

for renovation—that the program would not be jeopardized in the planning phase.

Now, however, we are in the area of actual operation, and already there are 11 programs functioning. I would say by the next several months, perhaps 40 or 50 percent of the programs will be in some phase of operation. So we are moving, you see, quite rapidly.

As we move into this area, construction needs will become increasingly more apparent, and already we have evidence of this need.

This construction is fairly specific in nature and fairly limited in scope. It is not on the same scale as already existing construction needs within the medical centers—construction for which the centers already have the authorization if not the money.

Now, the construction authority we need for the regional medical programs applies primarily to the community hospitals and to the more peripheral units, where the past construction has not anticipated this type of program.

In the Surgeon General's report there is documentation and outlining of the various types of construction needed.

What I should like to do, Mr. Chairman, rather than take your time now, is to submit a formal statement for the record within the next few days. I had hoped to have this ready for you today, but I got involved in a series of emergencies over the weekend.

Mr. ROGERS. We understand, and without objection, your formal statement will be made a part of the record, following your testimony.

Dr. DeBAKEY. This is the limited but well-defined need for new construction. I leave to the committee's judgment as to how this best should be met.

Allow me to point out that it is essential for the future of the program to find means of meeting these needs of the community hospitals. These needs include construction space for classrooms; particular types of diagnostic facilities, laboratory space of special types; and treatment units relating to heart disease, cancer, and stroke. The outlying hospitals simply do not have this type of space available, and frequently have no means of finding the funds to provide this kind of construction.

Finally, Mr. Chairman, I would emphasize that we have reached the stage in this program where we must look to the funding levels over the next 3 to 5 years. As we move more and more into operation, I think the cost of these programs will reach the figures we visualized in our original concepts and the original proposals in the President's Commission's report.

You will recall that we expect this to reach authorization levels of well over \$450 million by the end of 5 years. Now we are beyond that point in our thinking, and we now have better evidence of what the needs are going to be. I would say they will approximate \$5 or \$10 million in each region within the next 5 years. Therefore, I would hope the committee will contemplate authorization levels of some \$500 million within the 5-year period.

This level will not be reached soon, of course. However, I would think by 1971 we would be close to the \$300 million level.

I would hope by that time the opportunities to provide funding at this level would be more readily available than at this moment.