there is any question whether the program is going to be continued for the indefinite future, it would be extremely difficult to get good people to change their careers and come into this program.

Mr. SKUBITZ. Doctor, you sound like a Government bureaucrat. We hear the same statement time and again we must have a 3- or 4-year program, or we can't get the people. But for some reason, the Government has no trouble hiring people.

Mr. ROGERS. It may be the doctor is looking at what happened to the Congress on only a 2-year contract, and he is disappointed.

[Laughter.]

Mr. HARRISON. I would like to comment on Mr. Skubitz' question, The association would generally support, if it was the committee's good judgment, an authorization for a single year which would require the program people to come back and give the committee an opportuntiy to examine the program again. If that was your judgement, and we would support that movement.

Mr. SKUBITZ. You had better stay with the chairman. I am the low man on the totem pole.

[Laughter.]

Mr. ROGERS. As a matter of fact, Mr. Skubitz, you might be interested to know that we did a special study on HEW and recommended yearly authorizations.

Mr. SKUBITZ. I am glad to hear that.

Mr. ROGERS. We haven't been able to move it in committee yet.

Thank you very much. Your testimony has been most helpful.

Dr. CANNON. Thank you, Mr. Chairman.

Mr. ROGERS. Our next witness is Dr. William Likoff, immediate past president, American College of Cardiology, from Bethesda, Md.

We are very pleased to have you with us, Dr. Likoff.

## STATEMENT OF WILLIAM LIKOFF, M.D., IMMEDIATE PAST PRESIDENT, AMERICAN COLLEGE OF CARDIOLOGY; ACCOMPANIED BY WILLIAM D. NELLIGAN, EXECUTIVE DIRECTOR

Dr. LIKOFF. I am pleased to introduce William Nelligan, executive director of the college.

I appreciate the privilege of appearing before this committee to present the views of the American College of Cardiology regarding bill H.R. 15758.

The goals and philosophy of Public Law 89–239, the progress recorded by the regional medical program during its short life and the future promises embodied in this endeavor are pertinent to your current considerations and, therefore, prompt this testimony.

Medical science in this country is favored by superb talent, competence, and abundant resources. This committee, however, is particularly aware that the distribution of these assets, specifically in terms of patient care, is shamefully uneven. The basic goal of Public Law 89–239, the authority for the regional medical program, is to bridge this unequal gap between science and service and to provide an efficient health care system which will assure the transmission of the best in scientific knowledge to all people of this country suffering from heart disease, cancer, and stroke, or struggling to avoid these catastrophies.