families suffer the physical and emotional problems which result from alcohol addiction. The narcotic addict rehabilitation amendments in H.R. 15758 will aid in carrying on and expanding what must be an aggressive effort to stem the rising number of drug addicts, especially among the Nation's young people.

I would like to make one comment, turning to page 2, with regard to the regional medical programs.

The regional medical program has within the short time it has been in operation in our opinion made remarkable strides in developing cooperative arrangements with the medical profession, our medical colleges, and our health institutions. This program holds great promise in making available to patients the latest advances in diagnosis of heart disease, cancer, stroke, and related diseases.

This coordination of effort also holds great promise of avoiding the needless cost of duplication and wasteful proliferation of diagnostic and treatment centers in our hospitals.

We realize, of course, that the evaluation of the program is quite difficult at this time. The program is new, and the great bulk of expenditures to date has been for planning activities.

But we would point out further examples, which are in our testimony, Mr. Chairman, and which we think spell great promise for the program.

The second part of our testimony deals with the migrant health program. The migratory provisions of H.R. 15758 would extend this 6-year-old migrant health program for another 2 years.

The plight of the migrant farmworker in this country has been widely publicized in recent years, but the publicity in no way cushions the shock that must be felt by every thinking American upon being reminded that people living in this country today, working amidst plenty, must endure such squalor.

I would point out on page 6 of our statement are some of the statistics in this area.

Of more than 1 million migrants, 650,000 still live and work outside the area served by existing migrant health projects. By conservative estimates, this group includes over 6,500 persons with diabetes who are without adequate medical care, over 5,000 migrants with tuberculosis, and over 3,000 children under the age of 18 who have suffered cardic damage as a result of rheumatic fever.

Many children have untreated iron deficiency anemia, and over 250 infants will die in the first year of life as a result of congenital malformation or disease.

Over 16,000 expectant mothers will find it difficult to obtain prenatal care, and beetween 20,000 to 30,000 individuals have enteric or parasitic infestations, resulting in most cases from poor sanitation.

I would point out, as the testimony does, that as these people move from crop to crop, the necessity for the program is greater because they move from one area where a program is now in operation to an area in which it is now nonexistent. And if they are to get the kind of medical care we think they need, the program needs the expansion so as these people move from one area to another they have the facilities available to them.