who need it in places where they can get to it, and allows for efficient use of existing facilities. Psychological dependence, if not addiction, is a problem for younger people today. There are other dangerous drugs in addition to narcotics as this committee knows.

We hope the committee will report favorably this program.

We believe this legislation will stand as a model which the States may use in developing and modifying their own legislation concerning treatment of drug addicts and alcoholics and organization of medical services. It includes incentives and assistance from which each state can benefit in assuring that the medical needs of its citizens are met.

Most certainly the Federal influence in the advancement of medical knowledge and in the application of that advancement for the benefit of all citizens should continue. In the past, much of this influence took the form only of financial assistance to various State programs. Today this influence also assumes the form of acting as a clearinghouse and disseminator of medical information and techniques developed and tested by those who are closest to the problems.

We trust that approval of H.R. 15758 by this committee will indicate a continued willingness to maintain Federal support of public health programs to the highest degree possible. We urge your favorable consideration of H.R. 15758.

Mr. ROGERS. Thank you, Mr. Fair, for an excellent statement, and I am impressed particularly with some facts you gave on migrant health problems. I am very interested in it and have been since helping to write the original legislation.

As a matter of fact, I was concerned with health, where we give block grants to the State. It was the thinking of the Bureau of the Budget that, at first, they would not continue migrant health as a separate program. But, as a result of the interest some of us have shown—I introduced a bill for continuation for 3 years of this program—we have gotten them to go along with a 2-year extension.

We appreciate your support on this. I think it is a very necessary program. And we appreciate very much your testimony.

Dr. Carter?

Mr. CARTER. I have no questions.

Mr. FAIR. Thank you, Mr. Chairman.

Mr. ROGERS. Our next witness is David J. Pittman, director, the Social Science Institute, and professor of sociology, Washington University, St. Louis, Mo.

STATEMENT OF DAVID J. PITTMAN, PH. D., DIRECTOR, THE SOCIAL SCIENCE INSTITUTE, AND PROFESSOR OF SOCIOLOGY, WASHINGTON UNIVERSITY, ST. LOUIS, MO.

Mr. PITTMAN. It is a pleasure to be here, and I have a statement that can be entered into the record.

Mr. ROGERS. Without objection, the formal statement will be made part of the record following your remarks.

Mr. PITTMAN. The part I would like to bring to the attention of the committee is in reference to the recent court decisions. I have for 10 years served as a consultant to the St. Louis Metropolitan Police Department, as well as consultant to the President's Commission on Law Enforcement and the Administration of Justice, which recommended that communities should establish detoxification centers to remove the offenders from jail, the so-called "revolving door" process.

The first detoxification center in North America was in St. Louis, Mo., and this was under the aegis of the St. Louis Metropolitan Police Department, a Catholic nursing order, and Washington University's