STATEMENT OF MYRON KOWALS, ASSISTANT DIRECTOR, SEATTLE MENTAL HEALTH INSTITUTE

Alcoholism in particular has long been a critical problem in the Seattle area. Facilities such as the Pioneer Fellowship House, the Women's Studio Club, the Lewis Martin Home, and the Alcoholism Treatment Clinic, have been struggling to devote services to alcoholics in an effort to promote their rehabilitation. However, the financing of these projects is a constant struggle. We recognize alcoholism as a mental health problem which is properly the province of the community mental health center and therefore these facilities dealing with the problem of alcoholism should be funded under community mental health centers legislation. Due to the immense problem of lining up state and local support in order to permanently fund these facilities, it is felt that a declining federal support over a period of ten years would give the facilities the best chance for permanent success.

Because the Seattle Mental Health Institute feels so strongly about the problem of alcoholism a great effort was made to establish working agreements with the alcoholic facilities as part of the grant application for community mental health centers staffing funds. Even though SMHI felt that alcoholism was a mental health problem and therefore should be included in the service centers, it is still important that the legislation puts clearly into writing the eligibility of the alcoholic rehabilitation facilities.

However, to allow a period of ten years of federal support alcoholic facilities and at the same time to limit community mental health centers in general to a period of support of 51 months seems to me to be putting the cart before the horse. Every effort should be made to amend the bill to lengthen the period of support for community mental health centers in general to a period longer than 51 months. It is my personal belief that community mental health centers can be supported by state and local sources without any permanent federal support, but achieving this will definitely be a challenging task. State legislation is going to play an important part in establishing the permanent sources of non-federal support. County funds can also be expected to play an important part in local support. However, promoting state legislation to provide the support funds would take considerable work in more than one session of the legislature. Under the present federal law the level of support by the fourth year of funding of a community mental health center is at a critical low level. If two sessions of the legislature were sufficient to provide legislation for the funds needed by the time the laws became effective the centers would have already experienced considerable financial difficulty.

If community mental health centers are unsuccessful within the 51 month period in lining up sources of support to supplant federal funds it is inevitable that these centers will gravitate towards the serving of the paying patients. This will result in a drastic cut-back of service to citizens who are unable to pay or capable of paying only a portion of the cost. Naturally this would defeat the purpose of the federal community mental health legislation.

I strongly urge the committee to consider amending the bill in such a fashion as to provide longer period of support than 51 months. To wait for community mental health centers to begin failing before doing so would be indeed shortsighted. I believe there is enough evidence to this date to show that the entire burden of the community mental health centers cannot be shouldered by state and local sources in such a short period of time.

STATEMENT OF THE NATIONAL CONSUMERS LEAGUE

The National Consumers League has for over half a century concerned itself with the problems of the migratory agricultural workers, the most neglected segment of our working population, and in their behalf wishes to go on record in support of extension of the Migrant Health Act of 1962, as amended in 1965, provided for in the Health Services Act of 1968, H.R. 15758.

It is estimated that there are about one million Americans—migrant farm workers and their families—who suffer from inadequate health care. Until the Migrant Health Act was passed in 1962, health care for migrants was practically nonexistent. Since that time, some real progress has been achieved, but the "health gap" among this group is still shockingly large. Only about one-third of the migrants have received health services under the program, and almost 40% of the counties where seasonal migrants work still have no grant-assisted project