I notice the agreement in the construction of facilities for care of alcoholics and addicts. Certainly, I am in agreement with that. Here is the hard part, the difficult part, for some parts of our country. If we come from a wealthy area, it is easy for the area to provide funds for operation. But if you happen to come from an impoverished area, as it happens I do, it is very, very difficult, down in Appalachia, to get the funds for running such an institution.

At the same time, we have the same problems there which they have in wealthier communities, and I would hope that we would be a little bit charitable to our less fortunate brothers.

Thank you, Mr. Chairman.

Mr. ROGERS. Thank you, Dr. Carter.

Mr. CARTER. I want to compliment you, again, gentlemen, on your excellent presentation.

Mr. ROGERS. Mr. Skubitz?

Mr. SKUBITZ. Dr. Carter raised a question that I had intended to ask.

I am wondering whether we shouldn't limit these authorizations to 1 year. When we authorize for 3 and 4 years, the departments do not have to appear before us and justify their program, or tell us what they have done. They are through with us. Would you oppose 1-year authorizations?

Dr. CANNON. I think that 1-year commitments could create difficulties.

Mr. SKUBITZ. This doesn't stop the agencies from planning for 4 or 5 years. It means they are to come back and report to us and tell us what they are doing.

Dr. CANNON. There may be difficulties in effecting the program, in hiring personnel, and many other things, but we wouldn't be opposed to your annual evaluations and appropriations. I mean, that is a decision for your committee.

Mr. SKUBITZ. I don't think the committee wants to abandon the program. But this is the committee that listens to the testimony.

I think it is important for the agencies to come back and tell us what they have done and justify the money they need for the next year. Otherwise, the departments are on their own. We have no control.

Dr. CANNON. We are tremendously pleased and have commended this committee for its perceptivity in organizing this program into a meaningful piece of legislation. We still have that confidence in your judgment.

Mr. SKUBITZ. I notice, for example, in this particular bill there was an authorization for $100 million in 1967. This makes it appear that the program is starting to level off at this time. It doesn't make sense to me.

Thank you, Mr. Chairman.

Mr. ROGERS. Thank you very much.

Dr. Cannon, I notice you still express some concern that this program might be used to bring about some change in a revolutionary manner in health care of the American people.

Is this widely felt in the medical community?

Dr. CANNON. I think that there still exists an aura of concern, because some might interpret the legislation to mean that it can effect the standardization of health care.