social science institute. The center has been in operation for 17 months and has become a model for the whole Nation. The results thus far have surpassed all expectations on the first followup studies of patients going through the center, who are from the homeless and lower income group. Twenty-one percent are abstinent at the end of 3 months.

Mr. ROGERS. Twenty-one are what?

Mr. PITTMAN. Twenty-one percent are abstinent for 3 months.

Mr. ROGERS. That is excellent.

Mr. PITTMAN. This was far beyond any expectancy that any of us had concerning that particular program.

Mr. ROGERS. How long has this been going on?

Mr. PITTMAN. For 17 months. In fact, the results were so good that in October 1967 the St. Louis Board of Aldermen unanimously passed a new statute governing public intoxification in that city, without any court pressure being needed.

The essence of the statute is that chronic alcoholism is a positive defense to the charge of public intoxification. However, very few such cases find their way to the court anymore, as they are handled in the detoxification center.

The 30-bed facility is a cooperative effort. The Department of Justice helped on this, and the Missouri State Legislature appropriated $150,000 for this work; the St. Louis Board of Police Commissioners, with the approval of the board of apportionment in the city, has appropriated somewhere close to $150,000 for the city of St. Louis.

The detoxification center in St. Louis handles approximately 80 percent of all "drunk on street" cases and graphically demonstrates what a community can do when it is willing to move on this major problem. I think the unique aspect is that Federal, State, and local cooperation has been brought to bear in terms of providing a facility "from scratch," so to speak, and we have been deeply appreciative of the support of press, radio, and community organizations in these efforts.

Now, I would like to indicate, in terms of the Federal Government action in alcoholism and particularly in reference to this bill, that the bill is not as specific as it should be in terms of noting that detoxification facilities or emergency care facilities, or resources, should be eligible for construction grants as well as providing for staff, operation, and maintenance grants. Unless these emergency facilities are provided to intervene rapidly into the treatment of these individuals, we will continue to see a sizable proportion of alcoholics who do not have full access to treatment.

Unfortunately, a sizable portion of general hospitals and community mental health centers do not provide, or are unwilling to provide, emergency care for chronic alcoholics. This was the case in St. Louis, as well as other cities, which have now pioneered in emergency care facilities, such as Des Moines, Washington, D.C., and so forth.

Therefore, I respectfully request that the subcommittee give consideration to making emergency detoxification facilities eligible for support under this act. The recovery rate can be much higher than was anticipated if treatment is immediately brought to bear, and this is