

In Chicago the city has been divided into many areas for medical and mental health planning. Plans are being made as rapidly as possible, translated into actual programs involving construction, assembly of staff, and offering of services.

It is most timely that we in the section on alcoholism programs be enabled to urge the appropriate authorities to include in their planning, programing, and services a complete continuum of care for the alcoholic in Chicago.

We believe that the time is now for reestablishing the alcoholic as a legitimate patient for coverage in every mental health, public health and welfare program. We believe each community throughout the State should provide the entry and some responsibility for the continuum of services for the alcoholic, and that it can be obtained through a program as provided in this bill.

We have been successful in Chicago in persuading some general hospitals to accept alcoholics for treatment during the acute phase of intoxication. We are providing a program of follow-up care designed to meet the need of each particular patient.

This comprehensive service for the alcoholic is in accordance with other welfare programs throughout the State.

To carry out this conception of establishing facilities for alcoholics in all of the newly planned and realized medical, mental health, public health, and welfare programs we need the provisions of this bill which amends the Community Mental Health Centers Act. We have plans, we have ideas for special facilities, and we are eager to carry through with research.

We urge that you make these hopes and visions attainable through enactment of this legislation.

(Dr. Cook's prepared statement follows:)

STATEMENT OF RICHARD S. COOK, M.D., CHIEF, ALCOHOLISM PROGRAMS,
STATE OF ILLINOIS DEPARTMENT OF MENTAL HEALTH

The State of Illinois has forged ahead in providing a continuum of services to alcoholics on a statewide basis. We believe that Bill HR-15758 is a wise, timely, and urgently needed step in the right direction. We urge its passage to provide the leverage enabling the delivery of a full range of services to alcoholics at different levels of severity and varying stages of their illness. In endorsing this Bill wholeheartedly we feel it incumbent to remind the Committee that at present with the combined facilities available we treat less than 10% of the alcoholics in Illinois.

This Bill reflects the needs of the Nation and has been hammered out of pooled experience of thousands of people in close cooperation with the legislators here in Washington, D.C. Those of us working in this difficult field believe that this pending legislation shows that you have heard us and have written down pronouncements and rules that go a long way to establish direction with us and to implement our efforts to gain control over this vast public health problem.

It is clear that three powerful forces are tied together by this Bill. One force is the combined effort of the 50 states to deal with alcoholism and to find ways and means of coping successfully with its many aspects. This involves highly trained specialists in increasing numbers who have reflected and expended great effort to learn about alcoholism. This force has been substantially aided by grants from such agencies as NIMH, VRA, and other Federal agencies.

The second force which exerts power by accelerating change is that of the Federal courts. The pending decisions by the Supreme Court regarding the status of the chronic alcoholic is setting in motion already many agencies, public and private, which must meet the potential thrust of new conditions. If it comes to pass that the acutely intoxicated man cannot be arrested for public intoxication if he is a chronic alcoholic, then the jail must be replaced by health agencies in