The North Carolina regional medical program now enjoys, according to a report of progress, an unusually active cooperative arrangement with all of the major groups concerned with planning and implementing cancer activities.

The cancer subcommittee of the regional advisory group provides a mechanism whereby efforts can be better coordinated and tasks more rapidly and effectively accomplished. They are about to initiate a central cancer registry and a central cancer information service. Their goal is to establish a well-coordinated, comprehensive cancer program with full participation of State agencies, academic agencies, community hospitals, and professional and voluntary organizations. This group of cooperating groups also includes a special cancer commission established by the Governor some years ago, before the advent of the regional medical program.

The North Carolina program reports that much less has been accomplished in the area of stroke than in the other disease categories, but there is an emphasis in this statement that there is an intent to bring the program into balance.

Knowledge sufficient to launch and maintain a meaningful stroke program in both urban and rural North Carolina communities is available, and they have an application before us for development of a community stroke program.

I would like to just mention one other thing, not in a categorical area, about a particular problem that this region has identified through its associate director for hospitals. In the western part of the State there are seven hospitals in as many communities that are facing manpower problems—that are facing the problem of keeping up.

Dr. Amos Johnson, who is a past president of the American Academy of General Practice, told the 1968 Washington conference workshop on regional medical programs that these seven hospitals will be brought together in a coordinated program by the people in the region. These hospitals are prepared to go so far as to apply as a group for a single accreditation under the Joint Commission on Accreditation of Hospitals.

Thus, North Carolina is in the midst of testing the concept of a unique regional hospital organization where no one hospital is able to provide the full range of necessary capabilities.

Mr. KYROS. Thank you.

Dr. LEE There has been in the last 3 years—and we want to make it clear we do not take credit for this with respect to the regional medical programs—a significant decline in deaths from high blood pressure. It is about a 20-percent decline over the past 3 years. I think there is no question that as the regional health programs develop activity and the knowledge of early detection of hypertension, and early treatment becomes more available, we will see an acceleration of this very significant decline, which, of course, will affect particularly the stroke problem and, to a lesser extent, the deaths from coronary disease.

Mr. KYROS. Dr Lee, pursuing the question of the effectiveness of the program, let's think for a moment about costs.

As I understand it from your table II, "Regional Medical Programs," a total obligation of funds for the fiscal years 1966 through 1968, you show approximately $85 million, either in planning or operational grant obligations.