planning, because they feel that it will reduce hospital usage. Also they feel it will discourage construction of additional hospital beds and they operate on the theory that "a new hospital bed is an occupied bed." This is not necessarily so, and many variables influence hospital bed occupancy, especially increase in population and shifting population. To accuse doctors of admitting patients just because a bed is empty is unjust and cannot be borne out by facts. However, in New York and in Michigan, Blue Cross Plans have refused to enter into contract with, or have cancelled contracts with, hospitals that have enlarged without the approval of the Areawide Planning Council. Further, the courts have upheld the Blue Cross plans in each instance. Also, The Michigan and Maryland Blue Cross plans have refused to contract with new proprietary hospitals. There are 76 Blue Cross plans in the United States; one-half are involved in areawide planning and one-fourth support it financially.

The American Hospital Association has gone on record as favoring, and is pushing, Areawide Planning, through work shops, meetings, and establishment of the new "Principles of Organization, Management, and Community Relations for Hospitals". Many of the state hospital associations favor it. One of their talking points is that it will better utilize trained personnel. All rural and suburban hospitals have personnel, including registered nurses, working in their hospitals who would not be working if they had to travel to a city for employment. They are tied to their present community by their husband's employment, by need to be near parents, or sometimes just by preference.

Much has been made of the use of the term voluntary *in speaking of areawide planning. This is a farce. No voluntary areawide planning works without leverage or coercion, and the New York State Plan has been made into law by the Metcalf-McClosky Law. Any plan that functions does so by pressure or by law. The use of the word* voluntary *in this case is misleading and gives false security to some individuals.*

Throughout the speeches and writings of the proponents of areawide planning are references to methods of implementation, "leverage", and indirect methods of getting acceptance by pressure. In my opinion, we cannot accept or submit to the dictates of an Areawide Planning Council that is backed by compulsion.

Where do we stand in Texas! At present, I know of no compulsory areawide planning. The Hamilton report for Dallas and Rockwall counties seems to advocate such and is clear in its recommendations against small hospitals and proprietary hospitals.

In Houston, the Harris County Medical Society has lead the way in working with other agencies to do a locally controlled,