

We recommend extension of the act for 2 years. By the end of fiscal year 1970, we expect the States to be dealing with migrant health problems as part of a larger program of continuing operations authorized and supported by the partnership for health.

In short, we believe that this separate program of assistance to migrant families is helping to overcome the inequalities in health care between them and the rest of the population, but that in the long run, true equality in health care will be realized only when their needs are not treated separately by the States.

THE ALCOHOLIC AND NARCOTIC ADDICT REHABILITATION AMENDMENTS OF 1968

As introduced by the distinguished chairman of this committee, this bill will encourage the development of prevention and treatment programs for alcoholics and narcotic addicts in communities across the Nation.

This committee is well aware that the Community Mental Health Centers Act has already been beneficial to many of those suffering from mental illness and to their families, bringing treatment out of the remote custodial institutions into the community and making effective care available close to home. To date more than 260 mental health center grants have been awarded throughout the country. Eighty-five centers are now open.

We propose an amendment to this vital legislation in order to bring these same benefits of readily accessible care to those suffering from alcoholism and narcotic addiction, by providing special incentive grants for that purpose.

Mr. Chairman, it is estimated that some 5 to 6 million Americans can be classified as alcoholics—about 4.5 percent of the population aged 20 and over. Alcoholism, an enormous economic liability to the Nation, costs perhaps \$2 billion a year in job absenteeism, lowered productivity, medical insurance expenses, and other losses. The damage in human terms is beyond measure—affecting not only the alcoholic but all those whose lives are touched by his illness.

Further, it appears likely that virtually all American communities shortly will be facing a major crisis in attempting to develop adequate medical, social, and psychiatric services for those alcoholics who formerly were handled almost exclusively by jails, prisons, and other penal institutions.

Two recent Federal circuit court decisions have stated that if a man's drunkenness is part of his illness—and this is a nonvoluntary act—he should be treated as a sick person and not as a criminal. The U.S. Supreme Court will render its decision on a similar case later this spring.

Generally, neither the alcoholic, his family, nor the friend or counselor who wishes to help has any single place in the community to turn for the full range of services he needs. There are few integrated networks to provide the treatment and other services needed to restore him to a productive and satisfying life.

Therefore, Mr. Chairman, government at all levels has an obligation to accelerate the process that will make care and treatment accessible for these people. It is time that we provide the States and communities