

which existed many years before the *Easter* decision, remains inundated with court-referred alcoholic patients. Prior to the *Easter* decision this facility, though very inadequate to serve the needs of the community, did provide helpful therapy to alcoholics who were not homeless, who still maintained families and jobs and were still productive members of society, but who were, in fact, problem drinkers. Now, these patients have no public facility from which they can receive the kind of help which they so desperately need. They have been displaced by the thousands of cases referred by the courts. The District of Columbia, despite the tremendous increase in the number of beds and facilities available to help the city's alcoholic population, still has inadequate programs and facilities to meet the need.

The House of Representatives on December 13, 1967, unanimously passed HR-14330, a bill introduced by Congressman G. Elliott Hagan of Georgia, to provide adequate services for the treatment of alcoholics in the District of Columbia to meet the needs resulting from the *Easter* decision and to implement the recommendations of the President's Commission on Crime. This bill will also serve as model legislation for rates and communities in coping with similar problems throughout the nation. For indeed, no state or community in the land is yet prepared to meet these needs. Of the forty-four state-level programs on alcoholism and the many municipal alcoholism programs in the nation, not one state or community is adequately equipped to handle the problems, and not one will be able to establish the very minimal facilities and resources necessary without significant aid from the federal government.

Additional model legislation is being developed by a joint committee of the American Bar Association and the American Medical Association which will also serve as a much-needed instrument in guiding legislators on the needs at the state and community levels.

NAAAP feels strongly that the federal government cannot and must not assume the total responsibility for providing the necessary facilities and other resources to meet this pressing need. We believe that the 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 HR-15758 will be a significant step by the federal government in fulfilling that duty. Passage of this Act, along with the excellent model legislation introduced by Mr. Hagan and that being prepared by the AMA and ABA, will provide much needed impetus for the states to expand their own existing alcoholism care and control programs and to the establish of new facilities and resources to meet the impending need.

EMERGENCY CARE: SUGGESTIONS CONCERNING PROVISIONS OF HR-15758

Because of the major emphasis placed on the need for detoxification services by the Crime Commissions, which was graphically demonstrated in the District of Columbia following the *Easter* decision, it is felt that such emergency care 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 HR-15758. We, therefore, strongly urge that Congress specify this eligibility within the appropriate section of the Act. We would point out in this regard that the ideal location for such emergency care facilities would be in existing general medical facilities, such as general hospitals and comprehensive health clinics, or at least closely affiliated with them. Without a specific provision authorizing construction of emergency care facilities, the possibility of adequate care for intoxicated alcoholics will be substantially reduced.

EXISTING HEALTH, WELFARE AND REHABILITATION LEGISLATION

Comprehensive federal assistance to the states and communities can also be generated through the whole spectrum of federal health and welfare programs. These include the Justice Department, the Veterans' Administration, the Department of Housing and Urban Development, the Social Security Administration, the Office of Education, the Office of Economic Opportunity, and the Social Rehabilitation Administration, as well as the Public Health Service and National Institute of Mental Health. Congress has passed much sound legislation relative to the activity of these agencies under the provisions of which alcoholism programming assistance is ostensibly available. In practice, however,