come before this committee anymore. It goes to the Appropriations Committee.

Mr. Rogers. Mr. Kyros?

Mr. Kyros. Dr. Millikan, I found your testimony most interesting, not only in support of the program, but particularly what you say about money. And, again, as a man who has just come to Congress in the last year or so, it surprises me to see doctors come before this committee and ask for this money and for the continuation of programs.

I used to think that doctors in the American Medical Association

took a different view.

I am in full agreement with your position as it is expressed here.

Dr. MILLIKAN. Thank you.

Mr. Rogers. Thank you very much.

It is my understanding that one of our witnesses has a 3 o'clock plane to catch back to California, and if the committee would bear with us, if we could hear his testimony now, it would be helpful.

Dr. Lester Breslow, professor of health administration and chief of the division of health services, School of Public Health, University

of California, Los Angeles.

Dr. Breslow, we appreciate your helping the committee, and we will be pleased to receive your testimony. If you would like to file your statement for the record and make appropriate comments, we would be pleased to follow that procedure.

STATEMENT OF DR. LESTER BRESLOW, PRESIDENT-ELECT, AMERICAN PUBLIC HEALTH ASSOCIATION

Dr. Breslow. Thank you. I am appearing before you as presidentelect of the American Public Health Association. I would like to make some remarks based on the written statement which has been submitted for the record.

Mr. Rogers. Your statement will be made a part of the record fol-

lowing your remarks.

Dr. Breslow. The effective organization and utilization of the 13sources that we now have, and the unique contribution of the origin. cooperative arrangements, are made possible by this program.

The unique contributions are to extend the excellence of the medical centers out into the communities, and to accelerate the progress that

is being made.

I think it is unfortunate that the American people still do not realize the advances that are being made against heart disease, cancer, and stroke, and the point of this program is to accelerate progress.

When we speak about regional cooperative arrangements, it is important to note that these are developing as a two-way street. The extension of expertise is not only from the medical centers out into the community but also from the point of view of the practicing doctor, from the community hospitals, back to the medical centers. They then begin to appreciate the real problems physicians are up against in the day-to-day handling of medical problems.

This is a truly cooperative arrangement and a two-way street, with

motion in both directions.

I would like to say a few words about the progress that is being made in California. From the outset, the California program has