for the potential of including new construction somewhere in the course of time.

Now, a comment in the area of stroke, because this is the area of my particular interest.

The American Heart Association has been much interested in stroke and has formed a council on cerebrovascular disease and has been active in promoting teaching and spreading the word in communities.

I believe that RMP offers us an opportunity to produce a greater matrix where we are really going to do something about stroke.

You are aware of the need for treatment in terms of acute facilities for rehabilitation, reentry of the patient into the community, but we are now beginning to accumulate data which, if we can get the information to the population and to the physicians, will significantly affect stroke prevention. And this is the kind of thing that RMP is designed to do, among other things.

One of the most interesting items that is coming on the agenda now is the word "hypertension," or high blood pressure, and we now have definite epidemiological evidence through programs which have been supported and originated by you people that hypertension is as important in stroke as it is in heart disease, certain categories of heart disease in particular, and that via the detection and treatment of hypertension, we may cut significantly down on the incidence of stroke.

The Heart Association is designing programs to interrelate to RMP and provide screening and detection mechanisms to find these people. Some 20 percent of hypertensives are not even detected at this point in time.

In relationship to the very important subject of hypertension, the regional medical programs offer an excellent matrix for the evaluation of antihypertensive drugs. As programs for screening, detection, and diagnosis of high blood pressure are constructed, funds should be available for evaluation and comparative trials of drug agents; including drugs already known and those which will come out of developmental laboratories.

These are simply summaries of some of the comments that are in the formal record. I don't want to belabor these issues, but to me, we are dealing with the national resource, the health of our people, and we couldn't be discussing a more important subject.

I congratulate and commend you on all of the things that you have done, and in this particular frame of reference your wisdom in guiding RMP has been unique.

(Dr. Millikan's prepared statement follows:)

STATEMENT OF DR. CLARK MILLIKAN, CHAIRMAN, COUNCIL ON CEREBROVASCULAR DISEASE, AMERICAN HEART ASSOCIATION

I am Dr. Clark Millikan, Chairman of the American Heart Association's Council on Cerebrovascular Disease. Representing the Association I welcome the opportunity of testifying in support of H.R. 15758, the five-year extension of the Regional Medical Program (P. L. 89–239). As one of the organizations instrumental in promoting the original Regional Medical Program in 1965, we are pleased with the significant contribution it has made to the application of new medical knowledge to the diagnosis and treatment of heart disease and stroke. We are particularly pleased that the Regional Medical Program has provided, as intended, an effective vehicle for governmental and non-governmental cooperation in combatting the three diseases taking the greatest toll of life in