RMP
SUSQUEHANNA VALLEY RMP
TRI-STATE RMP
TENNESSEE MID-SOUTH RMP

.3 MEDIUM SHOT MERLIN
00:00:23 DUVAL

AUDIO

NARRATOR (Voiceover):

One of the first characteristics to become obvious about the Regional Medical Programs was that each one was different. That even showed in the areas each region covered. About half of the 56 RMPs corresponded to political jurisdictions--and about half did not. Some overlapped. And each had its own concerns. But that was the way it was supposed to work.

MERLIN DUVAL:

Regional Medical Programs was allowed to look at the way patients and information flowed in the real world. If you looked, for instance, at Kansas City, the question is, do you give it to Kansas City, Missouri, or do you give it to Kansas City, Kansas.

.4 M/S STARK
00:00:38

STARK SOT: And what we did there was to organize a liaison committee between both states with the University of Kansas and the University of Missouri, of course, participating, in order to avoid any kind of duplication of effort and to have more cooperation. I think that's one of the principal roles that I found coming out of the Regional Medical Programs, and that is the ability to get these diverse groups and institutions together in a cooperative way.

.5 M/S DUVAL
00:00:23

DUVAL SOT: So, Regional Medical Programs was created and permitted money to flow to entities that were not geographic or political jurisdictions. They were watershed jurisdiction. I thought that was an incredible breakthrough for the federal government to take as a step.

.6 MONTAGE OF PHOTOS,
00:00:23 LETTERHEADS, ARTICLES

.7 FREEZE EGEBERG
00:00:08

.8 RELEASE FREEZE: MEDIUM
00:00:59 SHOT, ROGER EGEBERG

NARRATOR (Voiceover):

The Regional Medical Programs required the cooperation of segments of the community which were sometimes not accustomed to communicating with each other, much less cooperating. And there was hesitation in many areas about making the attempt.

Dr. Roger Egeberg was then Dean of the School of Medicine at the University of Southern California.

ROGER EGEBERG:

The university was conservative about it, this faculty was, but the executive committee, after I explained it to them, came along. So we were the first people in California to join. There was still some hostility, but Congress had done something terribly important: they had included the medical profession and the hospitals right in the law. So some of the first money to come didn't come to a medical school; it went to the California Medical Association. Wasn't that bright? And next to the California Hospital.

(CONTINUED)

.8 CONTINUED: 64

And they became part of the program. They saw that we didn't have horns or tails, and we started to work together pleasantly.

.9 STILLS FROM MEETINGS OF
00:00:32 RMP ERA, OR WITH
RESEARCH OR OTHER
COOPERATION, OR LOGOS
OF SOCIETIES

NARRATOR (Voiceover):

In California, and in other regions, the cooperation between the hospitals, the medical schools, and the medical societies was soon augmented by health organizations such as the American Heart Association and the American Cancer Society, and by members of the general public. For some establishments the adjustment was easy--for others it was not.

.10 MEDIUM SHOT OF KARL
00:01:04 YORDY

KARL YORDY:

Schools that had strong traditions of reaching out to the community and really viewed themselves as playing a role with the broader community found this new role rather comfortable and found it, in fact, one that was able to facilitate a lot of the things which they'd been thinking about anyway.

(CONTINUED)

.10 CONTINUED: 65

I'm thinking here of schools like the University of Washington in Seattle, the University of Missouri, universities that often were state universities and had a tradition of reaching out. The more elite, private medical schools, I think, had a harder time sort of figuring out how this fit into their own sense of their mission and role.

NARRATOR (Voiceover):

It is difficult to generalize about the accomplishments of the RMPs, since they all addressed different needs and had different goals. But some remarkable accomplishments stand out--some that changed American medical care forever.

KARL YORDY:

There was an effort, for instance, out of the Missouri RMP, one of the first operation RMPs, that set up a

(CONTINUED)

.11 STILLS OF EARLY REMOTE
00:00:20 READING OF EKGs

.12 MEDIUM SHOT, KARL YORDY
00:00:29

.12 CONTINUED: 66

communication link between a group of physicians, cardiologists, in Springfield, Missouri, and the medical center in Columbia, that would permit the remote reading of EKGs, a capacity that's now routine in medical care.

VERNON WILSON:

Utah dealt with getting that information to a four-state area, and very successfully they dealt with that. They did what Missouri and Alabama did so well, they formed a telephone bank and people could call in for information.

PAUL SANAZARO:

I thought, to me, I don't know if it's exciting, but important, the most important thing that RMP did was to put in place, which is still in place, in the United States intensive care units for heart disease patients, the coronary care units, and the training of personnel for that, and specialized equipment for that.

.13 MEDIUM SHOT, VERNON
00:00:28 WILSON

.14 MEDIUM SHOT, PAUL
00:00:41 SANAZARO DISSOLVE TO
CORONARY ICU

(CONTINUED)

.14 CONTINUED: 67

That probably was its greatest technical contribution to patient care, and that's very exciting that that happened. It came along at just the right time.

.15 STILLS OF EARLY REMOTE
00:00:43 READING OF EKGS

NARRATOR (Voiceover): RMPs not only spurred development of remote EKG readings and coronary care units, but also rapid strides in vascular surgery and in the development of regional trauma centers. But one of the greatest contributions of Regional Medical Programs was perhaps the newfound cooperation between different segments of society, and the realization that regional planning could yield worthwhile results.

.16 MEDIUM SHOT, CHARLES
00:00:47 FLAGLE

FLAGLE (SOT): There was strong cooperation between the University of Maryland and Johns Hopkins, and there was also a great involvement of such things as the media, the heart associations.

(CONTINUED)

.16 CONTINUED: 68

I would call it an unprecedented--I was about to say conglomeration, but it really wasn't that. It was a well-orchestrated program and it resulted in the creation of the Maryland High Blood Pressure Commission, which is still in existence and still operating for purposes of implementing some of the results of that five-year study of coordination.

.17 MEDIUM SHOT, KISSICK
00:00:26

SOT KISSICK: An unknown and little-appreciated dimension of RMP in Connecticut was CUPIDS, Connecticut Utilization Patient Information Data Systems. CUPIDS enabled them to analyze the utilization of services at all thirty-five Connecticut hospitals, and brought forth diagnostic-related groups.

.18 MEDIUM SHOT, ARTHUR
00:00:29 RIKLI

ARTHUR RIKLI:
I think the Regional Medical Programs

(CONTINUED)

.18 CONTINUED: 69

really built an active bridge between the medical school and the providers of health care, not only in their immediate area, but out in the rural areas, as well. so the Regional Medical Program still has that benefit in most of the communities and regions where they were set up originally.

.19 MEDIUM SHOT, MERLIN
00:00:29 DUVAL

MERLIN DUVAL:

I do think that this is, in its own way, a watershed event. It's a watershed event because it brought a type of early partnership into the providing elements of America's health care system and the federal government. Until that time, they did not have that kind of relationship.

.20 MONTAGE OF STILLS FROM
00:00:26 REGIONAL MEDICAL
PROGRAMS, HANDSHAKES,
EKG READINGS, MEETINGS,
PATIENT CARE,
LIBRARIES, TRAUMA
CENTERS, ETC.

NARRATOR (Voiceover)

In spite of their accomplishments, the Regional Medical Programs did not have long to live. Some of the reasons they went away were due to politics, to changing times and shifting priorities.

(CONTINUED)

.20 CONTINUED: 70

But the strength of the RMPs, their
adaptation to their regions, would also
prove to be a major weakness.

.21 FADE TO BLACK OR TO
00:00:05 SPECIAL SLATE: END OF
PART 2.

SOMEHOW, SOME WAY, SOME TIME: THE REGIONAL MEDICAL PROGRAMS
SHOOTING SCRIPT: PART 3 (10/20/91)

.1 VIDEO
00:00:04

.2 1970S TELEGRAPH WORKING
00:00:41 SUPERS EMERGE:
"NO GRANT FUNDS ARE
INCLUDED IN THE
PRESIDENT'S REQUEST FOR
RMP IN FISCAL YEAR
1974"
"ALL OF FISCAL YEAR
1973 GRANT AWARDS WILL
TERMINATE ON JUNE 30,
1973"
". . .DO NOT ENTER INTO
ANY NEW CONTRACTS. . ."
". . .WE NEED TO
PROCEED WITH THE
DEVELOPMENT OF PHASEOUT
PREPARATIONS. . ."

.3 NIXON INAUGURATION
00:00:14 (CLARK STOCK)

AUDIO

Natural Sound (:05)
The telegram sent out to all coordinators of the Regional Medical Programs on February 1, 1973, marked the beginning of the end of the Regional Medical Programs. Although the Regional Medical Programs had received their highest level of funding ever in Fiscal Year 1973, they had been completely cut out of the budget for Fiscal Year 1974, and Dr. Harold Margulies, who was then director of RMPs, was ordering them to begin shutting down. What happened?
Part of the answer to that question is that the times had changed. Richard Nixon was now president; the programs of Lyndon Johnson's Great Society were being dismantled.

.4 MEDIUM SHOT, KARL YORDY
00:00:20

KARL YORDY:

I think that the hope and the vision for the program really were starting to disappear shortly after Nixon became president. It was sort of a holding action, sort of a fighting the frontiers at that point.

.5 VIETNAM STOCK (BE
00:00:14 THERE, BE COUNTED
STOCK)

ROBERT MARSTON: (Voiceover)

The Vietnam War had raised the issue of guns and butter, and funds suddenly became very restricted at the federal level.

.6 M/S MARSTON
00:00:11

Then, finally, I think, Regional Medical Programs, as a part of the Great Society programs, was caught up in a rejection of such programs.

.7 STILLS OF CASPAR
00:00:11 WEINBERGER

NARRATOR (Voiceover)

Caspar Weinberger, as head of the Office of Management and Budget, had been one of the RMPs harshest critics.

.8
00:00:38

JOHN ZAPP:

OMB was certainly a harsh critic of RMP at that time, but that was not uncommon. They were basically a harsh critic of most of the categorical programs.

(CONTINUED)

.8 CONTINUED: 85

MEDIUM SHOT, JOHN ZAPP

Maybe that was one of the problems that RMP was suffering at that time within the administration. They just didn't seem to be able to withstand the constant requirements for justification that OMB was throwing at the secretary's office on the re-authorization for each year.

NARRATOR (Voiceover):

When Caspar Weinberger became Secretary of Health, Education, and Welfare in 1972, his attitude toward the RMPs could hardly be expected to change--and it didn't. When Congress wanted to extend the life of the RMPs for a year--from June 30th, 1973, to June 30th, 1974, Weinberger took the unusual step of lobbying against it. Congress passed the extension overwhelmingly. Nevertheless, the RMPs were doomed.

EGEBERG (SOT):

I think they were assassinated. Now you can kill people by ripping them open, you can kill them by a bop on the head, or you can kill them by choking.

(CONTINUED)

.9 MORE OLD STILLS OF
00:00:35 WEINBERGER, TESTIFYING
AT CONGRESSIONAL
COMMITTEES, WORKING IN
OFFICE, ETC.

.10
00:00:44

.10 CONTINUED: 86

This was from way up above. I think it began with Caspar Weinberger, who had a feeling that Regional Medical Programs was just another program that was going to drain money out of the Treasury, and it would be better to cancel them all and come out with a big program, which I think medicine became worried about, might be socialized medicine or health insurance for all.

.11 FREEZE, JOHN ZAPP
00:00:08

NARRATOR (Voiceover):

The RMPs had other political problems, too.

.12 RELEASE FREEZE: MEDIUM
00:00:44 SHOT, JOHN ZAPP

JOHN ZAPP:

They had a base that probably provided them with the weakest constituency in the secretary's office and within the administration. That was basically a medical school base, where the perception, if you will, was that an awful lot of money just seemed to be going to the faculties in the different health science centers.

(CONTINUED)

.12 CONTINUED: 87

That was a perception that was very difficult for the program administrators to overcome because, rightly or wrongly, there was a lot of faculty support built into RMPs around the country.

NARRATOR (Voiceover:

The legislative mandate for RMPs had changed. Congress had made the choice between keeping the focus for RMPs or broadening their purpose.

PAUL ROGERS:

I think they were for broadening, as I recall. They thought it should be broadened, as long as we had the facilities, and that network of people working together, we thought it should be applied to increase health care generally, although, as we've talked about, the first emphasis was categorical on those three diseases. But that began to change from those who did not like the program, who said, "Oh, you've lost the purpose." Well, we really didn't because we were improving health care for people.

.13 WIDE SHOT, CAPITOL
00:00:14

.14 MEDIUM SHOT, PAUL
00:00:52 ROGERS

.15 MEDIUM SHOT, EDMUND
00:01:01 PELLEGRINO

EDMUND PELLEGRINO:

I want to go on the record of saying that many of the regions did very good things with this program. They carried out many of the ideas, but there were so many goals and objectives. It's perfectly all right to have variety in the regions, but the important thing that mustn't be missed is that the network that brings it about was utterly confused at times, not knowing where it was going. So that when we looked at programs, we would have such a variety, we didn't have solid criteria that we could use to judge them, and it was a little bit unfair, as a matter of fact, because, as you say, different parts of the country had different requirements.

.16 ZOOM IN DOOR OF HEARING
00:00:11 ROOM, 2218 RHOB

NARRATOR (Voiceover):

Money was tight. A program without a specific focus had a hard time competing for it.

.17 MEDIUM SHOT, JOHN ZAPP
00:00:35

JOHN ZAPP:

I think one of the things that led to the demise of the Regional Medical Programs was the competition from other more identifiable programs within the Public Health Service and HEW that it had to compete with. RMP had to compete with Emergency Services, Migrant Health, Rural Health, Indian Health. It had to compete for dollars with the entities and the Food and Drug Administration.

.18 CONGRESS OR CAPITOL
00:00:25 SHOT

NARRATOR (Voiceover):

That did not mean that RMPs died easily. Congress had voted overwhelmingly to extend the life of the RMPs, and they still had supporters on Paul Rogers' subcommittee:

.19 MEDIUM SHOT, PAUL
00:00:35 ROGERS

PAUL ROGERS:

I remember in the testimony, they sent John Zapp, who was then, as I recall, the legislative deputy assistant secretary. The Secretary for Health would not come, nor would the Secretary.

(CONTINUED)

.19 CONTINUED: 90

They let the messenger, who had to give the bad news that they were cutting this program, come before Congress, and our committee gave him really a pretty rough time, on both sides of the aisle.

JOHN ZAPP:

I get to deliver the messages, good and bad, although sometimes others in the department got to deliver more good messages. A very combative time between the administration and the health committees, so most of them were relatively contentious types of hearings.

NARRATOR (Voiceover):

But in spite of Congressional support, members of the administration were still determined to see the RMPs die.

ROGER EGEBERG: Well, I think Caspar Weinberger sort of worked up a particular antipathy to this because it was so hard to kill it.

.20 MEDIUM SHOT, JOHN ZAPP
00:00:26

.21 HEARINGS STILLS,
00:00:11 CAPITOL SHOT

.22 MEDIUM SHOT, ROGER
00:00:38 EGEBERG

(CONTINUED)

.22 CONTINUED: 91

He tried to choke it by taking the funds and impounding the funds in the middle of the year, saying, "You can't spend any more money. Save it till the next year," and then using that for the next year instead of giving them any new money. That's choking them. That's cutting down their funds.

.23 WEINBERGER, LAWSUIT
00:00:32 PAPERS

NARRATOR (Voiceover): That was also something the Regional Medical Programs thought Secretary Weinberger had no right to do, since Congress had clearly appropriated the money to be spent by the RMPs. So the National Association of Regional Medical Programs sued to have the money released--sued, and won. On February 7, 1974, the courts ordered the money released. Reluctantly, the White House complied.

.24 MEDIUM SHOT, JOHN ZAPP
00:00:17

JOHN ZAPP: I don't think it was any great surprise about the suit. I think they were quite prepared for it. I don't think they thought they were going to lose, but they were prepared to have the suit.

.25 ANIMATION: MAP WITH
00:00:17 RMPS. RMPS DISAPPEAR.

NARRATOR (Voiceover):

The RMPs had won the suit, but it didn't matter. The money released in February of 1974 was for the budget year ending in June, and there were no further appropriations.

.26 MEDIUM SHOT, VERNON
00:00:20 WILSON

VERNON WILSON:

The suit at the end, you know, that's my only knowledge of a suit of that kind in order to keep legislation in existence. It had the end results you should expect; it just prolonged the agony, that's all.

.27 M/S OLSON
00:00:43

OLSON (SOT):

Here was a huge bureaucracy that you had to deal with, and you had all kids of talented people in the programs. The kind of understanding and support that would have been necessary to make the program effective just wasn't there, so it was a sense of trying to keep faith with the people who had joined the program and yet you didn't have the sense that at the top level there was any conviction that they wanted it to succeed.

.28 M/S RUHE
00:00:29

RUHE (SOT): It's disappointing that these things did not endure. I don't know how long they did endure after RMP quit. I had the impression that some of this cooperation and collaboration did continue for a few years, at least, but as long as the people who were engaged in initial arrangement were still there, maybe still living, still active.

.29 MORE CLOSEDOWN SHOTS OF
00:00:08 RMPS

NARRATOR (Voiceover):

The RMPs wound down and dwindled; in 1976, independent RMP operations ended.

.30 FADE TO BLACK OR
00:00:05 DISSOLVE TO SLATE: END
OF PART 3

SOMEHOW, SOME WAY, SOME TIME: THE REGIONAL MEDICAL PROGRAMS
SHOOTING SCRIPT: PART 4 (10/20/91)

.1 VIDEO:
00:00:41 MONTAGE: MODERN MEDICAL
FACILITIES--EXTERIORS,
PEOPLE RECEIVING
TREATMENT, PROCESSING
MEDICAL INSURANCE
CLAIMS

AUDIO:

Music up and under
Times have changed. Since the
Regional Medical Programs ceased
operations, medical knowledge has
burgeoned--and so has the cost for
medical care. In the mid-1960s, the
cost of medical care was less than 5%
of the GNP--today it's 15%. Is it
relevant to consider programs along the
lines of the RMPs? Some people think
the time has come--if not to revive
RMPs, at least to consider something
similar.

.2 MEDIUM SHOT, EDMUND
00:00:55 PELLEGRINO

EDMUND PELLEGRINO:

I think it was probably ahead of its
time. I think the time will come again
when we must reinvent it, because I
think regionalization is part of--by
the way, that's one of the other
defects I would like to add. It was
not part of a comprehensive program for
national health care, which we urgently
need.

(CONTINUED)

1.2 CONTINUED: 95

1

I think if it could be placed within that context, then the mechanism of cooperative arrangements on a regional basis would really have a tremendous use in improving the health care of the American people, which was the aim in the first place.

PAUL SANAZARO:

It anticipated the present. In the literature today, you are reading about regionalizing, highly technical services that require large volume, highly skilled personnel, and special support facilities. So we will see regionalization, but unfortunately maybe some 20 years after RMP was on the scene.

ROBERT MARSTON:

I think this idea of cooperative arrangements is difficult for a government such as ours, and it's uneven in terms of its receptivity. It does allow people to look at the elephant and see what it is that they want to see.

.3 MEDIUM SHOT, PAUL
00:00:29 SANAZARO

.4 ROBERT MARSTON, MEDIUM
00:00:23 SHOT

.5 MEDIUM SHOT, ROGER
00:00:38 EGEBERG

ROGER EGEBERG:

I think that if they were brought back, appropriately nurtured, and not given too much money--I don't think it should be a very expensive program--that they would help the basic problem we have now, and that is of getting all these people--hospitals, practitioners, the societies and so forth and their organizations--talking together. It seems to me that if you can get people talking together, you've made a big step towards solving a problem.

KISSICK (SOT): I think we had the right concept, but we didn't understand the culture. (E)

I think that now that we have a quarter-century under our belt since Regional Medical Programs, that all we've got to get is Congress to enact them all over again, and this time around we'll do a better job.

PELLEGRINO (SOT):

I think they're going to have to be reinvented, because regionalization of health care services in something I think we really must have.

.6 M/S KISSICK
00:00:26

.7 M/S PELLEGRINO
00:00:14

.8 MEDIUM SHOT, MICHAEL
00:00:20 DEBAKEY

MICHAEL DEBAKEY:

I think to meet the needs of the population for good medical care, we're going to have to set up something like this. (E) There is, I think a need to reconsider something along these lines in the development of a health policy.

.9 MEDIUM SHOT, WILSON
00:00:41

WILSON (SOT):

I think that Mike DeBakey was absolutely correct in his initial instinct to establish complexes, but I think they will have to come after the national health insurance is invoked.

(E) I would say another ten to fifteen years the House will have changed enough and the Senate will change its patterns, and it will probably come in that order, and I think some Regional Medical Program-type activity then will become, perforce, a necessary part of the system.

.10 MODERN MEDICAL PRACTICE
00:00:17

NARRATOR (Voiceover):

The RMPs were not perfect. However, they did accomplish one very important thing they were set up to do--and that is closing the gap between new medical knowledge and the practice of medicine.

.11 MEDIUM SHOT, DEBAKEY
00:00:38

MICHAEL DEBAKEY:

I think the gap has been reduced and contracted considerably, because information now is more readily available and actually gets out to doctors more quickly than it has in the past, to some extent because of the National Library of Medicine and what it has done. No question about that. You take MEDLARS and other means of communication and information availability for doctors, this has made a tremendous difference.

.12 CONGRESSIONAL HEARING
00:00:17

NARRATOR (Voiceover):

There are other lessons to be learned from the rise and fall of the RMPs.

JOHN ZAPP:

What's the trick in making it work? I think the trick in making it work is to have an effective constituency behind any program. If you take a look at the programs that have had real

.13 DISSOLVE TO: MEDIUM
00:00:52 SHOT, JOHN ZAPP

(CONTINUED)

.13 CONTINUED: 99

problems, it's been the ones that have lacked, whether it's public assistance programs that have had the terrible problems through the years because of the lack of organized constituency. I think RMP suffered from that.

PAUL ROGERS:

I think there is building--and very significantly--a demand for some cost controls in the health care system because it's just grown so dramatically. Cost controls. I think people generally are supportive of doing something on access and I think they generally demand, and will continue to demand, quality. So I think that the whole effort to make changes in our health care system is being supported more and more. I think it's growing very rapidly, and I think you will see significant changes in the delivery of health care service in this country.

.14 DISSOLVE OUT TO MEDIUM
00:00:29 SHOT, PAUL ROGERS

.15 MORE MODERN
00:00:29 MEDICINE--TRAUMA UNIT,
ICU, COMPUTERIZED
INFORMATION SYSTEMS

NARRATOR (Voiceover):

The Regional Medical Programs
accomplished only part of what they set
out to do, and it may be that they were
simply ahead of their time. But many
of the ideas behind them have endured,
and it may be that somehow, some way,
some time, they will provide the
blueprint for the future of American
medicine.

.16 DISSOLVE TO ANIMATION:
00:00:19 PHOTO OF LBJ RIGHT
FRAME, REVEAL TEXT:
"SOMEHOW,
SOME WAY,
SOME TIME,
YOU ARE GOING TO FIND
THE ANSWERS, AND I HOPE
IT WILL BE SOON."

MUSIC UP FULL.

REVEAL: JOHNSON
SIGNATURE

.17 FADE TO BLACK.
00:00:04

Music up and out