

American society. Maximum responsibility has been on local leadership and regional cooperative arrangements.

Heart Associations across the country have been active on almost all Regional Advisory Committees planning programs, gathering data on health manpower requirements and analyzing available health facilities and services. We expect continued participation during the five years of the proposed renewal as the emphasis of the program shifts from the planning to the operational phase.

Last week in New York City 400 American Heart Association volunteers and staff from across the nation planned ways in which we can improve our program. One entire discussion group was devoted to the interrelationship of the Regional Medical Program and the American Heart Association. We discussed the ways in which the relationships between Heart Associations in the various states and the governmental agencies in their areas could be reinforced. It was decided at this national meeting that part of our future program would be to encourage our membership to take every available advantage of Regional Medical Programs, so that Heart Associations would be playing their maximum role to the maximum benefit of their communities.

The original law provided over a three-year period increasing grants of from \$50,000,000 to \$200,000,000 for the fiscal year ending June, 1968. We note that H. R. 15758 specifies \$65,000,000 for fiscal 1969 and "such sums as may be necessary for the next four fiscal years." We are aware that nearly \$35,000,000 of unobligated funds are available in addition to the \$65,000,000 provided in this bill for the next fiscal year. However, we would prefer that specific funding for fiscal years 1970 through 1973 had been included in this bill to assure the maximum growth of this successful program.

If the \$65,000,000 for fiscal 1969 is appropriated and authorized, we understand 30 of the 54 Regional Medical Programs will be receiving their initial operational grants and 14 will be in their second or third year of operational grant activity. It is to be expected that in the following four years operational requirements will increase; yet the legislation under consideration here today leaves the program to the unknown quantity of annual Congressional appropriations after fiscal 1969. We have some reservations as to the wisdom of this approach since long-range planning is essential to the success of this program. One final word as to funds, we stress the minimal necessity of the full \$65,000,000 requested in H. R. 15758 for 1969.

Among the promising developments in the Regional Medical Program of particular interest to us has been the recent emphasis on extending the development of coronary care units and the necessary trained personnel to hospitals not now having these life-saving facilities. It is our understanding that the Regional Medical Program has many applications for funds for this purpose. We thoroughly applaud the establishment of these life-saving facilities in every hospital caring for coronary artery problems and hope that in the future even more funds will be available for coronary care units.

As the Chairman of the American Heart Association's Council on Cerebrovascular Disease, I can speak with particular knowledge of the constructive purposes the Regional Medical Program has and will continue to serve in mobilizing professional attention and funds for community-wide stroke detection programs and treatment. Teaching units in many medical schools have shied away from involvement with the stroke patient. As part of the planning and operational grants of the Regional Medical Program, new interest in this problem has been stimulated in a constructive way. This promising development must be encouraged in the next five years of the Regional Medical Program and adequate funds supplied for this purpose.

Section 103 of the bill extends the Regional Medical Program to areas outside the United States which should be the beneficiary of this program. We endorse the inclusion of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Trust Territories of the Pacific Islands. Value to citizens of the states within the United States should not be hoarded but shared with areas not part of, but historically connected to the United States.

Additionally, the American Heart Association endorses the use of grants for two or more Regional Medical Programs, as proposed in Section 910. This provision will permit the economical development of teaching films, videotapes and other educational materials for use by several regions on a national basis. This provision also permits the kind of flexibility the American Heart Association has always envisioned for this program.