being needed. The essence of our new statute is that chronic alcoholism is a positive defense to a charge of public intoxication. However, very few cases of public intoxication involving chronic alcoholics find their way to the court any more as they are handled in the major medical facility or Detoxification Center. This thirty-bed facility is supported in a cooperative endeavor of federal, state, and local agencies. The federal government, through the Office of Law Enforcement Assistance in the Department of Justice, provided the original grant; the Missouri State Legislature in its recent special session just concluded this month appropriated \$150,000 for the partial support of detoxification centers in our major urban centers of St. Louis, Kansas City, and Springfield; and the St. Louis Board of Police Commissioners has appropriated municipal funds with the approval of the Board of Apportionment and Estimate. The Detoxification Center now handles approximately 80 per cent of all "drunk on street" cases in St. Louis and graphically demonstrates what a community can do when it is willing to move on this major problem. The goal of our state and municipal agencies and their personnel is the total removal of chronic alcoholics whose only offense is public intoxification from the jail cells of America. I would like to note for the Committee that the support of the press, television, radio, and community organizations has been completely behind these new actions to remove chronic alcoholics from the judicial process to the medical, rehabilitation, and social context.

On March 7, 1968, the Supreme Court of the United States heard arguments on the Powell vs Texas case, and the Court has been asked to rule on the constitutionality of the public intoxication statute's use in cases involving chronic alcoholics. It is expected that the Court will rule that chronic alcoholism is a positive defense to charges of public intoxication and that these individuals are not to be incarcerated but must receive medical and social treatment. Thus, there will be a crisis in treatment resources unless bold and imaginative steps are taken by local communities now.

But the tragedy is that the implementation of court decisions with new programs and facilities has been so difficult to obtain—individuals are still dying in jail cells of America from chronic alcoholism.

FEDERAL GOVERNMENT ACTION

But for local and state initiative to be successful in combatting this major-health problem there must be more vigorous leadership shown at the federal level. Past efforts to cope with alcoholism on the national level have been fragmentary and do not represent a national attack on alcoholism.

Last year the Federal Government spent only eleven million dollars on alcoholism control. This miserly expenditure of funds on a national problem of great importance occurs despite the fact that over one-third of the arrests in America are for public intoxication, despite the fact that 40 to 50 per cent of all fatal traffic accidents involve chronic alcoholics or heavy drinkers, and despite the fact that hundreds of Americans die needlessly in jail cells from the effects of chronic alcoholism.

This Bill should be more specific in noting that detoxification facilities or emergency care resources should be eligible for construction grants as well as staff, operation, and maintenance grants. Unless these emergency facilities are provided, we will continue to see a sizeable proportion of alcoholics who do not have full access to medical and social care. Unfortunately, a sizeable proportion of general hospitals and community mental health centers do not provide, or are unwilling to provide, emergency detoxification care for chronic alocholics. This was the case in St. Louis as well as in many other cities, such as Des Moines, Washington, and Denver, where new detoxification centers have been established to care for the homeless, chronic inebriate population. Therefore, I respectfully request that the Subcommittee give consideration to making emergency detoxification facilities eligible for support under this Act.

In the last four years in connection with the North American Association of Alcoholism Programs, I have traveled from coast to coast, from border to border, and I can assure the members of this Committee that there is a ground swell of support for the enactment of systematic federal legislation to aid the states and the municipalities in coping with this major medical and social problem. I am sure that the people of America are wholeheartedly in support of vigorous federal action for alcoholism rehabilitation, control, and eventual prevention

of this major health problem.