

Some people have felt that the program was moving too slowly, but it takes time to work out differences which have long existed.

But as we view it, the way we are proceeding gives the best possible foundation for the program, because it is stimulating local initiative all over the country.

Mr. KYROS. I am delighted to hear you say that, Dr. Lee. I know from my experience from talking with doctors in the State of Maine, that they think the program is an outstanding one, that it doesn't encroach on them, and I think this is a credit to your administration.

You are the people who have to do a hard job, and I want to commend you highly on administering a program like this, which is complicated—and particularly because of the important relationship between doctors and patients.

You have done an outstanding job, and I am proud of you.

Mr. ROGERS. Mr. Carter?

Mr. CARTER. I notice that the new bill will include an authorization for funds for treatment of alcoholics, and it will also include funds for treatment of addicts, too.

Dr. LEE. Yes, sir.

Mr. CARTER. How much will that be this year and next year, your additional authorization?

Dr. LEE. The amount that we have requested is, for the alcoholics, \$7 million, and for the narcotic addict rehabilitation, \$8 million, and in fiscal 1970, \$15 million for the alcoholics and \$10 million for the addicts.

Most of that money will be for the development of services rather than construction. It is about 30 percent for construction or renovation of facilities.

Mr. CARTER. Will these treatment centers for alcoholics and narcotic addicts be an integral part of the mental health centers, or will they be separate?

Dr. LEE. I would like to ask Dr. Yolles to further elaborate on that.

Dr. YOLLES. These treatment facilities, Dr. Carter, would be built into the community health center and would be an integral part of it.

We would even relate the special facilities for homeless alcoholics to this continuum of services. This is the key point in the legislation to relate these services for treatment of alcoholics and narcotic addicts to the total panoply of services in the community health center.

They may be physically separated, but there would be adequate transfer of patients and records between the services, just as in the basic program.

Mr. CARTER. I think that it is good that it is so. It will be less difficult, as I see it.

I notice that in your regional health development, 11 regions have been funded. Is that right?

Dr. LEE. Yes, 11 operational grants have been funded, and 53 planning grants.

Mr. CARTER. This is in its infancy at the present time?

Dr. LEE. That is correct, sir.

Mr. CARTER. Of course, there has been a decrease in the number of strokes in the past 3 years, but you really wouldn't attribute all that decrease to the establishment of these 11 regions?

Dr. LEE. No, not at all, Dr. Carter.