States and communities have an essential responsibility in this area. However, the Federal Government does have a clear duty to help other governmental jurisdictions to meet the needs of our society.

Enactment, implementation and funding of title III, part A of H.R. 15758 will be a significant step by the Federal Government in fulfilling that duty.

Passage of this act will provide much needed impetus for the States to expand their own existing alcoholism care and control programs and to the establishment of new facilities and resources to meet the impending need. This will be in the beginning.

At this point I would like to make three suggestions concerning the provisions of H.R. 15758. One relates to emergency care. It is felt by the association that emergency facilities should be specifically designated as one of the types of facilities eligible for Federal assistance in the construction, staffing, maintenance, and operation provisions of title III, part A, of H.R. 15758, with a specific provision authorizing emergency care facilities, the possibility of adequate care for intoxicated alcoholics will be substantially reduced.

Two, existing health, welfare, and rehabilitation legislation. Comprehensive Federal assistance to States and communities can also be generated through the whole spectrum of Federal health and welfare programs. Congress has passed much solid legislation relative to the activity of various Federal agencies under which alcoholism help is available.

Alcohol agencies are receiving almost no consideration by these agencies, and they have a low priority in others.

Evidence of this is seen by the fact that a total of only $11.2 million was spent by the Depatrment of Health, Education, and Welfare during the current fiscal year despite the fact that the former HEW Secretary has called alcoholism the most neglected health problem facing the Nation today.

For the same fiscal year, the amount appropriated to the National Cancer Institute was $183,356,000. Added to this figure were millions of dollars appropriated to the cancer control branch, the Veterans' Administration and the Atomic Energy Commission.

There are approximately 1 million people under treatment for cancer. Alcoholism, with approximately 5 million victims, is currently receiving less than 5 percent of the Federal attention which cancer receives.

Similar statistics can be given to heart disease, vocational rehabilitation, and mental retardation. These are all worthwhile endeavors, but alcoholism should be accorded far greater recognition than it is currently receiving.

We would therefore strongly urge the Congress to reassert its intent that existent social, health, welfare, and rehabilitation acts must and should be utilized to aid in programs of alcoholism control, and control where applicable, care and control.

The third recommendation is regarding training programs. Training professional personnel to staff alcoholism treatment facilities is a crucial need in the field. A very limited number of professionally qualified personnel are devoting time and energy to the problems of alcoholism. This, coupled with the new acute problems posed by the court decisions makes necessary a large number of workers in the field.