

be helpful for the committee if you could submit for the record a run-down on your alcoholic treatment center. I would be very interested to see the staffing, the number of people, and the types of treatment that are given.

(The information requested was not available at time of printing.)

Mr. ROGERS. I notice you have in-patient as well as out-patient care, Miss Snyder.

Miss SNYDER. Yes, we do.

Mr. ROGERS. Thank you.

Our next witness is an old friend of this committee, Dr. Michael De Bakey, chairman of the Department of Surgery, Baylor University College of Medicine, Houston, Tex.

I might say that Dr. De Bakey was on the President's Commission for Heart, Cancer, and Stroke, which was really the guiding force for the formation of the regional medical program.

It is a pleasure to have you with us, and we are pleased to receive your testimony at this time.

STATEMENT OF DR. MICHAEL De BAKEY, CHAIRMAN, DEPARTMENT OF SURGERY, BAYLOR UNIVERSITY COLLEGE OF MEDICINE, HOUSTON, TEX.

Dr. De BAKEY. Thank you. I am grateful for the opportunity to again appear before this committee, as I did on July 7, 1965, in support of the regional medical programs and to report on their progress. I would like to tender my thanks for what this subcommittee and the entire Committee on Interstate and Foreign Commerce have done to develop this program, a program which is already setting a pattern for enhanced medical care within the Nation.

I come before you in strong support of title I of H.R. 15758, introduced by the chairman of your full committee, Mr. Staggers.

I have been a member of the National Advisory Council on Regional Medical Programs since its creation, and I, therefore, have had the opportunity to see this program in its planning phases, and see it develop throughout the country as we hoped it would.

There have been times when I have been guilty of impatience, but the fact is that this program has developed, I think, at a normal pace and in a very sound way.

Now we are at a point where I think we will begin to see the first fruits of this program in terms of its original objective, which was to provide the best possible care for the patient at all levels of our society, and to extend this kind of care to every citizen. This was a need we have recognized but were not able fully to achieve in the past.

I believe this program will achieve its main objectives; certainly in the fields of heart disease, cancer, and stroke, and hopefully in all the related areas.

At this time there are certain aspects of the legislation I would like to discuss in more specific terms. You will recall, Mr. Chairman, in the original testimony, and in the original bill, there was much discussion of construction authority.

I think the committee was wise in pointing out that without this type of authorization for new construction—there was authorization