

tion of the continuing legislation. I would prefer, actually, to just make some comments.

Mr. ROGERS. That will be done. Without objection, Dr. Millikan's statement will be placed as part of the record following his remarks.

Dr. MILLIKAN. I represent the American Heart Association, being chairman of the association's council on cerebrovascular disease.

This program has turned out to be a unique opportunity and a practical, recognizable entity for cooperative and collaborative arrangements, not only between the university centers and practicing physicians but between government and nongovernment agencies and personnel.

The Heart Association, for instance, has taken an extraordinarily active part all over the Nation, not only at the level of regional advisory committees but in smaller community affairs. Last week there was a meeting in New York at which over 400 volunteers were present, and one of the firm decisions arrived at at that meeting was to encourage further the participation of Heart Association personnel, which can bring a great deal to the implementation and the purposes of the past bill and the new bill.

This exemplifies the kind of feeling and the loyalty, for instance, that is being generated by the very wise provisions of this act, and we heartily endorse the continuation of these basic principles, including the business of originating ideas at the local level and having administration remain at the local level.

Commenting about the matter of the finances, \$65 million is a suggestion for fiscal 1969, and as is brought out, there is to be some holdover.

You are aware that there are now actually about 11 operational programs, and within the next few months there will be a total of 30 to 35 operational programs. It is extraordinarily important to consider that we are thinking in terms of a graph of continuity here. And as this program develops effectively, gaining momentum, it is mandatory that we not put a fence in front of it at any point in time with the attendant loss, in possible instances, of personnel.

This whole program relates to people, whether at the administrative end or the practicing physician end, or at the patient end. And if we do something which cuts back the momentum in the year 1968 to 1969, we have lost more than 1 year of progress, and so I would emphasize the need for the continuity of fiscal support for this whole business.

Now, on the matter of construction money, that has come up in reference to the new bill.

It would seem highly important that there be authorization for this. As Dr. DeBakey mentioned and Dr. Farber added, there are areas of activity for which new construction funds will undoubtedly be necessary at the level of 2, 3, or 4 years from now, which should be evaluated at that point in time. It does not need to be done now in terms of assigning an amount of money. But it should be looked at precisely later on.

But the cardiac intensive care unit, or a stroke unit, or a matrix which requires space—that is not the issue at the moment. But for adequate planning in the future there should be the authorization