dealing with the chronic alcoholic. It is not news that available facilities are woefully inadequate to measure up to the consequences of the possible Supreme Court decision.

The third force is that of the Congress of the United States which can act to consolidate the power of the national effort thus far and the possible tumultuous consequence of the Supreme Court action. The enactment of favorable legislation could add the greatest impetus to the national effort in the management and rehabilitation of the chronic alcoholic.

Thus, we from Illinois see greatly the immediacy and necessity of the passage of this superbly conceived bill.

I would like at this moment to turn to the situation in Illinois to illustrate how well this legislation could fit with the progress in the State in regard to comprehensive community medical centers and comprehensive community mental health centers. While it is occurring throughout the State, I would like to focus on the metropolitan area of Chicago where the problem of alcoholism is especially acute.

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, assembling of staff, and the 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 Chicago alcoholic.

We believe that the time is now for re-establishing the alcoholic as a legitimate patient for coverage by every new medical, mental health, public health, and welfare program. We believe sincerely that each community throughout the State should provide the entry and some responsibility for this continuum of services for the alcoholic and that it can be most effectively attained through a comprehensive alcoholism program, as provided in Bill HR-15758. We have been successful in Chicago in persuading some general hospitals to accept intoxicated alcoholics for treatment during the phase of acute intoxication. Following the medical management we are providing a program of follow-up care which will be designed to meet the particular needs of each patient. This comprehensive planning of services for the alcoholic is in accord with other health and welfare planning 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.

Mr. ROGERS. Thank you very much.

Mr. Nelsen?

Mr. NELSEN. No questions.

Mr. ROGERS. Dr. Carter?

Mr. CARTER. No questions.

Mr. ROGERS. I recall the testimony received from the Bureau of Mental Health in operation in Illinois, and from the Governor, too, and the work that you had done there served as a model, somewhat, in drawing this legislation.

Do you anticipate these centers will be run in conjunction with your community mental health centers?

Dr. COOK. We are trying to provide treatment of alcoholics, but we feel we need funds through grants to enable the alcoholic to be treated.

Mr. ROGERS. Would you anticipate that perhaps a wing would be built onto the community mental health center?

Dr. COOK. Yes, it could work like that. I talked to Dr. Paul Neilsen, who is head of the Mile Square Area Community Mental Health Center, and in his plans, he envisages a building for, say, the care and treatment of alcoholics after the acute phase. He is willing to treat them in his hospital for acute intoxication and then have an after-care program in another building less expensive to operate.