

program, and we respectfully request that your committee adopt the amended bill language we have provided today in this testimony.

Mr. Chairman, I thank you for your courtesy in hearing the testimony of our association today, and, as always, we stand ready to assist the committee and its individual members in any way that we can.

Mr. ROGERS. Thank you very much. Your testimony is most helpful, and we have, I guess, all of your proposed amendments now.

Thank you very much.

Our next witness is Dr. Jacob Fishman, professor of psychiatry, Howard University College of Medicine, and director, Howard University Community Mental Health Center.

**STATEMENT OF DR. JACOB FISHMAN, PROFESSOR OF PSYCHIATRY,
HOWARD UNIVERSITY COLLEGE OF MEDICINE, AND DIRECTOR,
HOWARD UNIVERSITY COMMUNITY MENTAL HEALTH CENTER**

Mr. ROGERS. We are delighted to have your comments.

Dr. FISHMAN. Thank you. I appreciate the opportunity to testify as an individual here on behalf of the bill, and in particular on behalf of the alcoholism and narcotics addiction programs contained therein.

I would certainly like to lend my support for the alcoholism addiction components of these programs, particularly stress the importance of these programs in the poverty areas of our urban centers, since, as we all well know, alcoholism and addiction are a major problem in the mental health of the poor, particularly as they are related to the social, educational, employment, and psychological factors connected with poverty and the general problems of the urban ghetto.

However, I am here particularly to speak to one aspect of alcoholism and addiction programs as they relate to community health centers, and that is to urge the committee to stress consideration of the employment and use of local residents as nonprofessionals in new careers providing alcoholism and addiction services in these health centers.

In our experience in community mental health work, we have found that there are enormous advantages to the systematic recruitment, training, and employment of such persons in the delivery of services. They increase the effectiveness of services in these communities because of their unique backgrounds in connection with the community and experience. They provide an important link between the professional and the client population, with whom frequently the professional has had little real life experience.

They provide an important vehicle for helping people to help themselves in the community, and they also provide an important potential vehicle in these local health centers for meaningful employment and career development for the poor.

Now, this is true in general for community mental health programs. It is particularly true in addiction and alcoholism where we find that the use of ex-addicts and ex-alcoholics is a potential manpower resource of very significant effect.

Because of their previous personal experiences, contact with others in the community, and the knowledge of their own living situation, when they are given structured training, employment opportunities and career potential as nonprofessionals in these programs, they give