that good halfway houses must be supplemented on an annual basis. Halfway houses which have become financially self-supporting do so invariably at the cost of staff, and they degenerate too often into boarding house situations rather than adequate halfway houses where people learn how to live.

The present dilemma in which we find ourselves is that all of the elements of sound halfway house program development are present but are not coordinated or blended in a harmonious way. The private halfway house is having its effectiveness curtailed by the demands which are made on the staff and the board of directors in fund-raising activities. Its effective resources are being devoured in the struggle with survival, curtailing its essential functions of "bridge building" in the lives of the afflicted. Program budgets are being starved in the face of economic necessity.

In an attempt to go beyond the mere definition of the problem, let me attempt to create a model program which could blend the many constructive elements in a harmonious and creative way. It will of necessity be a joint venture between the voluntary agency and public responsibility in funding. The private voluntary halfway house has the tools to do the job if it can be given financial security and the means to provide sound programming. The basis of this joint venture is the familiar phrase that has become a byword to the people working in the field of alcoholism, but nevertheless profound in its ramifications, "Alcoholism is a public health problem and hence a public responsibility." The establishment of this public responsibility has been developed on a voluntary basis as well as through the coercive activity of the court as in the Driver and Easter cases, and hence it is a real factor today.

It is necessary to affirm again the valid contribution that the halfway house makes in the care and treatment of the alcoholic. It is a legitimate and necessary element in the continuum of care if alcoholics are in fact to be successfully rehabilitated. The detoxication units in Des Moines and St. Louis, as well as inpatient facilities across the country, have clearly seen the need of after care facilities if the money the public spends on detoxication and treatment is to be a sound investment. Detoxication and returning the alcoholic back on the street can be a new revolving door somewhat more humane but nevertheless just as revolving. The halfway house provides the vehicle which can make the detoxication center a worthwhile investment.

The voluntary private halfway house makes its contribution to the whole field of alcohol treatment in its ability to mobilize the needed multi-disciplinary community of interest necessary to develop a sound recovery program. It is able to involve people within the whole process which can give content and substance to program.

The partnership which emerges is the volunteer program supplemented by public funds. The private volunteer halfway house has its financial crises in the area between income received from the residence and the cost of the program needs. This is the area mentioned before in terms of the need of supplementation. This is the area where historically the private halfway houses have struggled to scratch up dollars and pennies to keep the programs alive. But if the halfway house is really going to be integrated within the total health program, it is going to have to be underwritten by public policy and public money

I support this bill for I believe that it develops public policy which will integrate the halfway house into the total community of treatment. I urge the committee to amend the bill to cover existing halfway house programs which meet the appropriate standards and which are integrated into the total community plan. If existing programs are no included, a premium will be placed on the development of new programs rather than using the experience of existing services. Any financial plan for halfway houses must take into account that supplementation must come from some source, either public or private, if the programs are to carry out their intended purpose.

The halfway house makes each dollar spent on treatment of the addicted significantly more productive.

Mr. ROGERS. Thank you very much, Doctor, for your testimony.

Dr. Carter?

Mr. CARTER. No question.

Mr. ROGERS. Let me ask you this: Who would run the halfway houses?