



March

DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

Health Services and Mental Health Administration
Division of Regional Medical Programs

National Advisory Council on
Regional Medical Programs

Minutes of Meeting
February 20-21, 1969

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 Fifteenth Meeting 1/ 2/
February 20-21, 1969

The National Advisory Council on Regional Medical Programs convened for its fifteenth meeting at 8:30 a.m., Thursday, February 20, 1969, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Stanley W. Olson, Director, Division of Regional Medical Programs presided for the Administrator, Health Services and Mental Health Administration, who was unable to be present for all of the meeting.

The Council members present were:

Dr. Michael J. Brennan	Dr. Clark H. Millikan
Dr. Edwin L. Crosby	Dr. Edmund D. Pellegrino.
Dr. Michael E. DeBakey	Dr. Alfred M. Popma
Dr. Bruce W. Everist	Dr. Mack I. Shanholtz
Dr. John R. Hogness	Mr. Curtis Treen
	Mrs. Florence Wyckoff

The Council Liaison member attending was:

Dr. A. Earl Walker, NINDS (2/20 only)

A listing of DRMP staff members, and others, attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

Doctor Olson called the meeting to order at 8:30 a.m.

- 1/ Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all material submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.
- 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.

II. ANNOUNCEMENTS

Doctor Olson welcomed Mrs. Florence Wyckoff and Dr. Michael Brennan to membership on the Council.

Dr. Russell Roth, Dr. Anthony Curreri, and Mrs. Florence Mahoney were introduced and participated in the meeting as observers (these three, plus Dr. Bland Carmon and Dr. Herman Branson, have been nominated to become members of the Council beginning with the next meeting).

III. CONSIDERATION OF FUTURE MEETING DATES

The date of May 26-27, 1969, for the next meeting was confirmed. Dates for the following two meetings were changed and are now scheduled for August 26-27, 1969, and December 16-17, 1969. The meeting for March 23-24, 1970, remains as previously scheduled.

IV. CONSIDERATION OF MINUTES OF THE NOVEMBER 1968 MEETING

The Council unanimously recommended approval of the November 25-26, 1968, meeting as written.

V. A PROGRAM STATUS REPORT

A. Organizational Changes

1. Doctor Olson announced the proposed reorganization of the Division of Regional Medical Programs and reviewed briefly the reassignment of various functions under the terms of the new organizational arrangement. He specifically mentioned the reassignment of Mrs. Martha Phillips, Acting Associate Director for Grant and Contract Policy, whose duties will include working directly with the National Advisory Council on matters relating to policy and the considerations and recommendations of Council in this regard. He also introduced Mrs. Sarah J. Silsbee who is Acting Assistant Director for Grants Review and Mr. Robert Jones who is Acting Chief of the newly created Programs Assistance Branch in the Office of Operations and Development.

2. Dr. Donald Chadwick reported on the recommendations of the Task Force on the organization of Regional Medical Programs Service. Doctor Olson further discussed plans for the implementation of these recommendations and outlined the steps by which the two Divisions will be joined in a single administrative unit, working toward a single set of goals.

In response to questions raised by members of the Council, a resume of the present budgeting of both Divisions was presented; relating

one to the other, both in terms of allocations for staffing and central office operations, and for program operation by grants and contracts. Specific plans for continuing some of the activities of the several Branches of the Chronic Disease Division were discussed.

Illustrative of these inter-Division efforts, Dr. Richard Manegold discussed the opportunities to be provided for the accomplishment of research.* He recalled the recommendations of the President's Commission on Heart Disease, Cancer, and Stroke; the inclusion of research in the language of Public Law 89-239; the charge to the Regional Medical Program, made at the time of the hearings on the extension of P.L. 89-239, to move actively into areas of clinical research, especially drug studies.

As a specific example Doctor Manegold presented a proposal being developed jointly by the Division of Regional Medical Programs and the Heart Disease Control Branch, with the advice of the National Heart Institute, to establish a pilot laboratory for lipid typing.* This is being proposed for support under a DRMP contract. The Council strongly endorsed the Division's efforts along these lines and encouraged the staff to move ahead with the preparation of a contract proposal. The Council unanimously agreed on the importance of thorough assessment of this contract proposal and others in this general category. They expressed serious concern about the maintenance of quality in such research and stressed the importance of high quality clinical research programs as a mechanism for the involvement and continuing education of physicians both inside and outside major medical centers.

In addition to these general considerations the Division was cautioned to provide for assessment of projects of this kind on a number of other bases: To be certain that the disease entity involved was one of sufficient importance in socio-economic terms; that the procedures or drugs to be tested have been thoroughly investigated for their potential side effects; that they be limited to "research in application" of the kind that is particularly appropriate in Regional Medical Programs; that they involve substantial numbers of patients and are inter-institutional or truly regional in contrast to the research broadly supported by the National Institutes of Health which is usually intra-institutional or even intra-laboratory. The Council was explicit in its recommendation that projects of this kind have thorough review by the staff of DRMP and of the relevant program components of the Chronic Disease Division, and especially by the relevant Institute for its usefulness as an adjunct to related Institute-supported activities.

In regard to the specific proposal at hand, the Council recommended that it be prepared in final form for review before the contract is actually let.

Dr. Margaret Sloan presented a resume of the progress and current activities of the Commission on Cancer of the American College of Surgeons.* She explained the participation of the Cancer Control Branch of the Division of Chronic Disease in support of the Commission's activities in the past. Many of the Council members were familiar with the work of this Commission and the broad involvement in it of many interested groups other than the College itself. After considerable discussion the Council agreed that Regional Medical Programs participation in future support of the Commission is appropriate and that such support might be provided either under a contract or as a grant under the newly authorized Section 910 - Multi-program Activities. As part of the agreement (either a grant or contract) the Council recommends that the Division insist upon the inclusion of some mechanism for evaluation of both past accomplishments and future activities and that a representative of the Division of Regional Medical Programs be named to membership on the Commission.

At the completion of Doctor Sloan's presentation, Mr. Irving Lewis, Deputy Director, Health Services and Mental Health Administration, joined the meeting. He provided further background on the status of the fiscal year 1970 budget and a report on preliminary discussions with Secretary Finch and his immediate staff in regard to the place of Regional Medical Programs in the health related activities of the Department of Health, Education, and Welfare.

B. Follow-up on the special meeting on January 11, 1969

Doctor Olson reported briefly on the events which followed the special meeting of the Council held on January 11, 1969. He described the system of priorities developed administratively for the funding of Regional Medical Programs under the constraints prescribed by the Department to postpone obligations in FY 1969 until the amount of FY 1970 appropriation is more certain. He explained that he will propose, through the Health Services and Mental Health Administration, another plan, making maximum use of whatever funds become available to us in the fiscal year according to modifications of these same general funding priorities.

C. Effect of administrative decisions upon the recommendation made by Council in November

The effect of these administrative decisions upon the recommendations made by the Council at its meeting in November was summarized and plans for possible further funding of some of the approved but unfunded applications was outlined.

D. The fifty-five regions and their current funding

Mrs. Phillips explained the table showing the funding level for

both central administration and for projects in each of the 55 Regions, and of the potential effect on those levels of the requests to be reviewed later in the meeting.

VI. FUNDING PROJECTIONS

A. For the balance of FY 1969

A summary presented by the Financial Management Branch of the Division showed that a balance of approximately \$24,000,000 remained available for obligation during the balance of the fiscal year. This figure was contrasted with the approximately \$60,000,000 request represented by the applications to be reviewed later in the meeting, and an estimate of the requests to be processed for Council review in May.

B. For FY 1970 and beyond

Doctor Olson introduced some of the preliminary plans being formulated by the Division for possible changes in administration of the Regional Medical Program grant system.

Mrs. Phillips spoke of the need for a granting mechanism better suited to the requirements of Regional Medical Programs grants.*

Mr. Lawton explained the Division's plans to develop a system of "anniversary review" which would make it possible for the Council to consider each Region in its totality each year, or perhaps every two or three years, with staff review and special study at the interval anniversaries.

In further recognition of this new phase in Regional Medical Programs' development, the Division has begun consideration of a mechanism to make some portion of Regional Medical Program funds available to Regions as basic support grants. A preliminary proposal presented by Mr. Lawton outlined the circumstances which generate the necessity for this step in the preliminary procedure for carrying it out.*

After discussion of the staff presentations the Council expressed unanimous recognition of the need for changes along these lines and requested that the staff continue to develop, for consideration at the May meeting, specific proposals in four principal areas:

1. A system of submission and review of applications to be built around a single grant anniversary; allowing for annual, or perhaps biennial, assessment and peer group review of the entire program, along with the review of supplemental grant requests.

2. A clearer definition of the structure and function of what has become identified as the "core" component of the Region's activities and an assessment of its relative contribution to achieving program goals.
3. A system by means of which some portion of RMP funds be made available to the regions as basic support grants, in combination with the present system of awarding funds on a competitive basis.
4. A means of assigning priority ratings to Regional Medical Programs applications which can be based on an expression derived from two scales: One reflecting an assessment of over-all program accomplishment and one for measuring intrinsic merit of individual program components.

VII. LEGISLATIVE PROJECTIONS

A. Preparation for hearings on Fiscal 1970 budget

Doctor Chadwick reviewed briefly the position to be taken by the Division in defense of its part of the President's budget and explained the amalgamating of the budgets of the Chronic Disease Division and the Division of Regional Medical Programs.

B. Program assessment in preparation for legislative extension

Mr. Peterson outlined the Division's preparations for requesting the extension of Title IX of the Public Health Service Act (P.L. 90-574) which expires June 30, 1970. Mr. Peterson reported on the creation of an ad hoc committee to assess Regional Medical Program progress and impact, and on the recommendation which came out of its first meeting on January 25, 1969.* Dr. Bruce W. Everist represents the National Advisory Council on this committee.

VIII. CONSIDERATION OF GRANT APPLICATIONS

A. Specifically identified issues represented in this group of applications which require Council's special attention

During the process of review of the applications, the staff identified a number of questions which were raised repeatedly and the answer to which required a statement of policy to be made by the Division with the advice of the Council.

Six of these "issues" were selected for presentation. All

addressed in the Guidelines and other Division publications and presentations. The formal actions taken by the Council on these six issues will, however, strengthen the previous statements and provide a basis for better understanding and consistent application of these policies, both by the Division and by the Regions:

1. Regional Medical Program Support of Recruitment and Basic Training of Health Personnel as Distinct from Continuing Education and Refresher Training

The Council reaffirms its position on this matter and offers the following criteria for interpretation of the definitions set forth in the current Regional Medical Program Guidelines:

Certain criteria have been adopted for deciding whether or not an activity is to be considered as continuing education and training, e.g., activities must in general not be those designed principally to qualify one for a degree, diploma, or Board certification; therefore, internship and residency programs have been excluded from primary consideration. The education and/or training activity should lead to the assumption of new responsibility in the already chosen career field, or update knowledge and skill in a different but related health field. In general, therefore, interest is in task-oriented training.

Training designed principally as preparation for a research career in the biomedical sciences have been excluded. It has been stated that Regional Medical Program funding is not to be used to replace existing sources of support for educational activities. In general Regional Medical Program funding should be used in conjunction with other available sources of funding, whenever possible.

It has been recognized from the beginning that most activities funded by Regional Medical Programs might theoretically be funded by other agencies. Criteria have been developed by which activities are judged with overlapping interest which is the area where recruitment and basic training requests usually fall, for example. . .

- . The activity must satisfy a documented need of a Regional Medical Program, and must be shown to have a relatively high priority for funding.
- . Other avenues of funding must have been explored and found inadequate either by the Region or by the Continuing Education and Training Branch of the Division of Regional Medical Programs. In many cases, funding is requested for projects because of a lack of available funds by other

The Division of Regional Medical Programs or the Region itself must also explore the possibility of phasing out the Regional Medical Program funding as money becomes available from other sources. Other Federal agencies such as the Office of Education and the Department of Labor are beginning to support parts of recruitment and training activities affecting the health field.

The Region or the Continuing Education and Training Branch of the Division of Regional Medical Programs must have explored the possibility of joint funding with other interested agencies.

If the education and training activity has been shown to be necessary to achieving the purposes of a Regional Medical Program, and the above criteria have been met, then the proposed project may be approved for funding.

2. Criteria for activities in Program Areas not Specifically Delineated in Public Law 89-239

A. Disease categorical versus comprehensive projects

The Council reaffirms its endorsement of the policies in this regard as set forth in the Regional Medical Program Guidelines, Chapter 3, item V. However, in so doing, it emphasizes that full consideration will be given to applications for activities which pertain to problems in heart disease, cancer, stroke, and related diseases but which also have an impact on the diagnosis and treatment of other diseases, and/or fulfill a specified objective of the Region.

B. Projects targeted for specific population groups

The Council, recognizing the diverse problems of medically disadvantaged consumer groups, both urban and rural, urges that specific planning to meet the health needs of such groups be a function of Regional Medical Programs.

NOTE: In discussing this matter, the Council expressed its interest in further discussion of the special problems and appropriate role of Regional Medical Programs in metropolitan communities, especially in high density population areas served by many centers of medical excellence. Such an item will be placed on the agenda

3. Major Investments of Regional Medical Programs
Grant Funds in Medical Equipment

The Council agreed that, in order to be considered for final recommendation by it, all applications which include requests for purchase of major items of fixed and moveable therapeutic and diagnostic equipment must include. . .

- . A statement of the rationale for charging any or all of purchase price of the equipment to the grant, and of the justification for the proportioning of the shared costs among those involved in the purchase;
- . A proposed plan for accounting and fiscal control of the revenues accruing to the project (see HEW Grants Administration Manual Issuance, Disposition of Grant-Related Income);
- . Adequate evidence that the project plan, including the acquiring of the equipment, has been reviewed, and if necessary, approved by the appropriate local planning agencies.

4. Establishment of Regional and Multi-Regional Resources

A. Television production and network facilities

Council recommends that all new operational projects requesting major investments or funds for equipment and activities in television be thoroughly studied by Division staff and expert consultants for consideration for funding under the new authority for Multi-program Services provided under Section 910. It further recommends that applications for continuation and renewal of previously funded major television activities be reviewed by the same group of expert consultants on the basis of the progress being made in the applicant Region toward its television objectives, and how those activities might be related or expanded to a Multi-program Service.

B. Radiation dosimetry services

The Council accepted the staff's recommendations:

- . A temporary hold on funding of such projects, and
- . The appointment of a review committee to consist of expert consultants including representatives of the

American College of Radiology and the Committee on Radiation Therapy Studies (National Cancer Institute), to advise the Division and the Council. The committee's special attention should be directed to the possible use of the new grant authority (Section 910) for Multi-program Services.

B. Recommendation for action on individual applications

A new system for Council review and recommendation on Regional Medical Program applications was introduced by Mrs. Phillips. This system provides for individual discussion and action on applications from Regions requesting initial operational grants, applications for major program changes, and applications which present question of policy requiring special Council attention; and for bloc action on all other applications for supplemental activities, according to the recommendations of the Review Committee.

The Council was agreed on the value of, and necessity for, greater reliance on the site visitors' and the Review Committee's assessment of the merit of the individual proposals and the validity of the total program approach. After considerable discussion, however, they agreed to request the staff to further alter the arrangements for their role in review, as follows:

1. To assign each application to one Council member and to send him, well in advance of the meeting, a copy of the complete document.
2. To continue to send to each member of the Council a complete set of the "blue sheets" which include a history of the applicant region, a summary of the application under review, and a statement of the Review Committee's comments and recommendations; and all relevant site visit reports.
3. To arrange the materials so that the findings of the site visitors can be easily correlated with the final recommendations of the Review Committee.
4. To have an oral report of each site visit made either by a Council member or a member of the senior staff of DRMP.
5. To have available on the first day of the meeting, several full sets of the complete applications for use of members who may wish to further examine certain details.

Record of the actions taken by the National Advisory Council, on Regional Medical Programs applications considered by them at the meeting on February 20 and 21, 1969 1/

- I. Approval, as requested, and as recommended and commented upon by the Review Committee:

GREATER DELAWARE VALLEY

Operational = 01-\$587,631; 02-\$619,734; 03-\$629,627.

NOTE: The Council requested that staff be assured of the budgeting details on project #4, and that the region be urged to arrive at a satisfactory cooperative inter-regional arrangement with the New Jersey Regional Medical Program.

Planning = Approval for extension of the commitment for two additional years, at the present annual level, to be awarded as the operational core.

LOUISIANA

01-\$425,300; 02-\$400,186; 03-\$412,181

INDIANA

01-\$82,036; 02-\$88,850

1/ All amounts are direct costs only and, unless otherwise specified, refer to 12 month periods.

The designations 01, 02, etc., relate to the first, second, etc., budget periods of the subject application, not necessarily the budget periods which they will actually supplement.

MICHIGAN

01-\$49,135

GEORGIA

01-\$309,818 (this six month budget to be expanded for a 15-month period);
02-\$659,414

NORTH CAROLINA

01-\$50,407; 02-\$145,207; 03-\$144,572

MOUNTAIN STATES

01-\$256,537; 02-\$247,465; 03-\$272,301, 04-\$279,037, 05-\$273,252

ILLINOIS

01-\$184,500; 02-\$250,000; 03-\$270,000

SUSQUEHANNA VALLEY

2/69.1 = 01-\$129,742

2/69.2 = 01-\$231,175 (Nine months only)

2/69.3 = 01-\$169,202; 02-\$44,014; 03-\$45,614

II. Approval, in part, as specifically recommended and commented upon
by the Review Committee

ALABAMA

2/69.1 = 01-\$256,683; 02-\$188,500

2/69.2 = 01-\$542,369; 02-\$424,617

NORTHERN NEW ENGLAND

NORTHLANDS

01-\$1,306,934; 02-\$1,386,429; 03-\$1,394,962

OHIO STATE

01-\$157,890; 02-\$134,258; 03-\$55,572

OKLAHOMA

01-\$1,204,123 (Core for ten months only); 02-\$1,304,159; 03-\$839,205

HAWAII

01-\$30,000; 02-\$30,000

MISSOURI

2/69.1 = 01-\$3,400,000 NOTE: Council recommended the one year only,
with decision on subsequent years to
be made following the site visit.

2/69.2 = 01-\$74,532; 02-\$36,080; 03-\$36,084

CENTRAL NEW YORK

2/69.1 = 01-\$370,000 (of which \$60,000 is to be reserved); 02-\$372,335;
03-\$376,335

2/69.2 = 01-\$178,711; 02-\$156,957; 03-\$113,009

COLORADO-WYOMING

01-\$127,801; 02-\$223,312; 03-\$242,520

KANSAS

2/69.1 and 2/69.2 = 01-\$396,230; 02-\$359,269; 03-\$361,789; 04-\$144,017

MAINE

01-\$500,245; 02-\$493,604; 03-\$552,865

MEMPHIS

01-\$49,900; 02-\$26,884; 03-\$20,343

METROPOLITAN, D. C.

01-\$752,504; 02-\$737,604; 03-\$739,445

TENNESSEE MID-SOUTH

01-\$100,832; 02-\$38,361; 03-\$33,776

TRI-STATE

2/69.1 = 01-\$72,701 (for ten months); 02-\$69,308; 03-\$72,326
2/69.2 = 01-\$204,321 (for ten months)

WISCONSIN

01-\$370,080; 02-\$275,800; 03-\$200,800

FLORIDA

02S1 = 01-\$163,900; 02-\$163,900; 03-\$163,900
02S2 = Disapproved
02S3 = 01-\$163,272; 02-\$163,272; 03-\$163,272
02S4 = 01-\$73,172 (eight months)

First Operational = 01-\$792,251; 02-\$686,386; 03-\$690,879
Operational Supplement = 01-\$150,000; 02-\$150,000; 03-\$150,000. (The amount is approximate and Council delegates to staff, the setting of an exact amount. Commitment should be for three years.)

III. Return for revision under the conditions specified by the Review Committee

Arkansas

IV. Deferral for further review and advise as specified by the Review Committee

Ohio Valley
South Carolina

V. Disapproval under conditions specified by the Review Committee

New Jersey
•Albany

VI. Approval under conditions specified by the Council

California (2/69.1) = Council endorsed the recommendations of the Committee on all components of this application except #28 (A Comprehensive Stroke Program). In this case they accepted the recommendations of the site visitors.

01-\$556,369; 02-\$546,145; and 03-\$547,655

(2/69.2) = Endorsed Committee recommendation (\$210,000 per month until June 30, 1969) with committed support for two additional years, in an amount to be set with the advice of site visitors.

(2/69.4) = Endorsed Committee recommendation - Project 23 - 01-\$122,050; 02-\$127,540; and 03-\$123,955. Project 22 to be returned for revision.

Intermountain (2/69.1) = Deferral, pending the development of a policy governing projects of this kind (see Council minutes)

(2/69.2 and 3) = 01-\$151,260; 02-\$145,451; 03-\$269,319;
04-\$265,253

Rochester = The Council endorsed the recommendations of the Committee except on project 13. In this case they recommended approval of the project in the reduced amount recommended by the site visitors, but that no additional funds be added to the total award to the region.

01-\$253,051; 02-\$184,164; 03-\$190,064

Western Pennsylvania = The Council endorsed the general recommendations of the Review Committee with the following specific additions:

- (a) The amount to be awarded for interim support of the core (April 1 thru June 30, 1969) is to be based upon an annual level not in excess of the present level plus \$100,000.
- (b) The amount for continuation of core activities under the operational grant (July 1, 1969 et seq.) will be set by the Council when it considers the entire operational application and has the findings of the site visit.

Maryland = The Council was unable to arrive at a recommendation because of the difference between the recommendations of the site visitors and the recommendations of the Committee. Authority for final action was delegated to a referee committee of three members. A total award ceiling of \$1,445,177 for projects was set. (NOTE: A report of the findings of the three member committee will be the subject of a subsequent memo.)

IX. ADJOURNMENT

The meeting was adjourned at 1:00 on February 21, 1969.

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



Stanley W. Olson, M.D.

Director

Division of Regional Medical Program

* Text of the statements and additional materials which were distributed at the meeting are available in the Office of the Council Secretary.

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING
February 20-21, 1969

PUBLIC HEALTH SERVICE OFFICIALS ATTENDING

Dr. Joseph English, Administrator, HSMHA
Mr. John Francis, Bureau of the Budget
Mr. A.A. Hudgins, Office of Program Planning & Evaluation, HSMHA
Mr. Irving Lewis, Deputy Administrator, HSMHA

OTHERS ATTENDING

Dr. Lionel Bernstein, Veterans Administration
Dr. J.H.U. Brown, NIGMS
Dr. Wilfred David, Division of Chronic Disease Control
Dr. Lester Evans, Connecticut Regional Medical Program
Dr. Homer Hagedorn, Arthur D. Little
Dr. Ian Mitchell, NCI
Mr. John Pendleton, Division of Chronic Disease Control
Dr. W. L. Ross, Division of Chronic Disease Control
Miss Pauly Stephan, NCI
Dr. Richard Stephenson, NIH/OD
Mrs. Alexandra Walcott, Arthur D. Little
Mr. William J. Zukel, NHI

DRMP STAFF ATTENDING

Mr. Nicholas Cavarocchi, Financial Management Officer
Dr. Donald R. Chadwick, Deputy Director, DRMP
Mr. Cleveland Chambliss, Assistant to the Associate Director
for Organizational Liaison
Mr. Edward Friedlander, Assistant Director for Communications and
Public Information
Mr. Charles Hilsenroth, Assistant Director for Management
Dr. Clarence Imboden, Assistant to the Associate Director for
Organizational Liaison
Mr. Robert Lawton, Consultant to DRMP
Mr. Gregory Lewis, Chief, Grants Management Branch
Dr. Richard Manegold, Associate Director for RMP Operations and Development
Dr. Frank Mark, Chief, Operations Research and Systems Analysis Branch
Mr. Roland Peterson, Assistant Director for Planning and Evaluation
Mrs. Martha Phillips, Associate Director for Grant and Contract Policy
Mrs. Judy Silsbee, Assistant Director for Grants Review
Mr. Robert Thorner, Assistant Director for Health Data
Mr. Robert Jones, Chief, Programs Assistance Branch

DRMP STAFF ATTENDING

Miss Rhoda Abrams
Dr. Earl Belue
Miss Joy Finnegan
Mrs. Mary V. Geisbert
Mr. Sam O. Gilmer
Mrs. Sheila Gould
Mr. George Hinkle
Miss Dona Houseal
Miss Margaret Hulbert
Mr. Thomas Kinser
Dr. Anthony Komaroff
Mrs. Lorraine Kytte
Mr. Glenn Lamson
Mrs. Edithye Leventhal
Dr. Hubert Mathewson

Mrs. Patricia McDonald
Mr. Thomas McNiff
Mr. Rodney Merker
Mr. John Miers
Miss Majorie Morrill
Miss Leah Resnick
Mr. Richard Russell
Mrs. Rebecca Sadin
Mrs. Jesse Salazar
Dr. Jack Schneider
Miss Susan Simkins
Mr. Alphonse Strachocki
Mr. Lee Teets
Mrs. Mary A. Teller
Mr. Frank Van Hee

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