



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

9000 ROCKVILLE PIKE
BETHESDA, MD. 20014

Health Services & Mental Health Administration REFER TO:

November 13, 1969

Dear Dr. Blackburn:

The President has asked that I reply to your letter of October 21, in which you express your concern with the decision to reduce activity in certain programs of the Division of Chronic Diseases and in particular with the Heart Disease and Stroke Control Program.

Budgetary restrictions have made it necessary to reduce the activities of five of the eight chronic disease programs during Fiscal Year 1970. The programs affected are those in cancer, heart disease and stroke, chronic respiratory, diabetes and arthritis, and neurological and sensory diseases. The three remaining programs, kidney disease, smoking and health, and nutrition will maintain their programs in full force.

Some immediate steps are being taken to effect the necessary budget reductions. Included is the notification of certain contractors that their activities will be terminated during the year. Decisions about contracts funded for more than one year and the future of the five field stations are still under consideration.

Officials of the Department of Health, Education, and Welfare have had to make a number of difficult decisions in response to the President's decision to reduce Federal spending in the current fiscal year by \$3.5 billion. The Health Services and Mental Health Administration, along with other agencies of the Department, was given its allotment of the overall reduction and has made its recommendations on the basis of its own priorities. These suggestions have been approved by the Department and forwarded to the Bureau of the Budget. Included in that decision is the reduction in the activities of the five chronic disease programs named above.

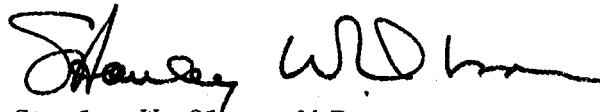
The Division of Chronic Diseases was joined with the Division of Regional Medical Programs in September of 1968 to form the Regional Medical Programs Service. Since that time, steps have been taken to coordinate these chronic disease activities with the activities of the 55 Regional Medical Programs. Established under grants beginning in 1966, these programs are regionalized and improve the quality of diagnosis and treatment of heart disease, cancer, stroke and related diseases and making that quality care available to all the people. It is important to point out that in addition to the work of the Programs, basic research in these diseases continues under the auspices of the National Institutes of Health.

Administratively, efforts are also being made to use the knowledge and experience of individuals of the chronic disease programs to support the Regional Medical Programs Service effort. This is resulting in the transfer of a number of such people to activities within the Regional Medical Programs Service, especially as related to the five programs in question.

The efforts and goals of the 55 Programs that now cover the entire country are to improve the diagnosis and treatment of patients with heart disease, cancer, stroke and related diseases. These goals are, in many ways, directly related to those of many of the projects of the five chronic disease programs. They are not, however, identical and we will be required to terminate a number of studies in the prevention and control of certain chronic diseases.

Reduction of activity in any program is never easy. We have hard decisions to make. We shall make those decisions with care, as we have this one, knowing that we have an obligation to maintain and strengthen the medical care system which serves the people of our country.

Sincerely yours,



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Director
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